

**Person Info****Name:**Vinod K Goyal**Address Info****Street  
Address:**1640 N  
Arlington  
Height Rd, Ste  
110**Email:****Phone:****Fax:****City:** Arlington  
Heights**State:**IL**Zipcode:**60004**Country:**United States**County:**Cook**Survey Response Summary**

Question	Answer
----------	--------

**Question Response Summary**

Question	Answer
1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	N
3.) Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana court?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination?	N
6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider?	N
7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	N

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4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
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**Question Response Summary**

Question	Answer
1.) Since you last renewed, has any health profession license, certificate, registration or permit you hold or have held been denied, surrendered, disciplined or are formal charges pending in any state?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	N
3.) Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination?	N
6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider?	N
7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	N

## Moran, Donna

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**From:** Group 03  
**Sent:** Tuesday, April 22, 2014 8:57 AM  
**To:** Moran, Donna  
**Subject:** FW: Dr. Vinod Goyal

### [Jody Edens](#),

Assistant Board Director  
Indiana Professional Licensing Agency  
Medical Licensing Board of Indiana  
Physician Assistant Committee  
Board of Podiatric Medicine  
Dietitian Certification Board  
Occupational Therapy Committee  
Physical Therapy Committee  
Direct Entry Midwifery Committee  
402 West Washington Street, Room W072  
Indianapolis, IN 46204  
(317) 234-2060  
(317) 233-4236 fax  
website: [www.pla.in.gov](http://www.pla.in.gov)



***We're striving to cut red tape.  
Click on the logo to tell us your ideas!***

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**From:** wayne gardner [<mailto:> [REDACTED]]  
**Sent:** Saturday, April 19, 2014 6:56 PM  
**To:** Group 03  
**Subject:** Dr. Vinod Goyal

Recently, I was made aware of Dr. Vinod Goyal's medical license in Indiana per the following link: <http://abortiondocs.org/wp-content/uploads/2013/12/Vinod-Goyal-v.-State-of-Indiana-Final-Order-5-6-2005.pdf>

It indicates that the Petitioner had been sanctioned for financial irregularities in 1990 and had "several" malpractice suits but that he had no malpractice suits from 1995 until 2005 when the license went into

effect. However a review of Cook County court records reveals the following twelve lawsuits against Dr. Goyal and/or one of his clinics:

<b>Case</b>	<b>#03L000694</b>	<b>Wrongful Death</b>
<b>Case</b>	<b>#03L009569</b>	<b>Malpractice</b>
<b>Case</b>	<b>#99L08001</b>	<b>Wrongful Death</b>
<b>Case</b>	<b>#98L003139</b>	<b>Malpractice</b>
<b>Case</b>	<b>#93L002149</b>	<b>Malpractice</b>
<b>Case</b>	<b>#93L004374</b>	<b>Malpractice</b>
<b>Case</b>	<b>#91L01497</b>	<b>Malpractice</b>
<b>Case</b>	<b>#90L4070</b>	<b>Malpractice</b>
<b>Case</b>	<b>#93L013735</b>	<b>Malpractice</b>
<b>Case</b>	<b>#82L1105</b>	<b>Malpractice</b>
<b>Case</b>	<b>#93006642</b>	<b>Malpractice</b>
<b>Case</b>	<b>#98L003139</b>	<b>- Malpractice</b>

I have copies of the last four lawsuits which occurred ten years prior to the license went into effect if you need them. Furthermore, since 2005, Dr. Goyal lost \$20 million due to bank fraud (<http://www.chicagobusiness.com/article/20131029/NEWS03/131029763/the-20-million-fraud-scheme-that-almost-never-ended#>) and an additional \$9 million due to loan default (<http://docs.justia.com/cases/federal/district-courts/illinois/ilndce/1:2011cv04586/257569/38>). More recently two of his seven clinics have closed for unknown reasons. I would strongly encourage you to investigate as to the financial and malpractice status of Dr. Goyal to continue licensing him to practice medicine in the State of Indiana. Please advise me if further action is taken against his license. Thank You, Wayne Gardner.

## Covington, Darren

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**From:** Kimberlee O [kimberleeo@officegci.com]  
**Sent:** Monday, October 26, 2015 12:01 PM  
**To:** Covington, Darren  
**Subject:** License Renewal Hold on License # 01060223A  
**Attachments:** IN AG Case Closed Letter.pdf

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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Dear Mr. Covington,

I am Dr. Vinod Goyal's assistant. Several days after I sent in the online application for license renewal I called the medical board office because the license had not yet been processed and they said that it was on a hold because of an unresolved complaint to the Attorney General's office in 2014. That complaint was resolved early this year and I have attached the AG's letter stating that fact.

Dr. Goyal's License number is 01060223A Exp: 10/31/15

Please help me to resolve this issue swiftly so that Dr. Goyal's license will not expire.

Feel free to contact me for any reason regarding this matter!

