



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.
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NYS Department of Health*

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*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

William P. Dillon, M.D.
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Vice Chair

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

PUBLIC

April 3, 2003

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Leonid Slutsky, M.D.
19 Beverly Road
Great Neck, NY 11021

RE: License No. 196275

Dear Dr. Slutsky:

Enclosed please find Order #BPMC 03-90 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect April 3, 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 of receipt 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.

Sincerely,

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

Board for Professional Medical Conduct

Enclosure

cc: Peter Birzon, Esq.
Peter Birzon & Associates
350 Jericho Turnpike, Suite 104
Jericho, NY 11753

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

IN THE MATTER

OF

LEONID SLUTSKY, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC No. ~~90~~ 03-90

LEONID SLUTSKY, M.D., says:

On or about July 1, 1994, I was licenced to practice medicine as a physician in the State of New York, having been issued License No. 196275 by the New York State Education Department. My current residential address is 19 Beverly Road, Great Neck, NY 11021.

I am applying to the State Board for Professional Medical Conduct for a Consent Agreement and Order, pursuant to Section 230-a(6) of the Public Health Law, imposing a limitation on registration as a physician in the State of New York, such that, although I shall retain my license to practice medicine in the State of New York, I may not renew my registration in the State of New York, and, therefore, pursuant to Education Law 6502(1), I shall not practice medicine in the State of New York either directly myself or indirectly through any entity. I shall not practice medicine in any other jurisdiction where that practice of medicine is predicated on a valid New York State license unless my practice of medicine is consistent with the exception annexed hereto, made a part hereof, and marked as Exhibit "C." I request that the Board issue this Consent Agreement and Order.

Further, my current New York registration expires on February 28, 2003. Between the effective date of this Consent Agreement and Order and the date of the expiration of my current registration, I shall not practice medicine in the State of New York either directly myself or indirectly through any entity, and within 15 days of the effective date of this Consent Agreement and Order, I shall submit my current registration certificate to the Director of the Office of Professional Medical Conduct ("OPMC").

I understand that I have been charged with a violation of Education Law Section 6530 (2), (3), (4), (5), (32), and (35), as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

Subject to the terms, conditions and limitations of this Consent Agreement and Order, I admit the allegations and specifications set forth in the Sixth and Seventh Specifications of the Statement of Charges in full satisfaction of all such allegations and specifications.

I agree that, in the event the State Board for Professional Medical Conduct agrees with my proposal, this Consent Agreement and Order shall be issued limiting my registration such that I shall not practice medicine in the State of New York, either directly myself or indirectly through any entity, between the effective date of this Consent Agreement and Order and the date of the expiration of my current registration, and such that I may not renew my registration in the State of New York, and, therefore, pursuant to Education Law 6502(1), I shall not practice medicine in the State of New York either

directly myself or indirectly through any entity, and I shall not practice medicine in any other jurisdiction where that practice of medicine is predicated on a valid New York State license unless my practice of medicine is consistent with the Exception annexed hereto, made a part hereof, and marked as Exhibit "C." I also agree, within 15 days of the effective date of this Consent Agreement and Order, to submit my current registration certificate to the Director of OPMC.

In addition, I agree that this Consent Agreement and Order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of this Consent Agreement and Order to me at the address set forth above, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

With respect to all of the entities that I have ever organized, established or owned at any time whatsoever in the State of New York, which are identified in the list annexed hereto, made a part hereof, and marked as Exhibit "B," I agree to the following terms:

1. **Entities Identified in Exhibit "B"** - I hereby warrant that the entities set forth in Exhibit "B" to this Consent Agreement and Order are the only medical professional service corporations, foreign medical professional service corporations, medical professional limited liability companies, foreign medical professional limited liability companies, sole medical proprietorships, physician's offices, medical partnerships, foreign medical partnerships, registered medical limited liability partnerships, foreign registered medical limited liability partnerships, or independent practice associations, that I have organized, or at any time established or owned in the

State of New York. I also hereby warrant that the names of the entities set forth in Exhibit "B" to this Consent Agreement and Order are accurately presented therein and correspond precisely to the names of the entities that I organized, established, or owned in the State of New York.

