



***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**

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

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

November 17, 2003

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

*D.P.*  
Don C. Pirraglia, M.D.  
348 Todt Hill Road  
Staten Island, NY 10314

RE: License No. 206652

Dear Dr. Pirraglia:

Enclosed please find Order #BPMC 03-311 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect November 24, 2003.

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 or receipt of the of the Order to:

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

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management  
New York State Department of Health  
Corning Tower, Room 1258  
Empire State Plaza  
Albany, New York 12237

Sincerely,

A handwritten signature in black ink, appearing to read "Ansel R. Marks". The signature is fluid and cursive, with a large initial "A" and "M".

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

Executive Secretary

Board for Professional Medical Conduct

cc: Alexander G. Bateman, Jr. Esq.  
Buskin, Moscou, Faltischek, P.C.  
East Tower, 15th Floor  
190 EAB Plaza  
Uniondale, NY 11556-0190

**IN THE MATTER  
OF  
DON C. PIRRAGLIA, D.O.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

Don C. Pirraglia, D.O., representing that all of the following statements are true, deposes and says:

On or about May 14, 1997, I was licensed to practice as a physician in the State of New York, having been duly issued License No. 206652 by the New York State Education Department.

My current address is 348 Todt Hill Road, Staten Island, NY 10314. I will advise the Director of the Office of Professional Medical Conduct ("OPMC") of any change of address.

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

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

I do not contest the Fourth Specification of the Statement of Charges in full satisfaction of the charges against me.

I agree to the following penalty:

1. **Fine** - I shall be fined \$18,000.00, payable in 48 equal monthly installments, with the first installment to be paid on or before the last day of the month during which this Consent Agreement and Order becomes effective and the remaining installments to be paid thereafter on or before the last day of each succeeding month. I shall submit the payments to the Bureau of Accounts Management, New York State Department of Health, Empire State Plaza, Corning Tower, Room 1245, Albany, NY 12237. Failure to pay any monetary penalty by the prescribed date shall subject me to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; non-renewal of permits or licenses [Tax Law Section 171(27)]; State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32. In addition, if I fail to make a monthly payment within fifteen days of the date on which it is due, I will be deemed to have defaulted. If a default occurs, the entire amount of the fine that remains payable in monthly installments shall immediately be due in full at the sole option of the Director of OPMC.
2. **Continuing Medical Education Program** - I shall enroll in and complete the following Continuing Medical Education ("CME") Program:

- a. a minimum of 100 hours of American Osteopathic Association/American Medical Association Category 1-A CME over and above the minimum standards set by the specialty accrediting body, 40 hours to be in fibromyalgia/myofascial pain/chronic pain or a suitable equivalent subject as determined by the Director of OPMC, and 40 hours to be in physical medicine and rehabilitation or a suitable equivalent subject as determined by the Director of OPMC. This CME Program shall be subject to the prior written approval of the Director of OPMC and be completed within 3 years of the effective date of this Order. In addition, this CME Program shall include a program in professional medical ethics subject to the prior written approval of the Director of OPMC to be completed within 1 year of the effective date of this Order.
- b. an intensive review course in electrodiagnosis and clinical neurophysiology subject to the prior written approval of the Director of OPMC to be completed within 1 year of the effective date of this Order.

I shall maintain active registration of my license with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and I shall pay all registration fees. This condition shall take effect thirty days after the effective date of this Consent Agreement and Order and will continue as long as I remain licensed in New York State.

I shall cooperate fully with OPMC in its administration and enforcement of this Consent Agreement and Order and in its investigations of matters concerning me. I shall respond in a timely manner to all OPMC requests for written periodic verification of my compliance with this Order. I shall meet with a person designated by the Director of OPMC, as directed, to discuss my compliance with the terms of this Consent Agreement and Order. In connection with my compliance with the terms of this Consent Agreement and Order, I shall respond promptly and provide all documents and information within my control, as directed. I shall also provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action. This condition shall take effect upon the effective date of this Consent Agreement and Order and will continue as long as I remain licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Agreement and Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in the future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

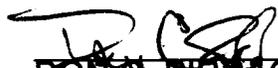
I hereby make this Application to the Board and request that it be granted.

I understand that if the Board does not adopt this Consent Agreement and Order: none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement and Order shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board were to adopt this Consent Agreement and Order, an Order of the Chair of the Board shall be issued in accordance with the terms of this Consent Agreement and Order. I agree that such Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Agreement and Order by first class mail to me at the address set forth in this Consent Agreement and Order, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first.