Kimberlee Otto  
Administrative Assistant  
Office of Vinod K. Goyal  
Tel: 847-255-7400  
Fax: 847-398-4585

This message and the following pages are intended only for the use of the person to whom or place to which it is addressed. It may contain information that is privileged, confidential and exempt from disclosure. Distribution, copying or disclosure by anyone else is prohibited and can be a violation of Federal and State laws. If you received this in error, please notify us promptly and then destroy this communication.

Please notify us if the transmission is received incomplete or illegible. Thank you.

BEFORE THE MEDICAL LICENSING  
BOARD OF INDIANA  
CAUSE NO. 2004 MLB 0033

VINOD GOYAL, M.D., )  
 )  
 Petitioner, )  
 )  
 v. )  
 )  
 STATE OF INDIANA, )  
 )  
 Respondent. )

**FILED**

MAY 06 2005

HEALTH PROFESSIONS  
BUREAU

FINAL ORDER

Comes now the Medical Licensing Board of Indiana, hereinafter ("Board") and hearing having been held in this matter on January 25, 2005, issues its Final Order, by a vote of 7-0, as follows:

FINDINGS OF FACT

1. This matter is pending before the Board on Vinod Goyal, M.D.'s [hereinafter "Petitioner"] petition for review of the Board's denial of his application to practice medicine in Indiana. The denial involved positive responses on his application to inquiries about previous disciplinary actions against a health license, negative action regarding staff membership or privileges and malpractice actions.
2. The Petitioner was denied renewal of staff privileges at two hospitals in Illinois. However, both involved lack of activity at the hospitals (because he was not practicing in the immediate area) and not any clinical shortcomings.
3. The Petitioner had two disciplinary actions in Illinois during the 1990's one of which involved a fine and probation and the other a reprimand and fine. Neither matter involved any clinical shortcomings. In fact, one resulted from confusion on certain fees charged in his practice and the other arose from a dispute with a landlord and another physician who were planning on opening a competing practice. Both of these matters have been some years ago and do not serve as any reason to deny Indiana licensure at this time.
4. The Petitioner has had several malpractice actions settled over his career, but none in over ten years. These actions do not serve as any reason to deny Indiana licensure at this time

CONCLUSIONS OF LAW

1. Under Indiana Code Section 25-22.5-5-2, the Board may issue a license by endorsement to qualifying individuals who are licensed in another state. However, Indiana Code Section 25-1-9-16 and Indiana Code Section 25-22.5-3-1(f) allow application denial for certain out-of-state discipline. Indiana Code Section 25-22.5-3-1(e) requires that the applicant be competent to practice and allows the consideration of malpractice settlements or judgments in making such a determination. The circumstances of this case do not make a denial appropriate.

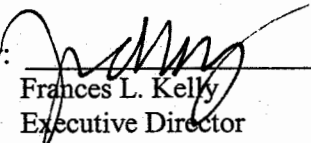
2. Because the Petitioner has established that he meets the requirements for licensure, his application for a license may be granted.

ORDER

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the Petitioner's application to practice medicine in Indiana is **GRANTED**.

ISSUED this 6 day of May, 2005.

MEDICAL LICENSING BOARD  
OF INDIANA

By:   
\_\_\_\_\_  
Frances L. Kelly  
Executive Director  
Health Professions Bureau



Copies to:

Vinod Goyal, M.D.  
1640 N. Arlington Heights Road, Suite 110  
Arlington, Illinois 60004  
Certified Mail No. **7003 3110 0003 5659 5246**

John H. Sharpe  
Margaret L. Smith  
SOMMER BARNARD  
One Indiana Square, Suite 3500  
Indianapolis, Indiana 46204

208840

**MINUTES OF THE  
MEDICAL LICENSING BOARD OF INDIANA**

**Meeting Held  
January 27, 2005**

**9:00 A.M.  
CONFERENCE CENTER ROOM C  
INDIANA GOVERNMENT CENTER SOUTH  
302 WEST WASHINGTON STREET  
INDIANAPOLIS, INDIANA**

**I. CALL TO ORDER**

Dr. Krejsa called the meeting to order at 10:50 a.m. in Conference Center Room C, 302 West Washington Street, Indianapolis, Indiana and declared a quorum in accordance with IC § 25-22.5.

**Members Present:**

N. Stacy Lankford, M.D., Secretary  
Richard Krejsa, D.O., President  
Worthe Holt, M.D.  
Bharat H. Barai, M.D., Vice-President  
Barbara Malone, J.D., Consumer Member  
Ralph Stewart, M.D.,  
William H. Beeson, M.D.

**Members Not Present:**

**Staff Present:**

Angela Smith Jones, Board Director, Health Professions Bureau  
Jeanette Roberts, Assistant Board Director, Health Professions Bureau  
James Schmidt, Legal Counsel, Office of the Attorney General  
Gordon White, Legal Counsel, Office of the Attorney General

**II. ADOPTION/AMENDMENTS TO THE AGENDA**

A motion was made and seconded to adopt the agenda as amended.

Lankford/Malone  
Motion carried 4/0/0

**III. ADOPTION/AMENDMENTS TO THE MINUTES of January 27, 2005**

A motion was made and seconded to adopt the minutes of January 27, 2005.