2. **Medical Entities Already Dissolved** - With respect to all of the entities that I have already dissolved, I shall verify within 15 days from the effective date of this Consent Agreement and Order that dissolution has occurred in accordance with all of the applicable requirements of the Departments of State, Education, and Taxation and Finance. I shall notify OPMC of such verification of dissolution within 30 days from the effective date of this Consent Agreement and Order. However, if any applicable requirement has not been met, then I shall notify OPMC in writing of such non-dissolution within 30 days from the effective date of this Consent Agreement and Order. This notification shall also state that I have the necessary corporate authority to consent to the revocation of that entity's authorization to practice medicine, and that I do so consent. Along with the notification and within same time frame for the notification, I shall fully execute the attached Consent Agreement and Order corresponding to the particular non-dissolved entity and submit it to OPMC. Such revocation shall be effective immediately and shall be self-executing, and the Consent Agreement and Order corresponding to that particular entity shall be deemed automatically to be the final and operative document revoking that entity's authorization to practice medicine. Alternatively, if the entity has more than one shareholder, the notification may state that I have transferred all of my shares to the entity or a co-shareholder. Notwithstanding the above, nothing herein shall be construed to absolve the entities relevant to this paragraph 2 in any way from paying to the

Departments of State, Education, and Taxation and Finance any outstanding taxes, fines and penalties.

3. **Medical Entities Already Divested** - With respect to all of the entities for which I have already divested myself of all proprietary, financial or managerial interest, I shall verify within 15 days from the effective date of this Consent Agreement and Order that divestiture has occurred in accordance with all of the applicable requirements of the Departments of State, Education, and Taxation and Finance. I shall notify OPMC of such verification of divestiture within 30 days from the effective date of this Consent Agreement and Order. However, if any applicable requirement has not been met, then I shall notify OPMC in writing of such non-divestiture within 30 days from the effective date of this Consent Agreement and Order. This notification shall also state that I have the necessary corporate authority to consent to the revocation of that entity's authorization to practice medicine, and that I do so consent. Along with the notification and within same time frame for the notification, I shall fully execute the attached Consent Agreement and Order corresponding to the particular non-divested entity and submit it to the Office of Professional Medical Conduct. Such revocation shall be effective immediately and shall be self-executing, and the Consent Agreement and Order corresponding to that particular entity shall be deemed automatically to be the final and operative document revoking that entity's authorization to practice medicine. Alternatively, if the entity has more than one shareholder, the notification may state that I have transferred all of my shares to the entity or a co-shareholder. Notwithstanding the above, nothing herein shall be construed to absolve the entities relevant to this paragraph 3 in any way from paying to the Departments of State, Education, and Taxation and Finance any outstanding taxes, fines and penalties.

4. **Medical Entities Not Already Dissolved Or Divested** - With

respect to all of the entities that I have ever organized, established or owned in the State of New York, but which have not already been dissolved, or for which I have not already divested myself of all proprietary, financial or managerial interest, or for which I as sole shareholder have merely assigned shares back to the entity, I hereby warrant that I have the necessary corporate authority to consent to the revocation of each entity's authorization to practice medicine, and I do hereby so consent. Simultaneously with the execution of this Consent Agreement and Order, I shall fully execute the attached Consent Agreement and Order corresponding to each particular entity relevant to this paragraph 4 and submit it to OPMC. Such revocation shall be effective immediately and shall be self-executing, and the Consent Agreement and Order corresponding to that particular entity shall be deemed automatically to be the final and operative document revoking that entity's authorization to practice medicine. Notwithstanding the above, nothing herein shall be construed to absolve the entities relevant to this paragraph 4 in any way from paying to the Departments of State, Education, and Taxation and Finance any outstanding taxes, fines and penalties. I shall retain or arrange for storage for a period of 6 years after the effective date of this Consent Agreement and Order physical possession of all records, including original records, of these entities, including, but not limited to, all billing and corporate records that I now possess or hereafter secure.

5. **Violations or Non-Compliance** - I agree that willful violations or non-compliance with any of the conditions or limitations set forth in paragraphs 1 through 4 above may be prosecuted by the Office of Professional Medical Conduct as misconduct under Education Law 6530(29) or any other applicable subdivision in accordance with the

pre-hearing procedures and hearing procedures as is provided in Title II-A of Article 2 of the Public Health Law. However, prior to prosecuting such violation or non-compliance, OPMC shall send to me and my attorneys identified below by first class mail a written notice describing my violation of, or non-compliance with, any such provision, and I shall first be afforded 45 days from the date of mailing of that notice to correct such violation, end such non-compliance, or otherwise respond to that notice.

