



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

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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Chairman

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

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

Public

February 6, 2006

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Abraham Joseph Lock, M.D.
1801 Avenue J
Brooklyn, NY 11230

Re: License No. 166176

Dear Dr. Lock:

Enclosed is a copy of Order #BPMC 06-24 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect February 13, 2006.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to the 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

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

IN THE MATTER
OF
ABRAHAM LOCK, M.D.

SURRENDER
ORDER

BPMC No. 06-24

Upon the application of (Respondent) ABRAHAM LOCK, M.D. to Surrender his license as a physician in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further

ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 2-3-06


KENDRICK A. SEARS, 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
ABRAHAM LOCK, M.D.

SURRENDER
of
LICENSE

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

That on or about May 27, 1986, I was licensed to practice as a physician in the State of New York and issued License No. 166176 by the New York State Education Department.

My current address is 1801 Avenue J, Brooklyn, NY 11230, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

The New York State Board for Professional Medical Conduct has charged me with sixteen specifications of professional misconduct, and a hearing is currently in progress.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Surrender of License.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I assert that I cannot successfully defend against at least one of the acts of misconduct alleged, in full satisfaction of the charges against me.

I ask the Board to accept the Surrender of my License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that if the Board does not accept this Surrender, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this application 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 accepts the Surrender of my License, the Chair of the Board shall issue a Surrender 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 Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, 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 Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board

for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE 11/27/06



ABRAHAM LOCK, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

DATE: _____

N/A

Attorney for Respondent
(if represented)

DATE: 1/27/06



TERRENCE J. SHEEHAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2/01/06



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
ABRAHAM LOCK, M.D.

STATEMENT
OF
CHARGES

ABRAHAM LOCK, M.D., the Respondent, was authorized to practice medicine in New York State in or about 1986, by the issuance of license number 116176 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. In 1994, Respondent examined and administered certain tests to Patient A (whose name together with the other patient names are contained in the attached Appendix) in his medical office. Respondent's management and professional services departed from acceptable standards of practice in the following respects:

1. Respondent failed to perform and document an adequate history and physical examination.
2. Nerve conduction velocity tests (NCVs) were performed on Patient A by a technician. Some or all of these tests were improperly administered. Respondent improperly relied on these inadequate tests.
3. Respondent improperly interpreted the results of the nerve conduction velocity tests.

Exhibit "A"

4. There are two components when billing for an NCV: administration and interpretation. Respondent billed for both components. His billing for administration of the tests was improper, intentional and designed to deceive the no-fault insurance carrier.
5. Respondent performed electromyographic studies (EMGs) on Patient A. These studies were inadequate in that Respondent failed to test a sufficient number of peripheral muscles.
6. Respondent's diagnosis of radiculopathy in three levels in Patient A's neck is not medically indicated.
7. Respondent improperly, knowingly, and with intent to deceive, billed for NCVs that were not performed.
8. Respondent improperly, knowingly, and with intent to deceive, billed for EMGs that were not performed.
9. Respondent improperly, knowingly, and with intent to deceive, created numerous false documents, including test results, concerning the fake EMGs referred to in paragraph A(8), supra.
10. Respondent failed to maintain a medical record for Patient A which accurately reflects the evaluation he provided, including patient history, physical examination, rationales for testing, comprehensive letters of medical necessity, diagnoses,

interpretations of diagnostic tests and billing records.

B. In 1994, Respondent examined and administered certain tests to Patient B in his medical office. Respondent's management and professional services departed from acceptable standards of practice in the following respects:

1. Respondent failed to perform and document an adequate history and physical examination.
2. Nerve conduction velocity tests (NCVs) were performed on Patient B by a technician. Some or all of these tests were improperly administered. Respondent improperly relied on these inadequate tests.
3. Respondent improperly interpreted the results of the nerve conduction velocity tests.
4. There are two components when billing for an NCV: administration and interpretation. Respondent billed for both components. His billing for administration of the tests was improper, intentional and designed to deceive the no-fault insurance carrier.
5. Respondent performed electromyographic studies (EMGs) on Patient B. These studies were inadequate in that Respondent failed to test a sufficient number of peripheral muscles.

6. Respondent improperly, knowingly, and with intent to deceive, billed for NCVs that were not performed.
7. Respondent improperly, knowingly, and with intent to deceive, billed for EMGs that were not performed.
8. Respondent improperly, knowingly, and with intent to deceive, created numerous false documents, including test results, concerning the fake EMGs referred to in paragraph B(7), supra.
9. Respondent failed to maintain a medical record for Patient B which accurately reflects the evaluation he provided, including patient history, physical examination, rationales for testing, comprehensive letters of medical necessity, diagnoses, interpretations of diagnostic tests and billing records.

C. In 1994, Respondent examined and administered certain tests to Patient C in his medical office. Respondent's management and professional services departed from acceptable standards of practice in the following respects:

1. Respondent failed to perform and document an adequate history and physical examination.
2. Nerve conduction velocity tests (NCVs) were performed on Patient C by a technician. Some or all of these tests were improperly administered. Respondent improperly relied on these inadequate tests.

3. Respondent improperly interpreted the results of the nerve conduction velocity tests.
4. There are two components when billing for an NCV: administration and interpretation. Respondent billed for both components. His billing for administration of the tests was improper, intentional and designed to deceive the no-fault insurance carrier.
5. Respondent performed electromyographic studies (EMGs) on Patient C. These studies were inadequate in that Respondent failed to test a sufficient number of peripheral muscles.
6. Respondent improperly, knowingly, and with intent to deceive, billed for NCVs that were not performed.
7. Respondent improperly, knowingly, and with intent to deceive, billed for EMGs that were not performed.
8. Respondent improperly, knowingly, and with intent to deceive, created numerous false documents, including test results, concerning the fake EMGs referred to in paragraph C(7), supra.
9. Respondent failed to maintain a medical record for Patient C which accurately reflects the evaluation he provided, including patient history, physical examination, rationales for testing, comprehensive letters of medical necessity, diagnoses, interpretations of diagnostic tests and billing records.