Lankford/Malone  
Motion carried 4/0/0

Motion carried 6/0/0

J.

**VI. ADMINISTRATIVE HEARINGS**

A.

**B. VINOD GOYAL, M.D.**  
Cause No.: 2004 MLB 0033

Re: Appeal of Denial of Licensure

**Parties and Counsel Present:**

Respondent is presented by counsel John Sharpe

**Participating Board Members:**

Dr. Stewart (hearing officer)

Ms. Malone

Dr. Krejsa

Dr. Holt

Dr. Lankford

Dr. Barai

Dr. Beeson

**Witnesses:** Dr. Goyal

**Case Summary:** This hearing is based upon denial of licensure. He was denied licensure for answering yes to several questions on his application for licensure. Dr. Goyal presented his case to the Board. He has been practicing OB/GYN for over 30 years in Illinois. He is licensed in Illinois, Michigan and Wisconsin.

He was denied staff privileges when several years ago his privileges were non-renewed. He had not been sufficiently active to meet the volume criteria at two facilities. He did not challenge the non-renewal actions as he did not anticipate using their facilities in the future. He tried to contact Good Shepard for a letter, but they do not have records on him; however he does have privileges at several other hospitals in Illinois.

Petitioner's Exhibits: A-G were admitted.

He also answered yes to the question regarding disciplinary action taken by a state Board. The Illinois Board did discipline his license several years ago. The first was in 1992-1993 and his staff misquoted his fees. A complaint was made to the Illinois Board and he paid a fine to settle the matter. (See ex. D) the second action dealt with a landlord tenant dispute with the building landlord where his offices are. In 1997 in order to resolve the landlord tenant issue he agreed to be fined by the Illinois Board. Dr. Goyal explained his malpractice history.

Petitioner's Exhibit H: Letter from Good Shepard

He wants to come here due to the malpractice premiums in Illinois. Malpractice is to increase another 45% this July or November. He pays \$48,000 for a part time practice of doing only gynecology. If he did OB it would be \$150,000 per year.

**Board Action:** A motion was made to grant licensure.

Krejsa/Barai

Motion carried 7/0/0

---

**Bharat Barai, M.D. – President  
Medical Licensing Board of Indiana**

---

**Date**

---

**Worthe Holt, Jr., M.D. – Secretary  
Medical Licensing Board of Indiana**

---

**Date**

# SOMMER BARNARD

ATTORNEYS, P.C.

August 25, 2004

Angela Smith-Jones  
Board Director  
Medical Licensing Board of Indiana  
Health Professions Bureau  
402 West Washington Street, Room W066  
Indianapolis, IN 46204

RE: Denial of Application of Vinod K. Goyal, M.D.

Dear Ms. Smith Jones

Thank you for speaking with me yesterday. As we discussed, this law firm has been retained to represent Dr. Goyal in his appeal of the denial of his application for licensure in Indiana. Please direct any future correspondence to my attention at the downtown Indianapolis location identified below.

This letter also serves to confirm our agreement regarding the date my client's Petition for Review is due. Although the letter denying my client's application is dated August 10, 2004, the postmark on the envelope indicates that it was not mailed until August 17, 2004 (see attached). You and I agreed that the time for filing my client's Petition for Review will run from the postmark date, therefore, the Petition must be filed by Tuesday, September 7, 2004 (due to the Labor Day holiday).

If you have any questions, please feel free to contact me directly at 317/713-3500.

Sincerely,

*Linda Reddington*  
Linda Reddington, Esq. RECEIVED

LR/kr

Enclosure

cc: Vinod K. Goyal, M.D.

AUG 26 2004  
Health Professions Bureau



HEALTH PROFESSIONS BUREAU  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204

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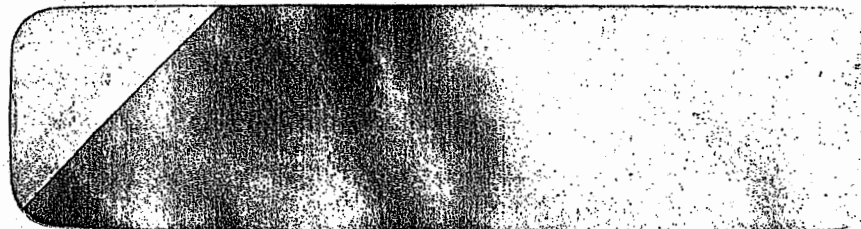
SF 9386 (R3/5-91)



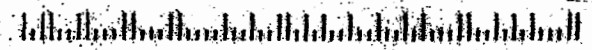
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RECEIVED

AUG 26 2004

Health Professions Bureau

SEP 07 2004

Health Professions Bureau

September 7, 2004

Medical Licensing Board  
Health Professions Bureau  
402 West Washington Street, Room W066  
Indianapolis, IN 46204

RE: Petition for Administrative Review  
Vinod K. Goyal, M.D.

Dear Medical Licensing Board:

On January 28, 2004, Vinod K. Goyal, M.D. ("Dr. Goyal"), submitted his application for a license to practice medicine in Indiana ("Application"). On August 10, 2004, the Medical Licensing Board ("the Board") denied his Application.

