

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

Executive Secretary

Office of Professional Medical Conduct

January 12, 2001

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Daniel L. Koppersmith, M.D. 602 Rock Cove Houston, Texas 77079-4604

RE: License No. 161883

Dear Dr. Koppersmith:

Enclosed please find Order #BPMC 00-157 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect January 12, 2001.

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: Anthony M. Benigno, Esq.

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

IN THE MATTER

OF

APPLICATION TO : MODIFY ORDER

and

SURRENDER LICENSE

DANIEL L. KOPPERSMITH, M.D.

BPMC # 00-157

Daniel L. Koppersmith, the Respondent, states that I was authorized to practice medicine in New York State on April 8, 1985, by the issuance of License No. 161883 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice in the State of New York. My address is 602 Rock Cove, Houston, TX 77079 4604.

I am the subject to Order No. BPMC 00-157, annexed hereto, made a part hereof, and marked as Exhibit 1. I am applying to the State Board for Professional Medical Conduct for an Order (henceforth "Modification/Surrender Order"), modifying the original order with the surrender of my license to practice medicine in the State of New York. This application to modify the prior order is based upon the fact that I do not intend to return to medical practice in the State of New York, and upon the understanding that this modification/surrender order will be a revision of the original order, with the surrender predicated upon the same matter as was the original order. The modification/surrender order to be issued will not constitute a new disciplinary action against me, but will substitute license surrender the for sanction imposed by the original order.

I make this application to the State Board for Professional Medical Conduct

(Board) and request that it be granted.

I understand that, in the event that the 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.

I make this application to the Board and request that it be granted by execution

by the Chairperson of the Board of the attached modification/surrender order. I agree

that, in the event the Board grants my application, an order shall be issued striking my

name from the roster of physicians in the State of New York without further notice to

me.

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 Board's

granting of this application modify my prior consent order, I fully, freely waive any right I

may have to appeal or otherwise challenge the validity of the said

modification/surrender order.

DANIEL L. KOPPERSMITH, M.D

Respondent

2

The undersigned agree to the attached application of the Respondent to modify the original order and to surrender his license to practice medicine in the State of New York.

Date: <u>Jan. 4</u>, 2001

ANTHONY M. BENIGNO, ESQ. Assistant Counsel Bureau of Professional Medical Conduct

Deputy

Director
Office of Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT	
IN THE MATTER  OF	: MODIFICATION/ : SURRENDER ORDER
DANIEL L. KOPPERSMIT	TH, M.D. : BPMC#
Upon the application of DANIEL L. KOPPERSMITH, M.D., (Respondent) to modify a prior order and to surrender his license as a physician in the State of New York, which application is made a part hereof, it is agreed to and	
ORDERED, that the application further	n and the provisions thereof are adopted; it is
ORDERED, that Order BPMC 00-157 is modified to replace the sanction imposed with the surrender of Respondent's license to practice medicine in the State of New York; it is further	
ORDERED, that Respondent's name shall be stricken from the roll of physicians in the State of New York; and it is further	
of this order upon Respondent, upon	Il take effect as of the date of the personal service receipt by Respondent of this order via certified is order via certified
SO ORDERED  Dated://0/0/	WILLIAM P. DILLON, M.D. Chairperson State Board for Professional Medical Conduct