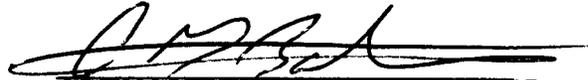
I am making this Application of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement and Order allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Agreement and Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Agreement and Order, and I ask that the Board adopt this Consent Agreement and Order.

DATED 9/20/03

  
\_\_\_\_\_  
RON C. PIRRAGLIA, D.O.  
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and Order, and to its proposed penalty, terms and conditions.

DATED: 10/14/03



ALEXANDER G. BATEMAN, JR.  
Attorney for Respondent  
Ruskin Moscou Faltischek, P.C.  
East Tower, 15th Floor  
190 EAB Plaza  
Uniondale, NY 11556-0190

DATED: 10/24/03



RICHARD J. ZAHNLEUTER  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATED: 11/13/03



DENNIS J. GRAZIANO  
Director  
Office of Professional  
Medical Conduct

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

IN THE MATTER  
OF  
DON C. PIRRAGLIA, D.O.

CONSENT  
ORDER

Upon the Application of Don C. Pirraglia, D.O.(Respondent) for a Consent Order, which Application is made a part hereof, it is agreed to and

ORDERED, that this Consent Agreement and Order, and its terms, are adopted and so ORDERED, and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Agreement and Order, either by first class mail to Respondent at the address in the attached Consent Agreement and Order, or by certified mail to Respondent's attorney, or
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 11/16/03



Chair  
State Board for Professional  
Medical Conduct

**EXHIBIT "A"**

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

**IN THE MATTER  
OF  
DON C. PIRRAGLIA, D.O.**

STATEMENT  
OF  
CHARGES

DON C. PIRRAGLIA, D.O., the Respondent, was authorized to practice medicine in New York State on May 14, 1997, by the issuance of license number 206652 by the New York State Education Department. Dr. Pirraglia's current address, upon information and belief, is 348 Todt Hill Road, Staten Island, NY 10314.

DON C. PIRRAGLIA, D.O., is subject to the jurisdiction of the State Board for Professional Medical Conduct, pursuant to the prehearing and hearing procedures of Title II-A of Article 2 of the New York Public Health Law.

**ALLEGATIONS**

- A. On June 30, 1997, Dr. Pirraglia successfully completed training as Chief Resident in Rehabilitation Medicine at Long Island Jewish Medical Center.
- B. In July 1997, Dr. Pirraglia began working as a physician employed in a medical office located at 2884 Route 112, Suites 5 & 6, Medford, NY.
- C. On October 15, 1997, Dr. Pirraglia applied to the State of New York Workers' Compensation Board for authorization to render medical care to persons suffering work-related injury or illness, expressly agreeing in the application "to abide by the provisions of Section 13 through 13-j of the Workers' Compensation Law." Effective December 10, 1997, the State of New York Workers' Compensation Board authorized Dr. Pirraglia to

render medical care to persons suffering work-related injury or illness.

- D. The letter by which the State of New York Workers' Compensation Board notified Dr. Pirraglia that his application for authorization had been granted advised him as follows: "Under New York law, a worker is permitted 'free choice' of a doctor to render necessary treatment, provided the health provider has been duly authorized for the kind of treatment which the worker requires. Authorized health providers are subject to the provisions of the Workers' Compensation Law and the Rules and Procedures of the Workers' Compensation Board and the Chair with regard to the treatment of compensation claimants and the filing of required reports. It is important that you understand fully the obligations you assume in accepting authorization to render treatment under the Workers' Compensation Law."
- E. Section 13-b(1) of the Workers' Compensation Law provides, "[T]he chairman may authorize physicians licensed to practice medicine in the state of New York to render medical care under this chapter ... No person shall render medical care ... without such authorization ...."
- F. Section 13-b(1)(d) of the Workers' Compensation Law also provides that a duly licensed physical therapist may render care to a patient upon the referral of an authorized physician, and the physician and physical therapist must keep records of the patient's condition and progress, together with records of instruction for treatment.
- G. Beginning in July 1997, Dr. Pirraglia rendered medical care to persons suffering work-related injury or illness. The medical care included instructions for physical therapy, even though the persons who provided that physical therapy in the office at 2844 Route 112, Suites 5 and 6, Medford, NY, were not duly licensed to provide physical therapy. Specific recitations of the dates on which such physical therapy was provided

regarding Patients A, B, C, D, E, F, G, H, and J are set forth in Appendix A.<sup>1</sup>