The Board's stated reasons for denying Dr. Goyal's Application were based upon his "positive response" to questions regarding whether he (1) had been denied privileges in any hospital; (2) had settled any malpractice actions; and (3) had disciplinary action taken against him. As explained below, the facts surrounding each of these positive responses establish that Dr. Goyal should not have been denied a license to practice medicine in Indiana.

Dr. Goyal is submitting this Petition for Administrative Review ("Petition") pursuant to Indiana Code section 4-21.5-3-7 because he has been aggrieved and adversely affected by the Board's denial of his Application.

Dr. Goyal is prepared to appear at a hearing and present testimonial and documentary evidence in support of this Petition.

**A. Dr. Goyal's educational and professional background.**

Dr. Goyal graduated from the Government Medical College at Punjabi University, in Patiala, Punjab, India, in 1972. He completed his internship at St. Elizabeth Hospital, Chicago, in 1973, and completed his three-year OB-GYN residency at Mt. Sinai Hospital, Chicago, in 1976. He received Board Certification in 1980 from the American College of Obstetrics and Gynecology.

Dr. Goyal was licensed as a physician and surgeon in Illinois in 1974 and went into private practice in 1976 in Chicago. In 1980, he moved his practice to Barrington, Illinois,



**Petition for Review, Vinod Goyal, M.D.**

**Page 2**

where he practiced until 1990. During this time he also had a practice in Hoffman Estates, Illinois. In 1990, he focused his practice in the Chicago area in the Dimensions Medical Center, a full-service, multi-specialty Ambulatory Outpatient Surgical Center. He also has a practice in Arlington Heights, Illinois, and is on staff at other outpatient medical centers.

From 1976 to 1987, Dr. Goyal's practice included both obstetrics and gynecology. His wife, Vijay Goyal, also a physician, at that time had a pediatrics and general practice, and also was on call for newborns. In 1987, Dr. Goyal and his wife decided that his being on-call for deliveries at all times while his wife also was on call for newborns was creating a hardship on their family. Accordingly, at that time, Dr. Goyal ceased the obstetrics portion of his practice and focused on his gynecology practice, which he continues to do as of this date.

His current gynecological services include, but are not limited to, pap smears and pelvic exams; counseling for abnormal pap smear results; breast exams and treatment/evaluation of breast lumps, breast discharge, breast pain and tenderness; evaluation and treatment of menopausal disorders; evaluation and treatment of irregular menses, amenorrhea, dysmenorrhea, menorrhagia, anemia; infertility and hormone testing and hormone replacement therapy; ovarian cyst treatment; polycystic ovaries; cervical polyps; management and treatment of dysplasia, ASCUS, LSIL; birth control and emergency contraception options; diagnostic laparoscopy; endometrial biopsies; condyloma acuminatum treatments; testing and treatment of gynecological and urinary infections, viruses, and diseases; management of herpes outbreaks and rechecks; and evaluation and treatment of pelvic pain. His surgical services include tubal sterilization; mini laparotomies; dilation & curettage; dilation and evacuation for voluntary termination of pregnancy; laser surgery for cervical dysplasia and condyloma acuminata; colposcopy/biopsies; cervical, vaginal, vulvar, condylomas; laparoscopy; removal of Bartholin cysts; excision/biopsy of lesions; and cervical laser/conization.

Dr. Goyal and his wife desire to practice in Indiana. Dr. Goyal's wife, Vijay Goyal, M.D., has already submitted an application to be licensed in Indiana, and was granted an Indiana medical license on March 19, 2004.

**B. The non-renewal of certain hospital privileges for Dr. Goyal was unrelated to patient care and therefore did not warrant the denial of his application.**

Dr. Goyal currently has privileges at three hospitals in Illinois: Mt. Sinai Hospital Medical Center (privileges since 1976), St. Alexius Medical Center (privileges since 1979), and Lutheran General Hospital (privileges since approximately 1997). Dr. Goyal no longer has privileges at Good Shepherd Hospital and Gottlieb Memorial Hospital, due to inactivity at those facilities.

**Petition for Review, Vinod Goyal, M.D.**  
**Page 3**

From 1980 to 1990, Dr. Goyal had a practice in Barrington, Illinois. During this time, he had privileges at Good Shepherd Hospital, located in Barrington. In 1990, Dr. Goyal moved his primary practice to Arlington Heights and Des Plaines and thereafter rarely used the Good Shepherd facilities and stopped attending required meetings. When it came time to renew his privileges in Barrington, Good Shepherd noted that he had not attended enough meetings and decided not to renew.

Likewise, in the Chicago area, Dr. Goyal had privileges at Mt. Sinai Hospital Medical Center, St. Alexius Medical Center, Lutheran General Hospital, and Gottlieb Memorial Hospital. In 2000, Gottlieb determined that a "lack of clinical activity" at this Hospital prompted the non-renewal of his privileges.

Dr. Goyal's privileges at these hospitals were not renewed because he no longer used these facilities with enough frequency to meet their volume criteria for membership and privileges. The decisions not to renew had nothing to do with any concerns regarding clinical care.

