

**EFFECTIVE AS A FINAL ORDER**

**DATE:** 5.20.2025

FILED  
APR 30 2025 

**BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS**

KS State Board of Healing Arts

In the Matter of )  
 ) KSBHA Docket No. 25-HA 00043  
Keri McFarlane Bentley, M.D. )  
Kansas License No. 04-43260 )

**SUMMARY ORDER**

NOW ON THIS 30<sup>th</sup> day of April, 2025, this matter comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts (“Board”), in summary proceedings under K.S.A. 77-537.

Under K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

**Findings of Fact**

1. Keri McFarlane Bentley, M.D. (“Licensee”) holds or has held a license to engage in the practice of medicine and surgery in Kansas, having been granted an Active Kansas license through the Interstate Medical Licensure Compact, K.S.A. 65-28,133 (“IMLC”), on May 7, 2020. Licensee’s current license designation is “Cancelled – Suspended.” Licensee last renewed this license on July 10, 2022.

2. Licensee’s last mailing address known to the Board is: **CONFIDENTIAL**,  
**CONFIDENTIAL**. Licensee’s last email address known to the board is  
**CONFIDENTIAL**.

Keri McFarlane Bentley, M.D.  
License No. 04-43260  
Summary Order

3. Licensee holds or has held a license to engage in the practice of medicine and surgery in Tennessee, having been granted a license to practice by the Tennessee Board of Medical Examiners (“the Tennessee Board”) on or about September 9, 2009. (Bd. Ex. 1 – Tennessee Licensure Verification).

4. Licensee’s State of Principal License under the IMLC is Tennessee. (Bd. Ex. 2 – IMLC Licensure Renewal 2022, p.2)

5. Both the Tennessee Board and the Kansas Board of Healing Arts are “member boards” as defined by Section 2(h) of the IMLC.

6. A license to practice medicine and surgery in Kansas designated as “Cancelled – Suspended” is a license subject to the IMLC.

7. On or about August 6, 2024, the Tennessee Board issued a letter to Licensee revoking her license to practice in that state. The letter read in pertinent part:

“This letter is written to advise you that due to your conviction of a state or federal offense that involves a controlled substance violation or sexual offense, your medical license, license number 45236, is automatically revoked in accordance with Tenn. Code Ann. § 63-1-170. Note that the revocation is effective on the date of this letter. This is a formal disciplinary action and will be reported to the National Practitioner Data Bank (NPDB) and/or a similar agency.”

(Bd. Ex. 3 – Tennessee Letter of Revocation, p. 1)

8. Enclosed with the letter were documents from the United States District Court – Eastern District of Kentucky showing on July 10, 2024, Licensee had been convicted in that court of:

- One count of Conspiracy to Distribute Controlled Substances;
- One count of Conspiracy to Falsify Medical Records;
- Two counts of Conspiracy to Commit Wire and Health Care Fraud;

- Two counts of Conspiracy to Commit Money-Laundering
- Two counts of Aiding and Abetting a Monetary Transaction in Property Derived From Specified Unlawful Activity; and
- One count of Aiding and Abetting Laundering of Monetary Instruments.

(*Id.* at pp. 3-4) All nine of these counts are federal felonies.

#### Applicable Law

9. Under K.S.A. 65-2836(c) of the Kansas Healing Arts Act:

“A licensee's license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, or an application for a license or for reinstatement of a license may be denied upon a finding . . . The licensee has been convicted of a felony or class A misdemeanor, or substantially similar offense in another jurisdiction, whether or not related to the practice of the healing arts, or the licensee has been convicted in a special or general court-martial, whether or not related to the practice of the healing arts. **The board shall revoke a licensee's license following conviction of a felony or substantially similar offense in another jurisdiction, or following conviction in a general court-martial occurring after July 1, 2000, unless a <sup>2</sup>/<sub>3</sub> majority of the board members present and voting determine by clear and convincing evidence that such licensee will not pose a threat to the public in such person's capacity as a licensee and that such person has been sufficiently rehabilitated to warrant the public trust.**”

10. Under Section 10(b) of the IMLC:

“If a license granted to a physician by the **member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status.** If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the medical practice act of that state.” [emphasis added]

Conclusions of Law

11. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

12. On July 10, 2024, Licensee was convicted of nine federal felonies.

13. Under K.S.A. 65-2836(c), the Board shall revoke the license of a Licensee following a felony conviction.

14. On August 6, 2024, Licensee's license to practice medicine in Tennessee, Licensee's designated state of principal license under the IMLC, was revoked by the Tennessee Board, a member board of the IMLC.

