

Online Complaint Summary

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Board: **California Board of Registered Nursing - BRN**
License Type: **Registered Nurse - RN**
Complaint Number: **4002026**
Incident Date: **/2026**

Description:

Subject: Formal Complaint – Unprofessional Conduct, Billing Fraud, and Misrepresentation of Credentials

I am filing a formal complaint against Nurse Practitioner Kifle Jikamo regarding a telehealth encounter on [REDACTED], 2026, facilitated by the Grow Therapy platform. My complaint is based on two specific violations of the California Business and Professions Code (BPC).

1. Misuse of the "Dr." Title (BPC § 2054 & § 2864):

The provider is advertised on the Grow Therapy platform as "Dr. Kifle Jikamo." During our clinical encounter, he did not clarify that he is a Nurse Practitioner. In California, the use of the title "Dr." by a non-physician in a clinical setting is a violation of the "Truth in Medical Advertising" laws if it misleads the patient. As a patient seeking specialized medication-assisted treatment (MAT), this misrepresentation is dangerous and deceptive.

2. Unprofessional Conduct & Billing Fraud (BPC § 2761):

On [REDACTED], 2026, Jikamo conducted a telehealth session with me that lasted less than five minutes. He immediately refused to provide the medical care I requested (Buprenorphine treatment), citing a platform policy. He provided no clinical assessment, no diagnosis and no treatment plan.

Despite refusing care and terminating the session immediately, Jikamo submitted a claim to L.A. Care Health Plan (Claim # [REDACTED]), which has been paid via Medi-Cal funds. Billed for services not rendered is a clear act of unprofessional conduct and fraud.

Evidence of Standard of Care:

Another provider on the same platform, [REDACTED] (NP), handled the exact same inquiry on [REDACTED], 2026, by ethically canceling the appointment and NOT billing my insurance. This proves that Jikamo's decision to bill for a 5-minute refusal of care was a deliberate and unethical choice.

I request that the Board investigate Kifle Jikamo's credentials, his use of the "Dr." title, and his fraudulent billing practices

involving Medi-Cal recipients.

Incident Address 1

Business Name/Facility Name: **Grow Therapy**

Address Line 1: **548 Market St**

Address Line 2: **PMB 70394**

City: **San Francisco**

State: **California**

Zip: **94104**

Hospital: **No**

Home: **No**

Other: **Yes**

If you responded 'Yes' to the previous question, please provide a description of the location of the incident. **Telehealth**

Additional Complaint Information 1

Have you filed a complaint with any other government agency regarding this incident? **Yes**

Agency Name: **DHCS**

Person Helping You: **[REDACTED]**

Phone Number: **[REDACTED]**

Case Number: **[REDACTED]**

Does this complaint concern a child custody issue? **No**

Was the person named in this complaint appointed by the court to prepare a custody recommendation to the court? **No**

If children are involved in this case, do you have joint legal custody of the child/children involved in this case? **No**

Have you tried to resolve or mediate this complaint? **Yes**

If yes, what was the response? **[REDACTED] Pending**

Reason for treatment: **MAT/Suboxone treatment for OUD**

Patient Name: **[REDACTED]**

Date of Birth: **[REDACTED] (mm/dd/yyyy)**

Relationship to the patient: **Self**

Substandard Care (e.g. misdiagnosis, negligent treatment, delay in treatment, etc.) **No**

Prescribing Issues (e.g. excessive/under prescribing, Internet)	Yes
Unlicensed Provider or Aiding/Abetting unlicensed practice	Yes
Sexual Misconduct	No
Provider (e.g. Physician, Psychologist, Psychotherapist etc.) Impairment (e.g.drug, alcohol, mental physical)	No
Unprofessional Conduct (e.g. breach of confidence, record alteration, fraud, misleading advertising, arrest or conviction)	Yes
Office Practice (e.g. failure to provide patient/medical records to patient, failure to sign death certificate, patient abandonment):	No
Other:	Yes
If you selected 'Other', please explain:	Misrepresentation of medical credentials
If the complaint is medical/psychological/psychotherapy treatment related, please indicate the patient has been examined/treated by another provider/professional for this same condition?:	Yes
If you responded 'Yes' to the previous question, please include provider name, address, and treatment dates.	[REDACTED]
Have you initiated or filed legal action regarding this incident?	No

Respondent

License Type: **Registered Nurse - RN**

License Number: **95142520**

First Name: **Kifle**

Second Name: **Gashie**

Last Name: **Jikamo**

Address:

,

Complainant

First Name: **[REDACTED]**

Last Name: **[REDACTED]**

Gender: **Male**

Address: **[REDACTED]**

LOS ANGELES

██████████, CA

██████████

US

Phone Number:

██████████

E-mail Address:

████████████████████

Attachments

jikamo_billing_fraud.png

Shows Claim # ██████████ as "Paid" by L.A. Care for the █████/26 appointment

jikamo_profile.png

Shows the provider advertised as "Dr. Kifle Jikamo"

██████████_message.png

Shows a different provider (██████████
██████████) correctly canceling a similar request without billing, proving Jikamos billing was a deliberate, unethical choice