**C. The two disciplinary actions taken against Dr. Goyal were not based upon his "inability to safely practice medicine."**

The Indiana Code provides that an applicant for a medical license "shall not have had disciplinary action taken against the applicant or the applicant's license by the board or by the licensing agency of any other state or jurisdiction *by reasons of the applicant's inability to safely practice medicine* or osteopathic medicine and those reasons are still valid in the opinion of the board." IND. CODE § 25-22.5-3-1(f) (emphasis added).

As discussed below, although there have been two disciplinary actions taken against Dr. Goyal, neither was based upon his "inability to safely practice medicine" and therefore should not have adversely affected his Application.

**1. Disciplinary Action No. 93-4393-LEG**

In 1992 and 1993, the Illinois Department of Professional Regulation ("DPR") received four complaints from insurance carriers alleging that personnel from Dr. Goyal's office had initially quoted his patients (their insureds) a price for procedures that was substantially lower than the amount his office ultimately submitted to the insurance company for reimbursement.

Upon review of his office procedures as part of the investigation by DPR, Dr. Goyal's office administrator concluded that the confusion resulted from the original determination by staff members that the patients qualified for reduced fees due to financial hardship. After further documentation was provided by the patients, the staff members determined

**Petition for Review, Vinod Goyal, M.D.**

**Page 4**

that these patients did *not* meet the criteria for financial hardship and therefore were not eligible for reduced fees. The patients' insurance providers were then charged the "usual and customary" fees, and these complaints ensued.

As a result of the review of office procedures following these complaints, Dr. Goyal's office identified shortcomings which allowed the confusion to happen. Working in conjunction with his office manager and the DPR, Dr. Goyal revised the initial intake forms and procedures so that a more accurate determination of financial hardship eligibility could be made at the outset, before any fees were quoted to the patient. Dr. Goyal also agreed that, with regard to those who had been quoted a financial hardship fee erroneously, he would cease any effort to collect any money in excess of the quoted fee.

DPR approved of the new forms and decided that the only action to be taken against Dr. Goyal was a probationary period of two years and a \$4,000 fine. Since the new procedures were implemented, there have been no problems regarding the manner in which financial hardship determinations are made, nor with the corresponding fees quoted to patients.

Because this disciplinary action was not based upon any allegation that Dr. Goyal was unable to safely practice medicine as referenced in Indiana Code section 25-22.5-3-1(f), it should not serve as a basis for denying his Application.

**2. Disciplinary Action No. 96-14723-LEG**

This action came as a result of years of non-medical-care conflict and litigation among Dr. Goyal's medical practice, Dimensions Medical Center, Ltd. and Dimensions Health Systems, Ltd. ("Dimensions"), his landlord, and the Illinois Health Facilities Planning Board/Illinois Department of Public Health ("IHFPB/IDPH").

The conflict involves office space that Dimensions leases for its primary medical clinic and fully-accredited Ambulatory Surgical Treatment Center ("ASTC"). Dimensions has been granted a "Certificate of Need" by the IHFPB/IDPH as required by Illinois statutes in order to operate the ASTC.

Around 1994, Dr. Goyal was having problems getting the landlord to maintain the building which housed the medical clinic and ASTC. The office flooded on several occasions, and the IDPH cited Dimensions for numerous structural deficiencies, including incomplete drywalling, firewall protection, and smoke barriers. The IDPH had previously raised these same deficiencies, and Dimension's landlord had previously represented to Dimensions that all of the repairs had been made and that the premises met state and federal requirements, when in fact they had not. The landlord refused to take further action and, faced with the threat of being closed down by the IDPH for failure to make the repairs

**Petition for Review, Vinod Goyal, M.D.**  
**Page 5**

and the subsequent loss of Medicare licensing/funding, Dimensions sued the landlord. The court granted a preliminary injunction ordering the landlord to make repairs and authorizing Dimensions to make repairs at the landlord's expense. The court also *sua sponte* ordered that Dimensions be closed until certain repairs were made.

During this same time period, Dimensions employed a podiatrist, Dr. Weil, as part of Dimension's general practice services. Without notice to Dr. Goyal, Dr. Weil and the landlord sought a Certificate of Need ("CON") with the IHFPB/IDPH to open a competing podiatry Ambulatory Surgical Treatment practice in the same building as Dr. Goyal. The IHFPB/IDPH did not provide Dimension or Dr. Goyal with any notice of Dr. Weil's application, in violation of Illinois statutes and the IHFPB/IDPH's own regulations. In addition, Dr. Weil claimed he had political connections with an IHFPB/IDPH board member which would ensure his CON would be approved. Dr. Goyal, acting pro se (without attorney representation), challenged IHFPB/IDPH's actions with regard to Dr. Weil in state and federal court. He also moved to recuse one board member based upon Dr. Weil's statements. As a result, there was significant tension between Dr. Goyal and the IHFPB/IDPH, which evolved into ongoing litigation over Certificate of Need issues.

