



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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NYS Department of Health

Office of Professional Medical Conduct

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Vice Chair

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

Executive Secretary

January 25, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Farhad Mohebban, M.D.

60 Parkway Drive

Roslyn Heights, New York 11577

RE: License No. 175734

Dear Dr. Mohebban:

Enclosed please find Order #BPMC 01-15 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect January 25, 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.

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".

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

Enclosure

cc: Amy T. Kulb, Esq.
Jacobson and Goldberg, L.L.P.
585 Stewart Avenue
Garden City, New York 11530

Robert Bogan, esq.

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

IN THE MATTER
OF
FARHAD MOHEBBAN, M.D.
NY-99-06-8371-A

CONSENT
AGREEMENT
AND ORDER
BPMC No. 01-15

FARHAD MOHEBBAN, M.D., (Respondent) deposes and says:

That on or about August 5, 1988, I was licensed to practice as a physician in the State of New York, having been issued License No. 175734 by the New York State Education Department.

My current address is 60 Parkway Drive, Roslyn Hts., N.Y. 11577 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address within thirty (30) days thereof.

I understand that the New York State Board of Professional Medical Conduct has charged me with one (1) 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 one (1) specification, in full satisfaction of the charges against me. I, hereby, agree to the following penalties:

Five (5) years probation and a \$5,000.00 Fine.

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 active registration of Respondent's 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 the Consent Order and will continue while the licensee possess his/her license; and

That Respondent shall fully 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 Consent Order and will continue while the licensee possesses his/her license.

I hereby 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 that I am charged with professional misconduct in the future, the agreement and order shall be admitted into evidence in that proceeding.

I hereby 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; and such denial 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 such 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 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 Consent Order for which I, hereby, apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:


DATED: 1/10/01



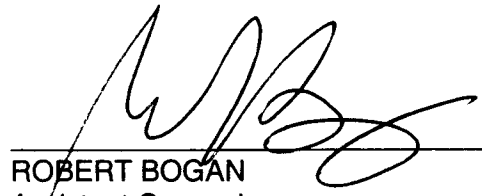
FARHAD MOHEBBAN, M.D.
Respondent

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

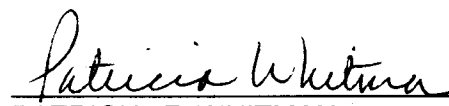
DATE: 1/10/01


AMY T. KULB, ESQ
Attorney for Respondent

DATE: 16 January 2001


ROBERT BOGAN
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 1/18/01


PATRICIA E. WHITMAN
Deputy Director for Operations
Office of Professional Medical Conduct

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

IN THE MATTER
OF
FARHAD MOHEBBAN, M.D.

STATEMENT
OF
CHARGES

FARHAD MOHEBBAN, M.D., the Respondent, was authorized to practice medicine in New York state on August 5, 1988, by the issuance of license number 175734 by the New York State Education Department.

FACTUAL ALLEGATIONS


A. On or about January 6, 1999, in the United States District Court, Southern District of New York, Respondent was found guilty of Medicare Kickback Conspiracy, in violation of 18 USC 371, and three (3) counts of Medicare Kickbacks, in violation of 42 USC 1320 a-7b(b)(1), and was sentenced to pay a \$20,000.00 fine and a \$400.00 assessment, and two (2) years probation.

SPECIFICATION

Respondent violated New York Education Law §6530(9)(a)(ii) by having been convicted of an act constituting a crime under federal law, in that Petitioner charges:

1. The facts in paragraphs A.

DATED: *Nov. 21*, 2000
Albany, New York


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

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, New York 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 action by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is 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; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive section 32].
4. Respondent shall notify the Director of OPMC, of his intention to practice in the State of New York at least thirty (30) days prior to any such practice.
5. 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 of OPMC offices.
6. 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.
7. Respondent shall comply with all requirements of Article 33 of the Public Health Law and of New York State Department of Health regulations, and shall meet as requested with OPMC to provide proof of compliance.
8. Respondent shall comply with all terms, conditions, and restrictions, limitations and penalties 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 Board may initiate a violation of probation proceeding and/or such other proceeding against Respondent as may be authorized pursuant to the law.

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, New York 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 action by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is 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; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive section 32].
4. Respondent shall notify the Director of OPMC of his intention to practice in the State of New York at least thirty (30) days prior to any such practice.
5. Respondent's professional performance of any practice in New York State 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 of OPMC offices.
6. 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.
7. Respondent shall comply with all requirements of Article 33 of the Public Health Law and of New York State Department of Health regulations, and shall meet as requested with OPMC to provide proof of compliance.
8. Respondent shall comply fully with the Consent Agreement and Order of October 26, 1999 of the State Medical Board of Ohio and any extension or modification thereof. Respondent shall provide a written authorization for the State Medical Board of Ohio to provide the Director of OPMC with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the Ohio Consent Agreement and Order. Respondent shall submit semi-annually a signed Compliance Declaration to the Director of OPMC, which truthfully attests whether Respondent has been in compliance with the Ohio Consent Agreement and Order during the declaration period specified.

A TK

9. Respondent shall comply with all terms, conditions, and restrictions, limitations and penalties 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 Board may initiate a violation of probation proceeding and/or such other proceeding against Respondent as may be authorized pursuant to the law.

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

IN THE MATTER
OF
FARHAD MOHEBBAN, M.D.

CONSENT
ORDER

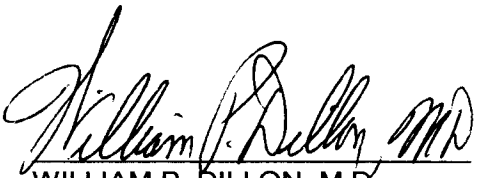
Upon the proposed agreement of **FARHAD MOHEBBAN, M.D.** (Respondent) for Consent Order, which application is made a part hereof, it is agreed and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, 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 agreement 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: 1/23/01



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