



***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*

**PUBLIC**

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

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

April 9, 2004

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

Mina Khorshidi, M.D.  
10539 Hidden Creek Ct  
Mequon, WI 53092

RE: License No. 170300

Dear Dr. Khorshidi:

Enclosed please find Order #BPMC 04-77 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect April 16, 2004.

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 written in a cursive style with a large initial "A" and "M".

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

cc: Ralph A. Erbaio, Jr., Esq.  
Hoffman, Einiger & Polland PLLC  
220 East 42nd Street, Suite 435  
New York, NY 10017

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

**IN THE MATTER  
OF  
MINA KHORSHIDI, M.D.**

**CONSENT  
ORDER**

BPMC No. 04-77

Upon the application of (Respondent) MINA KHORSHIDI, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, 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 Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, Whichever is first.

SO ORDERED.

DATED: 4/8/04

  
MICHAEL A. GONZALEZ, R.P.A.  
Vice Chair  
State Board for Professional Medical Conduct

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

**IN THE MATTER  
OF  
MINA KHORSHIDI, M.D.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

MINA KHORSHIDI, M.D., representing that all of the following statements are true, deposes and says:

That on or about June 5, 1987, I was licensed to practice as a physician in the State of New York, and issued License No. 170300 by the New York State Education Department.

My current address is 400 Prospect Drive, Brookfield, WI 53005, and I will advise the Director of the Office of Professional Medical Conduct of any change of 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, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I do not contest the First Specification, Fraudulent Practice, in full satisfaction of the charges against me, and agree to the following penalty:

A Censure and Reprimand shall be imposed, pursuant to N.Y. Public Health Law §230-a(1). I shall be subject to a fine in the amount of \$7500, payable within 6 months after the effective date of this Order, and as further set forth below, pursuant to §230-a(7) and (9) of the Public Health Law.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of her license with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall pay the \$7500 fine in full within six months of the effective date of this Order. Payment must be submitted to:

Bureau of Accounts Management  
New York State Department of Health  
Empire State Plaza  
Corning Tower, Room 1245  
Albany, New York 12237

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This

condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this 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 future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement 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 adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first.


I ask the Board to adopt this Consent Agreement 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, 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 Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

DATED 3/24/2004

  
\_\_\_\_\_  
MINA KHORSHIDI, M.D.  
RESPONDENT

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

DATE: 3-29-04

  
RALPHA. ERBAIO, JR., ESQ.  
Attorney for Respondent

DATE: March 30, 2004

  
MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: April 7, 2004

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct



**EXHIBIT "A"**

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

**IN THE MATTER  
OF  
MINA KHORSHIDI, M.D.**

**STATEMENT  
OF  
CHARGES**

MINA KHORSHIDI, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 5, 1987, by the issuance of license number 170300 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. During periods including those in or about 2002, Respondent, with intent to mislead, represented herself to the Suffolk County Department of Health Services as being Board certified by the American Board for Internal Medicine when, in fact, she knew that this was not true.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**FRAUDULENT PRACTICE**

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 the following:

1. Paragraph A.

DATED: March 31, 2004  
New York, New York

A handwritten signature in black ink, appearing to read "Roy Nemerson", written over a horizontal line.

Roy Nemerson  
Deputy Counsel  
Bureau of Professional Medical Conduct