- H. Prior to the December 10, 1997 effective date of his Workers' Compensation Board authorization to render medical care to persons suffering work-related injury or illness, Dr. Pirraglia signed and submitted Workers' Compensation Board "Attending Doctor's Report and Carrier/Employer Billing Forms," which are known as "C-4" billing forms, even though the Workers' Compensation Board had not yet granted Dr. Pirraglia authorization to do so. Specific recitations of the dates and the corresponding amount of money billed by Dr. Pirraglia on such C-4 billing forms for such occasions regarding Patient G are set forth in Appendix B.
- I. In this same general time frame, regarding patients who had been involved in motor vehicle accidents, Dr. Pirraglia rendered medical care that included instructions for physical therapy, even though the persons who provided that physical therapy in the office at 2844 Route 112, Suites 5 and 6, Medford, NY, were not duly licensed to provide physical therapy. Specific recitations of such occasions regarding Patients K, L, M, N, O, P, Q, R, and S are set forth in Appendix C.
- J. Also in this same general time frame, regarding patients who had been involved in motor vehicle accidents, Dr. Pirraglia signed and submitted "Health Insurance Claim Forms," which are known as "HCFA-1500" billing forms, for physical therapy rendered by persons in the office at 2844 Route 112, Suites 5 and 6, Medford, NY, even though the persons who provided that physical therapy were not duly licensed to provide physical

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<sup>1</sup>To preserve privacy throughout this document, patients are referred to by letter designation (Patient \_\_\_). An Appendix of Names is attached hereto for appropriate recipients.

therapy. Specific recitations of the dates and the corresponding amount of money billed by Dr. Pirraglia on such HCFA-1500 billing forms regarding Patients L, M, N, O, P, Q, R, and S are set forth in Appendix C and are identified by an asterisk.

## **SPECIFICATIONS OF MISCONDUCT**

### **FIRST SPECIFICATION**

Respondent is charged with **PRACTICING THE PROFESSION BEYOND ITS AUTHORIZED SCOPE**, in violation of New York Education Law §6530(2) in that Petitioner charges:

1. The allegations in paragraphs H and H(A)(1) through H(A)(2).

### **SECOND SPECIFICATION**

Respondent is charged with **DELEGATING PROFESSIONAL RESPONSIBILITIES TO A PERSON WHEN THE LICENSEE DELEGATING SUCH RESPONSIBILITIES KNOWS OR HAS REASON TO KNOW THAT SUCH PERSON IS NOT QUALIFIED, BY TRAINING, BY EXPERIENCE, OR BY LICENSURE, TO PERFORM THEM**, in violation of New York Education Law §6530(25) in that Petitioner charges:

2. The allegations in paragraphs G and G(A)(1) through G(A)(21), G(B)(1) through G(B)(15), G(C)(1) through G(C)(16), G(D)(1) through G(D)(5), G(E)(1) through G(E)(12), G(F)(1) through G(F)(5), G(G)(1) through G(G)(11), G(H)(1) through G(H)(4), G(I)(1) through G(I)(15), and paragraphs I and I(A)(1) through I(A)(10), I(B)(1) through I(B)(19), I(C)(1) through I(C)(6), I(D)(1) through I(D)(14), I(E)(1) through I(E)(28), I(F)(1)

through I(F)(23), I(G)(1) through I(G)(5), I(H)(1) through I(H)(18), I(I)(1) through I(I)(16).

**THIRD SPECIFICATION**

Respondent is charged with **PERMITTING, AIDING OR ABETTING AN UNLICENSED PERSON TO PERFORM ACTIVITIES REQUIRING A LICENSE** , in violation of New York Education Law §6530(11) in that Petitioner charges:

3. The allegations in paragraphs G and G(A)(1) through G(A)(21), G(B)(1) through G(B)(15), G(C)(1) through G(C)(16), G(D)(1) through G(D)(5), G(E)(1) through G(E)(12), G(F)(1) through G(F)(5), G(G)(1) through G(G)(11), G(H)(1) through G(H)(4), G(I)(1) through G(I)(15), and paragraphs I and I(A)(1) through I(A)(10), I(B)(1) through I(B)(19), I(C)(1) through I(C)(6), I(D)(1) through I(D)(14), I(E)(1) through I(E)(28), I(F)(1) through I(F)(23), I(G)(1) through I(G)(5), I(H)(1) through I(H)(18), I(I)(1) through I(I)(16).