I hereby warrant that I have never owned, and do not now own, solely or in conjunction with others, a "hospital" as defined in Section 2801(1) of the Public Health Law. Although I have a right under Article 28 of the Public Health Law to submit to the Department of Health an application to establish a "hospital," the definition of which in Section 2801(1) of the Public Health Law includes a "public health center," "diagnostic center," "treatment center," and "rehabilitation center," I do not presently intend to submit an application for establishment of a "hospital" at any time in the future. If circumstances were to change and I were to submit an application to establish a "hospital," I agree to submit a copy of the application simultaneously to OPMC.

I shall fully cooperate in every respect with OPMC, particularly the Physician Monitoring Program, in its administration and enforcement of this Consent Agreement and Order by providing written responses, attending meetings or providing documentation concerning verification of my compliance with the terms of this Consent Agreement and Order.

I shall submit to the Office of Professional Medical Conduct written notification of my professional and residential addresses and telephone numbers within or without the State of New York as of the effective date of this Consent Agreement and Order. I shall submit to the Office of Professional Medical Conduct written notification of residential address and telephone number changes within 30 days of such changes.

I agree that in the event I am charged with professional misconduct in the future for violation or non-compliance with any provision of this Consent Agreement and Order, or in the event I am charged with professional misconduct in the future for any other type of misconduct, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I shall submit all notices or documents referred to herein to the Director of the New York State Department of Health Office of Professional Medical Conduct, Hedley Park Place, 433 River Street, Suite 303, Troy, NY 12180-2299.

I shall, within 15 days of the effective date of this Consent Agreement and Order, return any unused New York State official prescription forms to the Bureau of Controlled Substances of the New York State Department of Health. I also shall cause all prescription pads bearing my name to be destroyed.

I understand that, in the event that this proposed agreement is not granted by the State Board for Professional Medical Conduct, 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 proposed agreement 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 State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

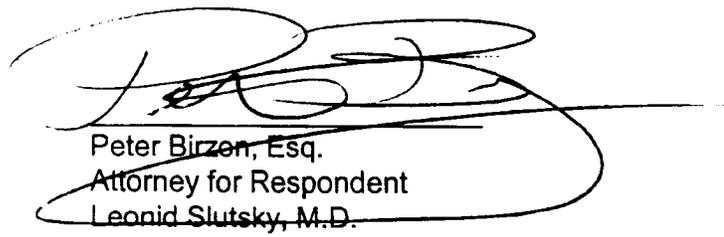
I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this application allowing me to resolve this matter without the various risks and burdens of a hearing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

Date: March 3, 2003


Leonid Slutsky, M.D.
Respondent

AGREED TO:

Date: March 3, 2003


Peter Birzon, Esq.
Attorney for Respondent
Leonid Slutsky, M.D.
Peter Birzon & Associates
350 Jericho Turnpike
Suite 104
Jericho, NY 11753

Date: March 17, 2003



Lee A. Davis, Esq.
Assistant Counsel
Bureau of Professional
Medical Conduct

Date: March 17, 2003



Richard J. Zahmeuter, Esq.
Associate Counsel
Bureau of Professional
Medical Conduct

Date: MARCH 30, 2003



Dennis J. Graziano
Director, Office of
Professional Medical Conduct

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

IN THE MATTER
OF
LEONID SLUTSKY, M.D.

ORDER

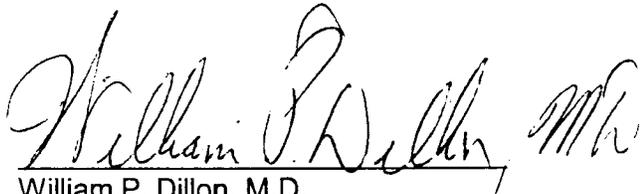
Upon the proposed Consent Agreement and Order of Leonid Slutsky, M.D., which proposed agreement is made a part hereof, it is AGREED TO and

ORDERED, that the proposed agreement and the provisions thereof, including the Appendix to this Order, are hereby adopted; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of this Order to Respondent's attorney, at the address set forth in this agreement or upon transmission via facsimile to Respondent, or Respondent's attorney, whichever is earliest.

DATED: _____

4/2/03



William P. Dillon, M.D.

Chair

State Board for Professional
Medical Conduct

EXHIBIT A

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

IN THE MATTER
OF
LEONID SLUTSKY, M.D.