15. Under Section 10(b) of the IMLC, because Licensee's license to practice medicine was revoked by an IMLC member board designated as Licensee's state of principal licensure, the Board must automatically revoke Licensee's license to practice in Kansas.

**IT IS HEREBY ORDERED** that Licensee's license to practice medicine and surgery in Kansas is **REVOKED**, effective from the date this Order becomes effective as a Final Order.

**PLEASE TAKE NOTICE** that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 30<sup>th</sup> day of April, 2025.

FOR THE KANSAS STATE  
BOARD OF HEALING ARTS

*Susan Gile*

\_\_\_\_\_  
Susan Gile  
Executive Director

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**Keri McFarlane Bentley, M.D.**  
**License No. 04-43260**  
**Summary Order**

**FINAL ORDER NOTICE OF RIGHTS**

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 20<sup>th</sup> day of May 2025, addressed and emailed to:

Keri McFarlane Bentley, M.D.  
**CONFIDENTIAL**

*Licensee*

Keri McFarlane Bentley, M.D.  
**CONFIDENTIAL**

*Licensee*


And a copy was hand-delivered to:

Matthew Gaus, Deputy Litigation Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612  
Matthew.gaus@ks.gov

Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Office of the General Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

  
\_\_\_\_\_  
Staff Signature

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**EXHIBIT 01**  
**Tennessee License Verification**

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Keri McFarlane Bentley, M.D.  
Kansas License No. 04-43260

# Licensure Verification Search Results

You are viewing page 1 of 1...

1. MCFARLANE , KERI JANE  
Knoxville, TN 37922

**Profession:** Medical Doctor  
**Rank:** Compact Medical Doctor

**License Number:** 45236  
**Status:** Revoked

**Original Date:** 09/09/2009  
**Expiration Date:** 04/30/2024

View:  
[Practitioner Profile](#)

[Adverse Licensure Actions](#)

[Certification Letter](#)

[Supervisory Relationships](#)

You are viewing page 1 of 1...

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**EXHIBIT 02**  
**IMLC Licensure Renewal 2022 p. 2**

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**Keri McFarlane Bentley**  
**Kansas License No. 04-43260**



**Interstate  
Medical Licensure  
Compact**

A faster pathway to medical licensure

**MEDICAL LICENSE ISSUANCE INFORMATION**

Physician's Name Keri McFarlane Bentley

First

Middle

Last

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1588688998

Medical Board Name KANSAS STATE BOARD OF HEALING ARTS

Member Board License Number 04-43260

Date License Issued 7/10/2022  
mm/dd/yyyy

Date of Expiration 7/31/2023  
mm/dd/yyyy

Member Board Signature *Ronda Bohannon*

Name Ronda Bohannon

Date 7/10/2022



## Application for Renewal Licensure

I attest that I am qualified and eligible to Renew my license through the Compact. **Yes**

I understand that inaccurate or missing information may be grounds for rejection of my application.

