



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
*Commissioner
NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

PUBLIC

Kendrick A. Sears, M.D.
Chairman

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

June 8, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Frank Migliorelli, M.D.
986 Peace Street
Pelham, NY 10803

Re: License No. 081667

Dear Dr. Migliorelli:

Enclosed is a copy of Modification Order #BPMC 98-38 of the New York State Board for Professional Medical Conduct. This modification order and any penalty provided therein goes into effect June 15, 2005.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

Enclosure

IN THE MATTER
OF
FRANK MIGLIORELLI, M.D.

MODIFICATION

ORDER

BPMC No. 98-38

Upon the proposed Application for a Modification Order of **FRANK MIGLIORELLI, M.D.**, (Respondent) for Consent Order, that is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted SO ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at the address in the attached Application or certified mail to Respondent's attorney, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 6-7-2005



KENDRICK A. SEARS, M.D.
Chair
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

**APPLICATION TO
MODIFY CONSENT
AGREEMENT AND ORDER
BPMC #98-38**

**IN THE MATTER
OF
FRANK MIGLIORELLI, M.D.**

FRANK MIGLIORELLI, M.D., (Respondent) deposes and says:

That on or about October 10, 1958, I was licensed to practice as a physician in the State of New York, having been issued License No. 081667 by the New York State Education Department.

My current address is 986 Peace Street, Pelham, NY 10803.

I am currently subject to CONSENT ORDER, dated February 16, 1998, annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Original Order"), that was issued upon Consent Agreement and Order BPMC #98-38, signed by me on January 26, 1998, (hereinafter "Agreement"), adopted by the Original Order.

I apply, hereby, to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the language in the Original Order that states:

" Beginning 90 days after the effective date of this order, or on March 31, 1998, whichever is earlier, my license to practice medicine shall be limited, pursuant to §230-a of the Public Health Law, to preclude the practice of clinical medicine. I shall be precluded from diagnosing, prescribing, operating, or treating for any human condition. Beginning immediately upon the effective date of this order and continuing for 90 days thereafter or until March 31, 1998, whichever is earlier, my license will be limited to the performance of minor surgical procedures as set forth in exhibit "B", attached."

“ I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1997).”

“ I agree that a the Consent Order for which I hereby apply shall impose a condition that I cooperate fully with the Office of Professional Medical Conduct, in its ongoing efforts to verify my compliance with the limitations imposed by the Order, and a condition that I shall file with the Office my yearly sworn, notarized written statements that I have been in full compliance with the imposed limitation(s) during the preceding period or, if I have not been in compliance, full information detailing any failure to comply. Said statements shall be files during the month of June of every year. “

substituting therefore:

“To never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state.”

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

AFFIRMED:

DATED: May 25, 2005


FRANK MIGLIORELLI, M.D.
Respondent

The undersigned agree to the attached application of Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 27 May 2005


ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 06 June 2005


DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

February 19, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Frank Migliorelli, M.D.
986 Peace Street
Pelham Manor, New York 10803

RE: License No. 081667

Dear Dr. Migliorelli:

Enclosed please find Order #BPMC 98-38 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **February 16, 1998**.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Alan Lambert, Esq.
Lifshutz, Polland & Associates, PC
675 Third Avenue
New York, New York 10017

Roy Nemerson, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
FRANK MIGLIORELLI, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #98-38

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

FRANK MIGLIORELLI, M.D., being duly sworn, deposes and says:

That on or about October 10, 1958, I was licensed to practice as a physician in the State of New York, having been issued License No. 104738 by the New York State Education Department.

My current residence is 986 Peace Street, Pelham Manor, NY 10803, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I agree not to contest that specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Beginning 90 days after the effective date of this order, or on March 31, 1995, whichever is earlier, my license to practice medicine shall be limited, pursuant to §230-a of the Public Health Law, to preclude the practice of clinical medicine. I shall be precluded from diagnosing, prescribing, operating, or treating for any human condition. Beginning immediately upon

the effective date of this order and continuing for 90 days thereafter or until March 31, 1998, whichever is earlier, my license will be limited to the performance of minor surgical procedures as set forth in exhibit "B", attached.

I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1997).

I agree that a the Consent Order for which I hereby apply shall impose a condition that I cooperate fully with the Office of Professional Medical Conduct, in its ongoing efforts to verify my compliance with the limitations imposed by the Order, and a condition that I shall file with the Office my yearly sworn, notarized written statements that I have been in full compliance with the imposed limitation(s) during the preceding period or, if I have not been in compliance, full information detailing any failure to comply. Said statements shall be filed during

the month of June of every year.

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

Frank Migliorelli - MD
FRANK MIGLIORELLI, M.D.
RESPONDENT

Sworn to before me this

26th day of *January*, 19*98*
Brenda J. Tyus Faust
NOTARY PUBLIC

BRENDA J. TYUS FAUST
Notary Public, State of New York
No. 01TY5038410
Qualified in Kings County
Commission Expires January 23, 19*99*

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 1/26/98


ALAN LAMBERT, ESQ.
Attorney for Respondent

DATE: 1/30/98


ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

DATE: 2/14/98


ANNE F. SAILE
Director
Office of Professional
Medical Conduct

Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
FRANK MIGLIORELLI, M.D.

CONSENT
ORDER

Upon the proposed agreement of FRANK MIGLIORELLI, M.D.
(Respondent) for Consent Order, which application is made a part hereof, it is
agreed to and

ORDERED, that the application and the provisions thereof are hereby
adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect upon issuance and may be
served upon Respondent via facsimile transmission to the office of his attorney,
SO ORDERED.

DATED: 2/16/98


PATRICK F. CARONE, M.D., M.P.H.
Chairperson
State Board for Professional
Medical Conduct

IN THE MATTER
OF
FRANK MIGLIORELLI, M.D.

STATEMENT
OF
CHARGES

FRANK MIGLIORELLI, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 10, 1958, by the issuance of license number 104738 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. In the care of the surgical patients identified in Appendix A, Respondent failed to deliver or ensure the delivery of medical care within the standard of care in at least one of the following respects:
1. Failure to adequately evaluate the patient or ensure that another member of the treatment team adequately evaluated the patient, and/or document such evaluation, preoperatively.
 2. Failure to select and/or timely perform the appropriate procedure, and/or to document the basis upon which his selection or timing was justified.
 3. Failure to provide adequate and/or timely follow-up or to ensure that another member of the treatment team provided adequate and/or timely follow-up and/or document such follow-up, postoperatively.

EXHIBIT "A"

SPECIFICATION OF CHARGES

SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3)(McKinney Supp. 1997) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the occasions set forth in Paragraph A and its subparagraphs.

DATED: December , 1997
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "A"

EXHIBIT B

Through March 31, 1998, Dr. Frank Migliorelli will not perform any surgical procedures with the exception of the excision of skin lesions under local anesthesia in his medical office.