**FOURTH SPECIFICATION**

Respondent is charged with professional misconduct by reason of **PRACTICING ... BEYOND THE SCOPE PERMITTED BY LAW**, in violation of New York Education Law §6530(24) in that Petitioner charges:

4. The factual allegations in paragraphs H and H(A)(1) through H(A)(2).

DATED: *Oct. 27*, 2003  
Albany, New York

  
PETER D. VAN BUREN  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## APPENDIX A

### G(A). Specifically, with regard to Patient A:

1. 9/29/97
2. 10/1/97
3. 10/3/97
4. 10/6/97
5. 10/8/97
6. 10/13/97
7. 10/15/97
8. 10/16/97
9. 10/20/97
10. 10/22/97
11. 10/24/97
12. 10/27/97
13. 10/29/97
14. 10/31/97
15. 11/3/97
16. 11/5/97
17. 11/7/97
18. 11/10/97
19. 11/12/97
20. 11/14/97
21. 11/17/97

### G(B). Specifically, with regard to Patient B:

1. 9/9/97
2. 9/11/97
3. 9/16/97
4. 9/18/97
5. 9/23/97
6. 9/25/97
7. 9/29/97
8. 11/4/97
9. 11/5/97
10. 11/10/97
11. 11/17/97
12. 11/19/97
13. 11/21/97
14. 11/24/97
15. 11/25/97

G(C). Specifically, with regard to Patient C:

1. 10/1/97
2. 10/8/97
3. 10/13/97
1. 10/15/97
2. 10/173/97
3. 10/20/97
4. 10/22/97
5. 11/5/97
6. 11/10/97
7. 11/12/97
8. 11/19/97
9. 11/21/97
10. 11/24/97
11. 12/2/97
12. 12/4/97
13. 12/8/97
14. 12/12/97
15. 12/17/97
16. 12/18/97

G(D). Specifically, with regard to Patient D:

1. 9/11/97
2. 10/28/97
3. 11/17/97
4. 11/20/97
5. 12/31/97

G(E). Specifically, with regard to Patient E:

1. 9/16/97
2. 9/18/97
3. 9/24/97
4. 9/26/97
5. 10/1/97
6. 10/6/97
7. 10/17/97
8. 10/20/97
9. 10/27/97
10. 11/5/97
11. 11/12/97

G(F). Specifically, with regard to Patient F:

1. 9/16/97
2. 9/23/97
3. 10/2/97
4. 10/21/97
5. 11/4/97

G(G). Specifically, with regard to Patient G:

1. 11/11/97
2. 11/12/97
3. 11/13/97
4. 11/17/97
5. 11/18/97
6. 11/20/97
7. 11/26/97
8. 12/2/97
9. 12/5/97
10. 12/9/97
11. 12/10/97

**G(H). Specifically, with regard to Patient H:**

1. 11/12/97
2. 11/24/97
3. 12/2/97
4. 12/15/97

**G(I). Specifically, with regard to Patient J:**

1. 10/24/97
2. 10/27/97
3. 10/28/97
4. 11/6/97
5. 11/7/97
6. 11/11/97
7. 11/12/97
8. 11/17/97
9. 12/3/97
10. 12/4/97
11. 12/5/97
12. 12/15/97
13. 12/16/97
14. 12/17/97
15. 12/23/97

## APPENDIX B

H(A). Specifically, with regard to Patient G:

1. For medical care provided on 11/14/97, Dr. Pirraglia signed and submitted a C-4 billing form, seeking \$532.35, even though Dr. Pirraglia was not an authorized physician on dates of services prior to 12/10/97. The same allegation applies to medical care provided on the same date and to a C-4 billing form seeking the following additional amount of money:
2. 11/14/97, \$425.88

TOTAL          \$958.23

**APPENDIX C**

I(A). Specifically, with regard to Patient K:

1. 11/17/97
2. 11/19/97
3. 11/21/97
4. 11/24/97
5. 11/25/97
6. 11/26/97
7. 12/17/97
8. 12/24/97
9. 12/30/97
10. 12/31/97

I(B). Specifically, with regard to Patient L:

1. 11/10/97, \$67.10\*
2. 11/12/97, \$67.10\*
3. 11/14/97
4. 11/17/97
5. 11/19/97
6. 11/21/97
7. 11/24/97
8. 11/25/97
9. 11/26/97
10. 12/1/97
11. 12/3/97
12. 12/8/97
13. 12/12/97
14. 12/15/97
15. 12/17/97
16. 12/19/97
17. 12/22/97
18. 12/24/97
19. 12/31/97