STATEMENT
OF
CHARGES

LEONID SLUTSKY, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 1, 1994, by the issuance of license number 196275 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent treated Patient A between on or about January 21, 2000 and on or about August 8, 2000 at Comprehensive Medical Diagnostic Testing, P.C., 117-12 Myrtle Avenue, Richmond Hill, New York. Respondent's care and treatment of Patient A failed to meet acceptable standards of medical care, in that:
1. Respondent failed to accurately obtain and/or record a complete history of Patient A;
 2. Respondent failed to accurately perform and/or record a complete physical examination of Patient A;
 3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient A;
 4. Respondent failed to consider and/or record possible differential diagnoses presented by Patient A;
 5. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient A;
 6. Respondent ordered and/or performed redundant

and/or unnecessary diagnostic evaluations of Patient A;

7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;
9. Respondent prematurely ordered chiropractic consultation for Patient A;
10. Respondent's order for a psychiatric consultation was not supported by the record of Patient A;
11. Respondent ordered equipment for patient A that was not justified by the history and/or physical symptoms presented by Patient A;
12. Respondent submitted bills and received payment for the medical equipment that was not justified by Patient A's history and/or physical condition.

B. Respondent treated Patient B between October 27, 1997 and February 2, 1998 at Omega Medical, P.C., 2511 Avenue U, Brooklyn, New York. Respondent's care and treatment of Patient B failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient B;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient B;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient B;
4. Respondent failed to consider and/or record possible differential diagnoses presented by Patient B;
5. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient B;
6. Respondent ordered and/or performed redundant

and/or unnecessary diagnostic evaluations of Patient B;

7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;
9. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient B;
10. Respondent inappropriately ordered chiropractic consultation for Patient B;
11. Respondent ordered equipment for Patient B that was not justified by the history and/or physical symptoms presented by Patient B;
12. Respondent submitted bills and received payment for the medical equipment that was not justified by Patient B's history and/or physical condition.

C. Respondent treated Patient C between July 7, 1998 and December 28, 1998 at Alpine Medical, L.L.C., 3235 Grand Concourse Avenue, Bronx, New York.

Respondent's care and treatment of Patient C failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient C;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient C;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient C;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient C;
5. Respondent ordered and/or performed redundant

and/or unnecessary diagnostic evaluations of Patient C;

6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient C;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;
9. Respondent ordered equipment for patient C that was not justified by the history and/or physical symptoms presented by Patient C;
10. Respondent submitted bills and received payment for the medical equipment that was not justified by Patient C's history and/or physical condition.

D. Respondent treated Patient D between September 5, 1997 and September 21, 1998 at LaMed Medical, P.C., 8008 Flatlands Avenue, Brooklyn, New York. Respondent's care and treatment of Patient D failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient D;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient D;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient D;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient D;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient D;

6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient D;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

E. Respondent treated Patient E between October 15, 1996 and January 28, 1997 at 1724 Ocean Avenue, Brooklyn, New York. Respondent's care and treatment of Patient E failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient E;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient E;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient E;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient E;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient E;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient E;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

F. Respondent treated Patient F between October 22, 1996 and December 3, 1996 at 1724 Ocean Avenue, Brooklyn, New York. Respondent's care and treatment of Patient F failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient F;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient F;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient F;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient F;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient F;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient F;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

G. Respondent treated Patient G between April 2, 1996 and May 14, 1996 at 1724 Ocean Avenue, Brooklyn, New York. Respondent's care and treatment of Patient G failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient G;

2. Respondent failed to accurately perform and/or record a complete physical examination of Patient G;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient G;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient G;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient G;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient G;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

H. Respondent treated Patient H between April 2, 1996 and April 23, 1996 at 1724 Ocean Avenue, Brooklyn, New York. Respondent's care and treatment of Patient H failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient H;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient H;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient H;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient H;

5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient H;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient H;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

I. Respondent treated Patient I between February 20, 1996 and April 9, 1996 at 1724 Ocean Avenue, Brooklyn, New York. Respondent's care and treatment of Patient I failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient I;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient I;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient I;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient I;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient I;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient I;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment

for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

J. Respondent treated Patient J between December 4, 1997 and August 10, 1998 at Omega Medical, P.C., 2511 Avenue U, Brooklyn, New York.

Respondent's care and treatment of Patient J failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient J;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient J;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient J;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient J;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient J;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient J;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

K. Respondent treated Patient K between May 30, 1997 and July 8, 1997 at LaMed Medical, P.C., 8008 Flatlands Avenue, Brooklyn, New York.