Please carefully review the Renewal Application before applying. **Yes**

I understand pursuant to IMLC rules, all fees are non-refundable. **Yes**

Full Legal Name Keri , McFarlane , Bentley ,

NPI 1588688998 State of Renewal KANSAS BOARD OF HEALING ARTS

License # 04-43260

Renewal Cost \$400.00 Late Fees    

I understand the statutes and regulations related to the Renewal of my license. I attest that I am in compliance with these rules. **Yes**

I have maintained a full and unrestricted license in my State of Principal License (primary state of LOQ) **Yes**

SPL TENNESSEE BOARD OF MEDICAL EXAMINERS License# 45236 Expiration    

Have you been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? **No**

Have you held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to "Renewal" of a license? **No**

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? **No**



## ATTESTATION

I, Keri McFarlane Bentley, the undersigned, hereby attest and certify that I am the person named in this APPLICATION FOR RENEWAL OF MEDICAL LICENSE IN AN IMLC MEMBER STATE THROUGH THE IMLC ("Renewal Application") that I have submitted, that all statements I have made or shall make with respect thereto are true, and that all statements, representations, documents, forms, or copies thereof furnished or to be furnished with respect to my Renewal Application are strictly true in every aspect.

I hereby apply to KANSAS STATE BOARD OF HEALING ARTS ("Member Board") and further authorize the Member Board to process my Renewal Application for renewal of medical licensure by the Member Board, and I hereby release, discharge, and exonerate the Member Board, the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Board.

I acknowledge that I have read, understand and answered all questions contained in the Renewal Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to a refusal to renew a medical license or permit, or disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I understand and acknowledge that the Member Board may require submission of information in addition that provided with this Renewal Application; that I am required to comply with all of the Member Board's continuing professional development or medical education requirements; and, that my failure to submit such information to the Member Board, or to comply with the Member Board's continuing professional development or medical education requirements, may constitute grounds for revocation of, or other disciplinary action against, the medical license issued to me and renewed by the Member Board in response to this Renewal Application.

I hereby release, discharge, and exonerate the SPL, the Member Board, and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL or the Member Board.

I will immediately notify the SPL, the Member Board, and the Commission in writing of any changes to the answers to any of the questions contained in the Renewal Application if such a change occurs at any time prior to a medical license being renewed by the Member Board.

I understand my failure to answer questions contained in the Renewal Application truthfully and completely may lead to denial of my renewal of a medical license in the Member Board, and revocation of, or other disciplinary action against, my license(s) or permit(s) to practice medicine in one or more Compact Member States.

Applicant's Signature *Keri McFarlane Bentley*

Applicant's Name Keri McFarlane Bentley  
Applicant's National Provider Identifier (NPI) Number 1588688998  
Date 7/6/2022



**Interstate  
Medical Licensure  
Compact**

A faster pathway to medical licensure

**PHYSICIAN'S CORE DATA SHEET**

*(Must be the physician's accurate information to avoid delay or rejection)*

Personal Email Address CONFIDENTIAL

Residential address CONFIDENTIAL

Office address 10810 Parkside Drive , Knoxville , TENNESSEE , 37934

Where do you wish to receive mail. Residential

Physician's cellular or alternative telephone number CONFIDENTIAL

Physician's office or practice telephone number of public record (865) 647 - 3440

1. The majority of my practice is in:

- Direct Patient Care      **Yes**
- Telemedicine                **No**
- Teaching                      **No**
- Research                      **No**
- Other (explain)              **No**

2. In what cities do you practice medicine?

Name	Code (State)
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3. Did you find the IMLC license process beneficial?

- Strongly Agree              **Yes**
- Agree                          **No**
- Neutral                        **No**
- Disagree                      **No**
- Strongly Disagree          **No**

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**EXHIBIT 03**

**Tennessee Letter of Revocation p. 1**

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Keri McFarlane Bentley

Kansas License No. 04-43260



August 6, 2024

*Via U.S. First Class Certified Mail No: 7021 0350 0000 2519 6409  
Return Receipts Requested  
And Via U.S. First Class Postage Pre-Paid Mail and Email to:*

Keri Jane McFarlane, M.D.  
**CONFIDENTIAL**

Re: Keri Jane McFarlane, M.D.  
License No. 45236  
Automatic Revocation of License

Dear Dr. McFarlane:

This letter is written to advise you that due to your conviction of a state or federal offense that involves a controlled substance violation or sexual offense, your medical license, license number 45236, is automatically revoked in accordance with Tenn. Code Ann. § 63-1-170. Note that the revocation is effective on the date of this letter. This is a formal disciplinary action and will be reported to the National Practitioner Data Bank (NPDB) and/or a similar agency.

