



*New York State Board for Professional Medical Conduct*

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

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NYS Department of Health*

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*Executive Deputy Commissioner  
NYS Department of Health*

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*Office of Professional Medical Conduct*

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

*Executive Secretary*

April 26, 2000

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Daniel B. Rosner, M.D.

PO Box 29

Deep River Road

Copenhagen, NY 13626

RE: License No. 157460

Dear Dr. Rosner:

Enclosed please find Order #BPMC 00-121 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **April 26, 2000.**

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

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

Enclosure

cc: Norman A. Bloch, Esq.  
Grover & Bloch, P.C.  
3 New York Plaza  
New York, NY 10004

Kevin C. Roe, Esq.

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

**IN THE MATTER**  
**OF**  
**DANIEL B. ROSNER, M.D.**

CONSENT  
AGREEMENT  
AND  
ORDER  
BPMC #00-121

STATE OF NEW YORK )  
COUNTY OF ) ss:

DANIEL B. ROSNER, M.D.. (Respondent) being duly sworn, deposes and says:

That on or about March 3, 1984, I was licensed to practice as a physician in the State of New York, having been issued License No. 083199 by the New York State Education Department.

My current address is P.O. Box 29, Deep River Road, Copenhagen, NY, 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 do not contest the specification of the Statement of Charges in full satisfaction of the charges against me.

I agree to the following penalty:

My license shall be suspended for three years with said suspension stayed to become a three year period of probation under the terms and conditions attached hereto, made part hereof, and marked as Exhibit B, and I shall be fined fifty thousand dollars (\$50,000.00) payable in

eleven, quarterly installments beginning ninety (90) days after the effective date of the order issued hereunder. My license shall be restricted to prohibit the supervision or use of Certified Registered Nurse Anesthetists or other physician extenders during the period of probation. Thereafter, I will provide thirty (30) days written notice to the Director of OPMC of my intention to resume the supervision or use of Certified Registered Nurse Anesthetists or other physician extenders.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain current registration of his 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 this order and will continue while the licensee possesses his/her license; and

That Respondent shall cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this order and in its investigation of all matters regarding Respondent. Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the order and will continue while the licensee possesses his/her license.

I stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

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 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. Denial of this application 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 agree that the order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

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 order for which I hereby apply, whether administratively or judicially, and ask that the application be granted.

AFFIRMED:

DATED April 3, 2000

*Daniel B. Rosner M.D.*  
DANIEL B. ROSNER, M.D.  
Respondent

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

DATE: APRIL 5, 2000

  
NORMAN A. BLOCH, ESQ.  
Attorney for Respondent

DATE: 4/12, 2000

  
KEVIN C. ROE  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: April 17, 2000

  
ANNE F. SAILE  
Director  
Office of Professional  
Medical Conduct

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

**IN THE MATTER  
OF  
DANIEL B. ROSNER, M.D.**

CONSENT  
ORDER

Upon the proposed agreement of **DANIEL B. ROSNER, M.D.** 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 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 the Consent Order to Respondent at the address set forth in this application or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 4/18, 2000

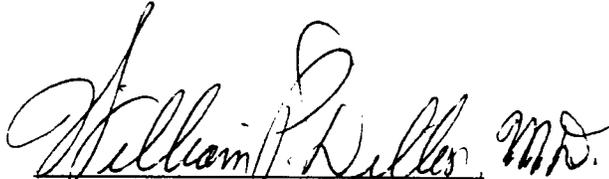
  
WILLIAM P. DILLON, M.D.  
Chair  
State Board for Professional  
Medical Conduct

EXHIBIT A

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

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IN THE MATTER	:	STATEMENT
OF	:	OF
DANIEL B. ROSNER, M.D.	:	CHARGES

-----X

DANIEL B. ROSNER, M.D., Respondent, was authorized to practice medicine in New York State on March 3, 1984, by the issuance of license number 083299 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. From on or about September 1, 1990, until approximately February 1, 1994, Respondent caused numerous claims to be submitted to CHAMPUS, a federally funded medical benefits program, which did not accurately describe the services provided and/or claimed reimbursement to which he was not entitled by reason of his failure to adequately supervise his office staff.



## EXHIBIT B

### Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
4. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.
5. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
6. Respondent shall not supervise or utilize Certified Registered Nurse Anesthetists or other physician extenders during the period of probation.
7. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law. Upon written notification to Respondent by the Director of OPMC that she/he has determined that he has violated the terms of probation and/or is not in compliance with the terms of probation, the stay of the suspension is vacated and Respondent's licence shall be actively suspend until final resolution of the alleged violations of the terms of probation pursuant to the procedure set forth in NY Public Health Law §230(19).