Due to these problems with the premises and its landlord's deficient responses to those problems, Dimensions, again acting pro se, sought to relocate its practice and applied to the IHFPB/IDPH for a Certificate of Need in a new location. During the IHFPB/IDPH proceedings on this application, Dr. Goyal recounted the deficiencies in the conditions of its present location. IHFPB/IDPH ultimately denied the application, and Dimensions was forced to stay in its current location.

Soon thereafter, the board member whose recusal Dr. Goyal had previously requested contacted the Illinois DPR and falsely alleged that Dr. Goyal had committed perjury during the IHFPB/IDPH proceedings. The DPR conducted a full investigation and completely vindicated Dr. Goyal, concluding that the allegations of perjury were baseless. The DPR, however, did find that Dr. Goyal made a single potentially misleading statement regarding the condition of the premises during the proceedings. Dr. Goyal disagreed with the DPR's conclusions as to the misleading statement. However, his attorney believed that the complaint from IHFPB/IDPH was personally and politically motivated in retaliation against Dr. Goyal's previous allegations and litigation against the IHFPB/IDPH and, therefore, fighting the complaint would be costly and emotionally draining to Dr. Goyal. Because DPR recommended the lowest possible sanction against Dr. Goyal, his attorney believed that Dr. Goyal should just accept the DPR sanction and resolve the issue. Based upon this recommendation, Dr. Goyal settled the action, paid a \$2,000 fine, and accepted a public reprimand.

Accordingly, this disciplinary action was not based upon any complaint alleging that Dr. Goyal was unable to safely practice medicine. Per Indiana Code section 25-22.5-3-1(f), it therefore should not factor into the denial of Dr. Goyal's Application.

**D. The malpractice actions brought against Dr. Goyal should not serve as a basis for denying his application.**

Although Dr. Goyal has been a practicing OB-GYN physician for thirty-two years, he has had only five malpractice cases which resulted in judgment or settlement against him, and three of the five cases settled for \$7,500 or less. Moreover, there have been no settlements or judgments against him in the last ten years.

The first claim against Dr. Goyal was in 1978, when he acted as an associate and surgical assistant in a cesarean section performed on the plaintiff which resulted in fetal distress. The case settled out of court in 1989 for \$284,000.

The second claim was in 1988. Dr. Goyal performed dilation-and-curettage procedure on the plaintiff. The case settled out-of-court in 1993 for \$7,500.

In the third claim, in 1989, the plaintiff alleged that Dr. Goyal failed to diagnose an ectopic pregnancy, which resulted in hospitalization and surgery. Accepting his culpability, Dr. Goyal immediately settled the case for \$100,000. As a result of this case, Dr. Goyal purchased an ultrasound machine and voluntarily instituted a new policy of performing an ultrasound whenever the patient may be pregnant. Since implementing the new policy fifteen years ago, it has substantially reduced the risk of an undiagnosed ectopic pregnancy.

In the fourth claim, the plaintiff in 1991 claimed that Dr. Goyal performed an incomplete dilation-and-curettage procedure. The case settled out-of-court in 1993 for \$7,500.

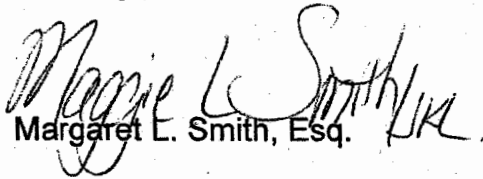
Finally, in 1994, the plaintiff claimed that Dr. Goyal failed to tell her she could experience side effects from anesthesia for several hours after surgery. She went to an emergency room only to discover that she was experiencing the side effects of anesthesia. She requested that Dr. Goyal and Access Health Center pay the \$1,010 in emergency room fees she claims she incurred unnecessarily because she believed something was wrong. After Dr. Goyal and Access Health Center agreed to pay the emergency room fees, she voluntarily dismissed the claim.

As noted above, five relatively small claims in thirty-two years in a specialty where malpractice claims are historically high should not be grounds for denial of his Application. Likewise, the fact that there have been no settlements or judgments against Dr. Goyal in the last ten years should weigh heavily in his favor.

**E. Conclusion**

For these reasons, we respectfully request that this Board grant a medical license to Dr. Goyal.

Best regards,

  
Margaret L. Smith, Esq.



## **Health Professions Bureau**

402 West Washington Street, Room W066

Indianapolis, Indiana 46204

Telephone (317) 232-2960

Fax (317) 233-4236

<http://www.hpb.IN.gov>

August 10, 2004

Vinod K. Goyal, M.D.  
1640 N, Arlington Height Road, Suite 110  
Arlington Heights, IL 60004

Dear Dr. Goyal:

The Medical Licensing Board reviewed your application and supporting documentation for licensure in the state of Indiana.