Please take any necessary measures this action requires.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melanie Blake'.

Melanie Blake, M.D.  
President  
Tennessee Board of Medical Examiners

CC: Disciplinary Coordinator, via e-mail only:  
[disciplinary.coordinator@tn.gov](mailto:disciplinary.coordinator@tn.gov)

**Enclosure:**

**Copy of Conviction**

***Tennessee Department of Health Mission:  
Protect, promote, and improve the health and well-being of all people in Tennessee.***

FILED

JUL 11 2024

UNITED STATES DISTRICT COURT

Eastern District of Kentucky - Southern Division at London

AT FRANKFORT  
Robert R. Cirt  
CLERK U.S. DISTRICT COURT

UNITED STATES OF AMERICA

v.

Keri McFarlane

JUDGMENT IN A CRIMINAL CASE

Case Number: 6:21-CR-013-GFVT-05

USM Number: 37088-059

Richard L. Gaines  
Defendant's Attorney

THE DEFENDANT:

- pleaded guilty to count(s) \_\_\_\_\_
- pleaded nolo contendere to count(s) \_\_\_\_\_  
which was accepted by the court.
- was found guilty on count(s) 1,3-7,17-19 [DE# 1]  
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
21:846	Conspiracy To Distribute Controlled Substances	November 2018	1
18:371	Conspiracy To Falsify Medical Records	November 2018	3
18:1349	Conspiracy To Commit Wire And Health Care Fraud	November 2018	4
18:1349	Conspiracy To Commit Wire And Health Care Fraud	November 2018	5
18:1956(h)	Conspiracy To Commit Money-Laundering	November 2018	6
18:1956(h)	Conspiracy To Commit Money-Laundering	November 2018	7

The defendant is sentenced as provided in pages 2 through 8 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

- The defendant has been found not guilty on count(s) \_\_\_\_\_
- Count(s) \_\_\_\_\_  is  are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

July 10, 2024  
Date of Imposition of Judgment

[Signature]  
Signature of Judge

Honorable Gregory F. Van Tatenhove, U.S. District Judge  
Name and Title of Judge

7-11-2024  
Date

I certify that this is a true and correct copy of the original filed in my office.  
CLERK

By: [Signature]  
Date: 7/23/24

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

**ADDITIONAL COUNTS OF CONVICTION**

<u>Title &amp; Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18:1957, 18:2	Monetary Transaction in Property Derived From Specified Unlawful Activity, Aiding and Abetting	April 8, 2016	17
18:1956(a)(1), 18:2	Laundering Of Monetary Instruments, Aiding and Abetting	April 8, 2016	18
18:1957, 18:2	Monetary Transaction in Property Derived From Specified Unlawful Activity, Aiding and Abetting	October 7, 2016	19

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

**IMPRISONMENT**

The defendant is hereby committed to the custody of the Federal Bureau of Prisons to be imprisoned for a total term of:

**Fifty-Two (52) Months on Each of Cts. 1, 4-7, and 17-19, and Fifty (50) Months on Ct. 3, To Run Concurrently,  
FOR A TOTAL TERM OF FIFTY-TWO (52) MONTHS**

The court makes the following recommendations to the Bureau of Prisons:  
That the defendant be designated to FPC Alderson.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district:

at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_ .

as notified by the United States Marshal.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

before 2 p.m. on \_\_\_\_\_ .

as notified by the United States Marshal.

as notified by the Probation or Pretrial Services Office.

**RETURN**

I have executed this judgment as follows:

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_

at \_\_\_\_\_ , with a certified copy of this judgment.