\*TOTAL \$134.20

I(C). Specifically, with regard to Patient M:

1. 10/27/97, \$67.10\*
2. 10/31/97, \$67.10\*
3. 11/10/97, \$67.10\*
4. 11/14/97
5. 11/19/97
6. 11/24/97

\*TOTAL \$201.30

I(D). Specifically, with regard to Patient N:

1. 9/26/97, \$67.10\*
2. 9/29/97, \$67.10\*
3. 10/3/97, \$67.10\*
4. 10/7/97, \$67.10\*
5. 10/21/97, \$67.10\*
6. 10/23/97, \$67.10\*
7. 10/30/97, \$67.10\*
8. 11/3/97, \$67.10\*
9. 11/7/97, \$67.10\*
10. 11/19/97
11. 11/20/97
12. 11/26/97
13. 12/3/97
14. 12/9/97

\*TOTAL \$603.90

I(E). Specifically, with regard to Patient O:

1. 10/1/97, \$67.10\*
2. 10/3/97, \$67.10\*
3. 10/6/97, \$67.10\*
4. 10/8/97, \$67.10\*
5. 10/10/97, \$67.10\*
6. 10/13/97, \$67.10\*
7. 10/15/97, \$67.10\*
8. 10/17/97, \$67.10\*
9. 10/20/97, \$67.10\*
10. 10/22/97, \$67.10\*
11. 10/24/97, \$67.10\*
12. 10/27/97, \$67.10\*
13. 11/3/97, \$67.10\*
14. 11/5/97, \$67.10\*
15. 11/10/97, \$67.10\*
16. 10/12/97, \$67.10\*
17. 11/14/97
18. 11/17/97
19. 11/19/97
20. 11/21/97
21. 11/24/97
22. 12/1/97
23. 12/5/97
24. 12/8/97
25. 12/12/97
26. 12/16/97
27. 12/19/97
28. 12/22/97

\*TOTAL \$1,073.60

I(F). Specifically, with regard to Patient P:

1. 10/1/97, \$67.10\*
2. 10/3/97, \$67.10\*
3. 10/6/97, \$67.10\*
4. 10/8/97, \$67.10\*
5. 10/13/97, \$67.10\*
6. 10/17/97, \$67.10\*
7. 10/20/97, \$67.10\*
8. 10/22/97, \$67.10\*
9. 10/27/97, \$67.10\*
10. 10/31/97, \$67.10\*
11. 11/3/97, \$67.10\*
12. 11/7/97, \$67.10\*
13. 11/12/97, \$67.10\*
14. 11/17/97
15. 11/19/97
16. 11/21/97
17. 11/24/97
18. 11/26/97
19. 12/8/97
20. 12/12/97
21. 12/15/97
22. 12/19/97
23. 12/31/97

\*TOTAL \$872.30

I(G). Specifically, with regard to Patient Q:

1. 9/18/97, \$67.10\*
2. 9/24/97, \$67.10\*
3. 9/25/97, \$67.10\*
4. 10/22/97, \$67.10\*
5. 10/29/97, \$67.10\*

\*TOTAL \$335.50

I(H). Specifically, with regard to Patient R:

1. 10/6/97, \$67.10\*
2. 10/10/97, \$67.10\*
3. 10/17/97, \$67.10\*
4. 10/20/97, \$67.10\*
5. 10/22/97, \$67.10\*
6. 10/24/97, \$67.10\*
7. 10/29/97, \$67.10\*
8. 11/5/97, \$67.10\*
9. 11/10/97, \$67.10\*
10. 11/12/97, \$67.10\*
11. 11/17/97
12. 11/18/97
13. 11/21/97
14. 12/2/97

15. 12/5/97
16. 12/11/97
17. 12/17/97
18. 12/19/97

\*TOTAL \$671.00

I(I). Specifically, with regard to Patient S:

1. 9/25/97, \$67.10\*
2. 9/26/97, \$67.10\*
3. 9/29/97, \$67.10\*
4. 10/1/97, \$67.10\*
5. 10/8/97, \$67.10\*
6. 10/13/97, \$67.10\*
7. 10/15/97, \$67.10\*
8. 10/22/97, \$67.10\*
9. 10/31/97, \$67.10\*
10. 11/3/97, \$67.10\*
11. 11/7/97, \$67.10\*
12. 11/13/97
13. 11/17/97
14. 11/24/97
15. 12/3/97
16. 12/8/97

\*TOTAL \$738.10