According to 25-22.5-3-1 (a) (e):

- (a) The minimum requirements for all applicants for an unlimited license to practice medicine or osteopathic medicine in Indiana must include but are not limited to the requirements prescribed by this section.
- (e) The applicant shall be physically and mentally capable of, and professionally competent to, safely engage in the practice of medicine or osteopathic medicine as determined by the board and shall submit:
  - (1) to an examination; or
  - (2) additional evidence to the board;if considered necessary by the board to determine such capability. In making that determination, the board may consider any malpractice settlements or judgements against the applicant.
- (f) The applicant shall not have had disciplinary action taken against the applicant or the applicant's license by the board or by the licensing agency of any other state or jurisdiction by reason's of the applicant's inability to safely practice medicine or osteopathic medicine and those reasons are still valid in the opinion of the board.

The Board has directed me to inform you that your application for a medical license in the state of Indiana was denied because of your positive response to question number one (1) that asks, "Has disciplinary action been taken regarding any health license, certificate, registration or permit you hold or have held?"; question number six (6) that asks, "Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges been revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?"; and question number eight (8) that asks, "Have you ever had a malpractice judgement against you or settled any malpractice action?"



You have the right to petition for review of this decision under IC 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision.

According to law, the request for administrative review must be filed with the Board within eighteen (18) days from the date of this letter. If such date is a Saturday, Sunday, or legal holiday under state statute, or a day that the Health Professions Bureau's offices are closed during regular business hours, the deadline would be the first day thereafter that is not a Saturday, Sunday, or legal holiday under state statute, or a day that the Health Professions Bureau is closed during regular business hours.

If your petition for review is filed timely and review is granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A Deputy Attorney General may be present to represent the state of Indiana. As petitioner, you will have the burden of proving you are qualified to obtain review.

If further information is needed or if you have any questions, please do not hesitate to contact this office by calling (317) 234-2060.

Sincerely,



Angela Smith Jones

Board Director

Medical Licensing Board of Indiana

**CERTIFIED MAIL# 7002 2410 0002 4112 4361**

**RETURN RECEIPT REQUESTED**

jlr





# APPLICATION FOR LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

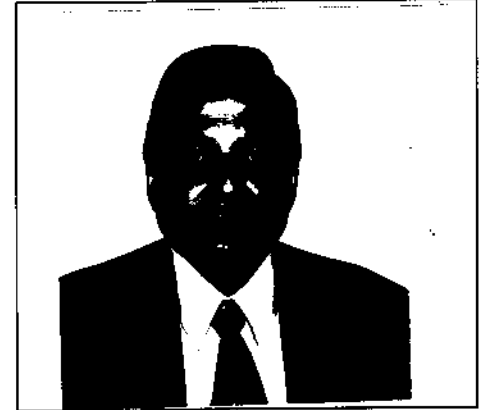
State Form 29495 (R10 / 11-01)  
Approved by State Board of Accounts, 2001

Health Professions Bureau  
402 W. Washington St., Room 041  
Indianapolis, IN 46204  
Telephone number: (317) 232-2960

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

Application fee	250.00
Date fee paid (month, day, year)	2/2/04
Receipt number	1025224
Application number	
License number	
License issuance date (month, day, year)	

Permit fee	
Date fee paid (month, day, year)	
Receipt number	
Permit number	
Permit issuance date (month, day, year)	



DO NOT WRITE ABOVE THIS LINE

### APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden) <b>Goyal, Vinod K.</b>	Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number * [REDACTED]
Address (number and street or Rural Route) <b>1640 N. Arlington Height Rd., Suite 110</b>		
City, state, ZIP code <b>Arlington Heights, IL 60004</b>		
Telephone number (daytime) ( [REDACTED] )	Birthdate (mo., day, yr.) <b>08/07/48</b>	Birthplace <b>Amritsar, India</b>
E-mail address		

### TEMPORARY PERMIT INFORMATION

Do you desire a temporary permit?

Yes    No

### DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY

Name of School <b>Government Medical College Punjabi University</b>	Location <b>Punjab, India</b>	Date of Graduation (Month, Day, Year) <b>01/18/1972</b>
--	----------------------------------	--

### EXAMINATION

Check appropriate box(es) indicating which examination or combination of examinations you have taken.  
(Please review instruction sheet for address and telephone numbers on how scores may be obtained.)

<input checked="" type="checkbox"/> FLEX EXAMINATION	<input type="checkbox"/> STATE BOARD EXAMINATION
<input type="checkbox"/> Component I <input type="checkbox"/> Component II <input type="checkbox"/> Other	Examination taken in which state?
<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	<input type="checkbox"/> LMCC EXAMINATION
<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III	
<input type="checkbox"/> USMLE EXAMINATION	<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
<input type="checkbox"/> Step I <input type="checkbox"/> Step II <input type="checkbox"/> Step III	<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III

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JAN 29 2004  
Health Professions Bureau

PRE-MEDICAL / OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED
Mahendra College Punjabi University	Patiala, India	1964-1966

MEDICAL / OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED
Government Medical College Punjabi University	Patiala, Punjab, India	1966-1972

POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA (Include ALL internships, residencies and / or fellowships)			
NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)
Rotating Internship	St. Elizabeth Hospital Chicago, IL	07/1972	06/1973
Obstetrics/Gynecology Residency	Mt. Sinai Hospital Chicago, IL	07/1973	06/1976