- D. In 1994, Respondent examined and administered certain tests to Patient D in his medical office. Respondent's management and professional services departed from acceptable standards of practice in the following respects:
1. Respondent failed to perform and document an adequate history and physical examination.
 2. Nerve conduction velocity tests (NCVs) were performed on Patient D by a technician. Some or all of these tests were improperly administered. Respondent improperly relied on these inadequate tests.
 3. Respondent improperly interpreted the results of the nerve conduction velocity tests.
 4. There are two components when billing for an NCV: administration and interpretation. Respondent billed for both components. His billing for administration of the tests was improper, intentional and designed to deceive the no-fault insurance carrier.
 5. Respondent performed electromyographic studies (EMGs) on Patient D. These studies were inadequate in that Respondent failed to test a sufficient number of peripheral muscles.
 6. Respondent's diagnosis of radiculopathy at multiple levels bilaterally in Patient D's lower back is not medically indicated.

7. Respondent improperly, knowingly, and with intent to deceive, billed for NCVs that were not performed.
 8. Respondent improperly, knowingly, and with intent to deceive, billed for EMGs that were not performed.
 9. Respondent improperly, knowingly, and with intent to deceive, created numerous false documents, including test results, concerning the fake EMGs referred to in paragraph D(8), supra.
 10. Respondent failed to maintain a medical record for Patient D which accurately reflects the evaluation he provided, including patient history, physical examination, rationales for testing, comprehensive letters of medical necessity, diagnoses, interpretations of diagnostic tests and billing records.
- E. In or about 1999 the State Board for Professional Medical Conduct imposed a penalty of five years suspension, stayed, and five years probation based on Respondent's conviction of Grand Larceny, a class E felony, related to his false billing, as a Medical Provider, in New York State. One of his terms of probation required Respondent to inform his OPMC probation monitor of any changes in his work locations within thirty days of such change. During each of the years of his probation Respondent routinely failed to comply with this probationary term.

SPECIFICATION OF CHARGES

FIRST TO FOURTH SPECIFICATIONS

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 paragraphs:

1. A and A(4), (7), (8), (9).
2. B and B(4), (6), (7), (8).
3. C and C(4), (6), (7), (8).
4. D and D(4), (7), (8), (9).

FIFTH SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

5. A and A(1), (2), (3), (5), (6); B and B(1), (2), (3), (5); C and C(1), (2), (3), (5); D and D(1), (2), (3), (5), (6).

SIXTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

6. A and A(1), (2), (3), (5), (6); B and B(1), (2), (3), (5); C and C(1), (2), (3), (5); D and D(1), (2), (3), (5), (6).

SEVENTH SPECIFICATION

FALSE REPORT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(21) by wilfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, as alleged in the facts of:

7. A and A(4), (7), (8), (9).
8. B and B(4), (6), (7), (8).
9. C and C(4), (6), (7), (8).
10. D and D(4), (7), (8), (9).

ELEVENTH SPECIFICATIONS

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following paragraphs:

11. A and A(4), (7), (8), (9), B and B(4), (6), (7), (8), C and C(4), (6), (7), (8), D and D(4), (7), (8), (9).

TWELFTH SPECIFICATION

VIOLATION OF PROBATION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(29) by violating any term of probation or condition or limitation imposed on the licensee pursuant to PHL §230, as alleged in the facts of the following paragraph:

12. E.

THIRTEENTH TO SIXTEENTH SPECIFICATION

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

13. A and A(1), (10).
14. B and B(1), (9).
15. C and C(1), (9).
16. D and D(1), (10).

DATED: November , 2005
New York, New York

15/

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

**GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWING A
REVOCAION, SURRENDER OR SUSPENSION (of six months or more)
OF A MEDICAL LICENSE**

1. Respondent shall immediately cease the practice of medicine in compliance with the terms of the Surrender Order. Respondent shall not represent that Respondent is eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within 15 days of the Surrender Order's effective date, Respondent shall notify all patients that Respondent has ceased the practice of medicine, and shall refer all patients to another licensed practicing physician for their continued care, as appropriate.
3. Within thirty days of the Surrender Order's effective date, Respondent shall deliver Respondent's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299.
4. Respondent shall arrange for the transfer and maintenance of all patient medical records. Within thirty days of the Surrender Order's effective date, Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least six years after the last date of service, and, for minors, for at least six years after the last date of service or three years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or sent at reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of inability to pay.
5. Within 15 days of the Surrender Order's effective date, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender Respondent's DEA controlled substance certificate, privileges, and any used DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
6. Within 15 days of the Surrender Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at Respondent's practice location, Respondent shall dispose of all medications.
7. Within 15 days of the Surrender Order's effective date, Respondent shall remove from the public domain any representation that Respondent is

eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another licensee provides health care services.

8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by Respondent or others) while barred from practicing medicine. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Surrender Order's effective date.
9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license is revoked, surrendered or suspended for six months or more pursuant to this Order, Respondent shall, within ninety days of the Order's effective date, divest completely of all financial interest in such professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety days of the Order's effective date.
10. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to four years, under § 6512 of the Education Law. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under § 230-a of the Public Health Law.