



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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Office of Professional Medical Conduct

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

March 2, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Jurij Rybak, M.D.
Queens-Long Island Medical Group, P.C.
James Rudel Center
86-15 Queens Boulevard
Elmhurst, NY 11373

RE: License No. 144142

Dear Dr. Rybak:

Enclosed please find Order #BPMC 01-59 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect March 2, 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,



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

Enclosure

cc: John Campano, Esq.
401 Park Avenue, South
New York, NY 10016

Amy B. Merklen, Esq.

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

IN THE MATTER
OF
JURIJ RYBAK, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC No. 01-59

Jurij Rybak , M.D., (Respondent) says:

That on or about October 24, 1980, I was licensed to practice as a physician in the State of New York, having been issued License No. 144142 by the New York State Education Department.

My current address is Queens - Long Island Medical Group, P.C., 86 - 15 Queens Blvd., Elmhurst, New York 11373-4427, 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 (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 admit guilt to the First Specification, Fraud, in full satisfaction of the charges against me. I hereby agree to the following penalty:

1. Censure and Reprimand, and,
2. One Thousand Dollar (\$1000) 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 possesses 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 I am charged with professional misconduct in the future, this 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

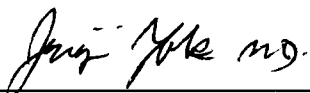
act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance 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 2/14/01




JURIJ RYBAK, 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: _____

JOHN CAMPANO, ESQ.
Attorney for Respondent

DATE: 2/16/01



AMY B. MERKLEN
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 2/20/01



DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

"EXHIBIT A"

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

-----X

IN THE MATTER : STATEMENT
OF : OF
JURIJ RYBAK : CHARGES

-----X

Jurij Rybak, M.D., the Respondent, was authorized to practice medicine in New York State on October 24, 1980 by the issuance of license number 144142 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. The Respondent has been treating Patient A (see Appendix 1 for Patient identity) for the past three (3) years for diabetes. He prescribed Glipizide, Accupril and Levoxyl for Patient A. years. The Respondent wrote those prescriptions in Patient A's wife's name. Patient A's wife's insurance does not require a co-pay. Patient A's insurance requires a co-pay of five dollars (\$5.00) per prescription.

SPECIFICATION OF MISCONDUCT

FIRST SPECIFICATION

FRAUD

The Respondent is charged with professional misconduct by practicing the profession fraudulently in violation of New York Education Law §6530(2) in that Petitioner charges:

1. The allegations in paragraph A.

DATED: *February 16*, 2001

Albany, New York



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

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

IN THE MATTER
OF
JURIJ RYBAK, M.D.

CONSENT
ORDER

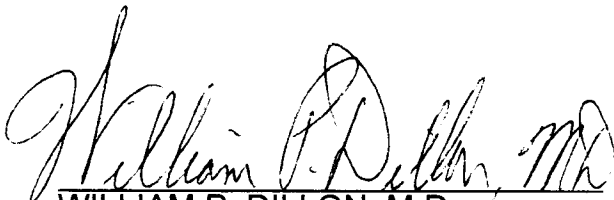
Upon the proposed agreement of Jurij Rybak, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and 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: 2/23/01


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