Respondent's care and treatment of Patient K failed to meet acceptable

standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient K;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient K;
3. Respondent failed to accurately perform and/or record a complete neurological examination of Patient K;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient K;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient K;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient K;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;

L. Respondent treated Patient L between June 6, 1997 and March 11, 1998 at Omega Medical, P.C., 2511 Avenue U, Brooklyn, New York. Respondent's care and treatment of Patient L failed to meet acceptable standards of medical care, in that:

1. Respondent failed to accurately obtain and/or record a complete history of Patient L;
2. Respondent failed to accurately perform and/or record a complete physical examination of Patient L;

3. Respondent failed to accurately perform and/or record a complete physical examination of Patient L;
4. Respondent ordered and/or performed diagnostic evaluations that were not justified by the history and/or physical symptoms presented by Patient L;
5. Respondent ordered and/or performed redundant and/or unnecessary diagnostic evaluations of Patient L;
6. Respondent misread and/or misinterpreted the diagnostic studies conducted of Patient L;
7. Respondent submitted bills and received payment for the redundant and/or unnecessary diagnostic evaluations;
8. Respondent submitted bills and received payment for equipment used during the diagnostic evaluations that were redundant with the reimbursement for the procedural codes of the diagnostic evaluations;
9. Respondent ordered equipment for patient K that was not justified by the history and/or physical symptoms presented by Patient L;
10. Respondent submitted bills and received payment for the medical equipment that was not justified by Patient L's history and/or physical condition.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

following:

1. The facts set forth in Paragraphs A. and A.1, A. and A.2., A. and A.3, A. and A.4, A. and A.5, A. and A.6, A. and A.9, A. and A.10, A. and A.11, B. and B.1, B. and B.2., B. and B.3, B. and B.4, B. and B.5, B. and B.6, B. and B.9, B. and B.10, B and B.11, C. and C.1, C. and C.2., C. and C.3, C. and C.4, C. and C.5, C and C.6, C and C.9, D. and D.1, D. and D.2., D. and D.3, D. and D.4, D. and D.5, D. and D.6, E. and E.1, E. and E.2., E. and E.3, E. and E.4, E. and E.5, E. and E.6, F. and F.1, F. and F.2., F. and F.3, F. and F.4, F. and F.5, F. and F.6, G. and G.1, G. and G.2., G. and G.3, G. and G.4, G. and G.5, G. and G.6, H. and H.1, H. and H.2., H. and H.3, H. and H.4, H. and H.5, H. and H.6, I. and I.1, I. and I.2., I. and I.3, I. and I.4, I. and I.5, I. and I.6, J. and J.1, J. and J.2., J. and J.3, J. and J.4, J. and J.5, J. and J.6, K. and K.1, K. and K.2., K. and K.3, K. and K.4, K. and K.5, K. and K.6, L. and L.1, L. and L.2., L. and L.3, L. and L.4, L. and L.5, L. and L.6, L and L.9.

SECOND THROUGH FOURTH SPECIFICATIONS

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

2. The facts set forth in Paragraphs A. and A.1, A. and A.2., A. and A.3 and/or A. and A.4;
3. B. and B.1, B. and B.2., B. and B.3, B. and B.4, B. and B.5, B. and B.6, B. and B.9, B. and B.10, and/or B. and B.11; and
4. C. and C.1, C. and C.2., C. and C.3, C. and C.4, C. and C.5, C. and C.6, and/or C. and C.9.

FIFTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined

in N.Y. Educ. Law §6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

5. The facts set forth in Paragraphs A. and A.1, A. and A.2., and/or A. and A.3, A. and A.4, B. and B.1, B. and B.2., B. and B.3, B. and B.4, B. and B.5, B. and B.6, B. and B.9, B. and B.10, and/or B. and B.11, C. and C.1, C. and C.2., C. and C.3, C. and C.4, C. and C.5, C. and C.6, and/or C. and C.9.

SIXTH THROUGH SEVENTEENTH SPECIFICATIONS
FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

6. Paragraphs A. and A.1, A. and A.2., A. and A.3 and/or A. and A.4.;
7. B. and B.1, B. and B.2., B. and B.3 and/or B. and B.4.;
8. C. and C.1, C. and C.2., and/or C. and C.3.;
9. D. and D.1, D. and D.2, and/or D. and D.3.;
10. E. and E.1, E. and E.2., and/or E. and E.3.;
11. F. and F.1, F. and F.2., and/or F. and F.3.;
12. G. and G.1, G. and G.2., and/or G. and G.3.;
13. H. and H.1, H. and H.2., and/or H. and H.3.;
14. I. and I.1, I. and I.2., and/or I and I.3.;
15. J. and J.1, J. and J.2., and/or J. and J.3.;
16. K. and K.1, K. and K.2.; K. and/or K.3.; and
17. L. and L.1, L. and L.2, and/or L. and L.3.

