



*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.  
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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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Denise M. Bolan, R.P.A.  
*Vice Chair*

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

September 2, 1999

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Yu Kang Ying, M.D.  
394 Old Country Road  
Garden City, NY 11530

RE: License No. 143506

Dear Dr. Ying:

Enclosed please find Order #BPMC 99-224 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **September 2, 1999**.

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 1315  
Empire State Plaza  
Albany, New York 12237

Sincerely,



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

Enclosure

cc: Robert Elliott, Esq.  
Bartlett, McDonough, Baston and Monaghan, LLP  
300 Old Country Road  
Mineola, NY 11501

Jean Bresler, Esq.

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

IN THE MATTER  
OF  
YU KANG YING, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

BPMC #99-224

STATE OF NEW YORK )  
COUNTY OF NASSAU) so.:

YU KANG YING, M.D., (Respondent) being duly sworn, deposes and says:  
That on or about September 5, 1980; I was licensed to practice as a  
physician in the State of New York, having been issued License No. 143506 by  
the New York State Education Department.

My current address is 394 Old Country Road, Garden City, NY 11530, 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 proposes to charge 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 agree not to contest this charge , in full satisfaction of the charges against  
me. I hereby agree to the following :

I agree to pay a fine of \$10,000.00.

Unless otherwise specified herein, the fine is payable in full within  
thirty (30) days of the effective date of this Order. Payments 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

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

Respondent shall maintain current 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)(McKinney Supp 1999).

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.

DATED 8/11/99

Sworn to before me  
on this 11 day of  
August 1999

  
NOTARY

  
YU KANG YING, M.D.  
RESPONDENT


ROBERT F. ELLIOTT  
Notary Public, State of New York  
No. 4996697  
Qualified in Suffolk County  
Commission Expires May 18, 20 00

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


DATE: 2/11/95

  
ROBERT ELLIOT, ESQ.  
Attorney for Respondent

DATE: 8/23/94

  
JEAN BRESLER  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: 8/25/95

  
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  
YU KANG YING, M.D.

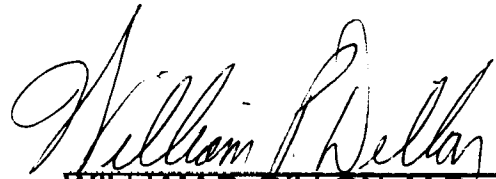
CONSENT  
ORDER

Upon the proposed agreement of YU Kang YING, 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: 8/27/99

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



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

IN THE MATTER  
OF  
YU KANG YING, M.D.

STATEMENT  
OF  
CHARGES

YU KANG YING, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 5, 1980, by the issuance of license number 143506 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. Respondent treated Patient A, (Patient A is identified in Appendix "A" attached) at his private office at 120 Mineola Blvd. Mineola, NY. from July 1995 to September 1995. Respondent recorded inaccurate diagnostic codes on ten bills submitted to the patient. Respondent recorded the following ICD9 diagnostic codes: 256.9, ovarian dysfunction, irregular menstrual cycle and threatened abortion, when in fact he should have recorded cycle management in preparation for IVF.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**FAILURE TO MAINTAIN RECORDS**

1. Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32)(McKinney Supp. 1999) by failing to maintain a record for each patient which accurately reflects the care and

*Exhibit "A"*

treatment of the patient, as alleged in the facts of paragraph "A"

DATED: July , 1999  
New York, New York

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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct