

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Alireza Shakib (CPSO #92200)
(the Respondent)**

INTRODUCTION

A Canadian health services organization that administers federal government sponsored health programs raised concerns to the College about the Respondent's billing practices. It reported that the Respondent exceeded the usual and customary Interim Federal Health Program billings and that some billing codes were used more frequently than permitted and did not meet the required elements of service.

Subsequently, an Ontario Ministry raised concerns about the Respondent's billing practices under the Ontario Health Insurance Plan (OHIP), including deficiencies in record keeping and aspects of clinical practice.

The Committee approved the Registrar's appointment of investigators under Section 75(1)(a) of the *Health Professions Procedural Code*, being schedule 2 to the *Regulated Health Professions Act*. Under this appointment, an independent assessor (the Assessor) was retained to review a selection of the Respondent's patient charts, associated billing reports, and to interview the Respondent.

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of April 13, 2026.

The Committee required the Respondent to appear before a Panel of the Committee to be cautioned to ensure his compliance with appropriate billing practices and accurate medical record-keeping in support of billing.

The Committee also accepted an undertaking from the Respondent.

COMMITTEE'S ANALYSIS

The Assessor found that in most of the charts reviewed, patient encounters billed as general assessments (A003 fee code) did not meet the required criteria. The Respondent indicated that he performed all the necessary elements of a full assessment but did not consistently document them. The Assessor also noted that the cumulative patient profiles (CPP) were often incomplete and that the physical examination entries appeared identical across charts, suggesting the use of a template.

The Committee accepted the Assessor's conclusions and noted significant concerns regarding the Respondent's medical record-keeping and billing practices. While the Committee recognizes the demands of a busy family medicine practice, physicians must ensure that their practices safeguard the appropriate use of publicly funded health care, programs and resources.

CONCLUSION

Therefore, in addition to accepting the Respondent's undertaking, the Committee required the Respondent to appear before a Panel of the Committee to be cautioned as outlined above.

This is a summary of the Committee's decision as it relates to the caution disposition.