EIGHTEENTH THROUGH TWENTY-NINTH SPECIFICATIONS
UNWARRANTED TESTS/TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(35) by ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient, as alleged in the facts of:

18. Paragraphs A. and A.5, A. and A.6, and/or A. and A.11;
19. Paragraphs B. and B.5, B. and B.6, B. and B.10 and/or B. and B.11;
20. Paragraphs C. and C.4, C. and C.5 and/or C. and C.9;
21. Paragraphs D. and D.4 and/or D. and D.5;
22. Paragraphs E. and E.4 and/or E. and E.5;
23. Paragraphs F. and F.4 and/or F. and F.5;
24. Paragraphs G. and G.4 and/or G. and G.5;
25. Paragraphs H. and H.4 and/or H. and H.5;
26. Paragraphs I. and I.4 and/or I. and I.5;
27. Paragraphs J. and J.4 and/or J. and J.5;
28. Paragraphs K. and K.4 and/or K. and K.5;
29. Paragraphs L. and L.4, L. and L.5, and/or L. and L. 9.

THIRTIETH THROUGH FORTY-FIRST SPECIFICATIONS
FRAUD

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of:

30. Paragraphs A. and A.5, A and A.6, A. and A.7, A. and A.8, A. and A.11, and/or A. and A.12;
31. Paragraphs B. and B.5, B. and B.6, B. and B.7, B and B.8 B and B.11, and/or B. and B.12;
32. Paragraphs C. and C.4, C. and C.5, C and C.7, C. and C.8, C. and C.9, and/or C. and C.10;
33. Paragraphs D and D.4, D and D.5, D and D.7 and/or D and D. 8;
34. Paragraphs E and E.4, E and E.5, E and E.7 and/or E and E.8;
35. Paragraphs F and F.4, F and F.5, F and F.7 and/or F and F.8;
36. Paragraphs G and G.4, G and G.5, G and G.7 and/or G and G.8;
37. Paragraphs H and H.4, H and H.5, H and H.7 and/or H and H.8;
38. Paragraphs I and I.4, I and I.5, I and I.7 and/or I and I.8;
39. Paragraphs J and J.4, J and J.5, J and J.7 and/or J and J.8;
40. Paragraphs K and K.4, K and K.5, K and K.7 and/or K and K.8;
and
41. Paragraphs L and L.4, L and L.5, L and L.7, L and L.8 and/or L and L.10.

DATED: October 29, 2002
Albany, New York


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

EXHIBIT B

Probable "Medical Entities Already Dissolved:"
(none)

Probable "Medical Entities Already Divested:"
563 GRAND MEDICAL, P.C.;
ALPINE MEDICAL, LLC;
ALPINE MEDICAL SERVICES P.C.;
GENERAL MEDICAL CARE, P.C.;
LAMED MEDICAL, P.C.;
OMEGA MEDICAL, P.C.;
S & B NEUROCARE, P.C.;
SOUTH BRONX UNIVERSAL MEDICAL, P.C.

Probable "Medical Entities Not Already Dissolved or
Divested:"
BETTER HEALTH MEDICAL, P.L.L.C.;
COMPREHENSIVE MEDICAL DIAGNOSTIC
TESTING, P.C.;
E COMPREHENSIVE MEDICAL DIAGNOSTIC, P.C.;
ELM NEUROLOGICAL CARE P.C.

EXHIBIT C

EXCEPTION

I shall not practice medicine in any other jurisdiction where that practice of medicine is predicated on a valid New York State license unless my practice of medicine is consistent with the following:

1. Medical services may only be rendered in a jurisdiction that is geographically outside of the State of New York.
2. There shall be no monetary compensation for medical services rendered. The intent of this Exception is that the medical services be rendered on a pro bono or charitable basis.
3. Medical services may only be provided under the auspices of any of the following organizations:
 - a. Medecins Sans Frontieres (a/k/a Doctors Without Borders).
 - b. The Sovereign Order of the Hospitallers of St. John of Jerusalem, Knights of Malta.
 - c. Lancaster International Hospitalization Institute.