\_\_\_\_\_  
UNITED STATES MARSHAL

By \_\_\_\_\_  
DEPUTY UNITED STATES MARSHAL

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

### SUPERVISED RELEASE

Upon release from imprisonment, you will be on supervised release for a term of:

**Two (2) Years on Each of Cts. 1, 3-7, and 17-19, To Run Concurrently,  
FOR A TOTAL OF TWO (2) YEARS**

### MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.
  - The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(Check, if applicable.)*
4.  You must make restitution in accordance with 18 U.S.C. §§ 3663 and 3663A or any other statute authorizing a sentence of restitution. *(Check, if applicable.)*
5.  You must cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
6.  You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(Check, if applicable.)*
7.  You must participate in an approved program for domestic violence. *(Check, if applicable.)*

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

### STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.
14. You must comply strictly with the orders of your physicians or other prescribing source with respect to the use of any prescribed controlled substances. You must report any changes regarding your prescriptions to your probation officer immediately (i.e., no later than 72 hours). The probation officer may verify your prescriptions and your compliance with this paragraph.

### U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: [www.uscourts.gov](http://www.uscourts.gov).

Defendant's Signature \_\_\_\_\_

Date \_\_\_\_\_

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

### **SPECIAL CONDITIONS OF SUPERVISION**

1. You must provide the probation officer with access to any requested financial information.
2. You must not incur new credit charges or open additional lines of credit without the approval of the probation officer unless you are in compliance with the installment payment schedule.
3. You must submit your person, properties, homes, residences, vehicles, storage units, papers, computers as defined in 18 U.S.C. § 1030(e)(1), but including other devices excluded from this definition), other electronic communications or cloud storage locations, data storage devices or media, or offices, to a search conducted by a United States probation officer. Failure to submit to a search will be grounds for revocation of release. You must warn any other occupants that the premises may be subject to searches pursuant to this condition.
4. Pursuant to U.S.S.G. §5F1.5, you shall refrain from engaging from employment as a physician.

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

**CRIMINAL MONETARY PENALTIES**

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Restitution</u>	<u>Fine</u>	<u>AVAA Assessment*</u>	<u>JVTA Assessment**</u>
TOTALS	\$ 900 (\$100/CT)	\$ Deferred	\$ Waived	\$ N/A	\$ N/A

- The determination of restitution is deferred until TBD. An Amended Judgment in a Criminal Case (AO 245C) will be entered after such determination.
- The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss***</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
----------------------	----------------------	----------------------------	-------------------------------

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

- Restitution amount ordered pursuant to plea agreement \$ \_\_\_\_\_
- The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).
- The court determined that the defendant does not have the ability to pay interest and it is ordered that:
  - the interest requirement is waived for the  fine  restitution.
  - the interest requirement for the  fine  restitution is modified as follows:

\* Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299.  
 \*\* Justice for Victims of Trafficking Act of 2015, Pub. L. No. 114-22.  
 \*\*\* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: Keri McFarlane  
CASE NUMBER: 6:21-CR-013-GFVT-05

### SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A  Lump sum payment of \$ \$900.00 due immediately, balance due
  - not later than \_\_\_\_\_, or
  - in accordance with  C,  D,  E, or  F below; or
- B  Payment to begin immediately (may be combined with  C,  D, or  F below); or
- C  Payment in equal \_\_\_\_\_ (e.g., weekly, monthly, quarterly) installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence \_\_\_\_\_ (e.g., 30 or 60 days) after the date of this judgment; or
- D  Payment in equal \_\_\_\_\_ (e.g., weekly, monthly, quarterly) installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E  Payment during the term of supervised release will commence within \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F  Special instructions regarding the payment of criminal monetary penalties:

Criminal monetary penalties are payable to:  
Clerk, U. S. District Court, Eastern District of Kentucky  
310 S. Main Street, Room 215, London, KY 40741

#### INCLUDE CASE NUMBER WITH ALL CORRESPONDENCE

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

- Joint and Several

Case Number			
Defendant and Co-Defendant Names (including defendant number)	Total Amount	Joint and Several Amount	Corresponding Payee, if appropriate

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:  
As set forth in the Preliminary Judgement of Forfeiture [DE# 883].

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) AVAA assessment, (5) fine principal, (6) fine interest, (7) community restitution, (8) JVT A assessment, (9) penalties, and (10) costs, including cost of prosecution and court costs.