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL	
GENERAL LOCATION	DATE
Chicago, Illinois	1972-1976
Elmwood Park, Illinois	1976-1978
Wood Dale, Illinois	1978-1980
Hoffman Estates, Illinois	1980-1986
Inverness, Illinois	1986-Present

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL		
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE
Private Practice, Chicago, IL	Patient Care	1976-1979
Private Practice, Barrington, IL	Patient Care	1980-1990
Private Practice, Arlington Heights IL	Patient Care	1990-Present
Private Practice, Des Plaines, IL	Patient Care	1990-Present

LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION				
STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	Physician & Surgeon	036-049046	03/26/1974	Active

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FEB 15 1974  
Medical Professions Board

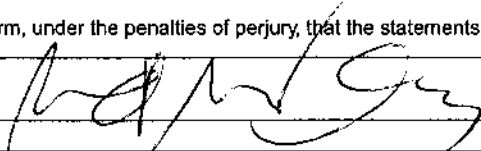
If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are you now being, or have you ever been, treated for a drug abuse or alcohol problem?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been charged with drug addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever been convicted of, plead guilty or <i>nolo contendere</i> to: A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant



Date signed (month, day, year)

1/29/2004

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Bureau and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

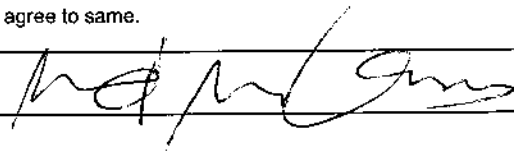
**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

Date signed (month, day, year)

1/29/2004

Signature of applicant



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FEB 11 2004  
HEALTH PROFESSIONS BUREAU

Question 1

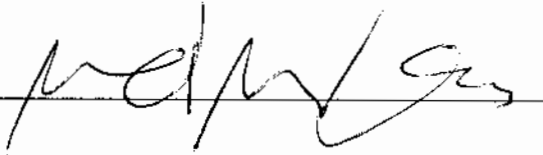
Vinod K. Goyal, M.D.

Date of application: January 28, 2004

1996 – Non-professional employees may have quoted the “hardship” cost for the procedure in question to patients who may not have met the hardship criteria established, thus resulting in fees that are ordinary and customary of the services rendered, but considerably higher than the quoted fee. License put on probation for two years, fined \$4,000.00.

1997 – Disciplinary action for stating misleading information; license reprimanded and fine \$2,000.00.

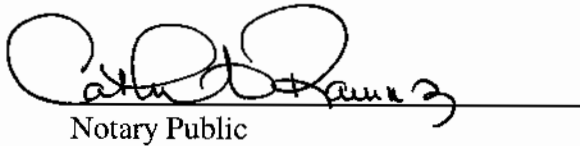
Signed



Date:

1/29/2004

Subscribed to and sworn before me this 29 day of January, 2004.



Notary Public



ILLINOIS  
FEB 12 2004  
Health Professions Bureau

Question 6

Vinod K.Goyal, M.D.

Date of Application: January 28, 2004

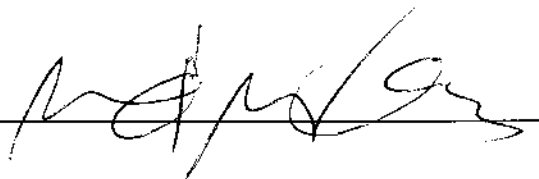
Hospital privileges not renewed for lack of clinical activity.

Gottlieb Memorial Hospital, 701 W. North Avenue, Melrose Park, IL 60160.

Privileges not renewed for lack of attendance at meetings.

Good Shepard Hospital, 450 West Highway 22, Barrington, IL 60010.

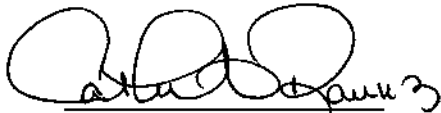
Signed: \_\_\_\_\_



Date: \_\_\_\_\_

1/29/2004

Subscribed to and sworn before me this 29 day of January, 2004.



Notary Public



Health Professions Board  
FEB 03 2004

Vinod K. Goyal, M.D.  
Question 8  
Date of Application: January 13, 2004

Applicant Name: Goyal Vinod K  
Last First MI

A. Plaintiff's Name: S D   
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): Attending

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): Co-defendant

D. Allegations, including Patient Outcome, if Available: case of post-op pain after D& C.

E. Date of Incident (mm/yy): 1990 approx. F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): 1992 approx.

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$7,500

I. Professional Liability Insurer Name (if one was involved): St. Paul

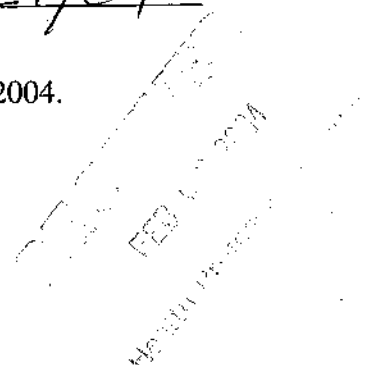
J. Insurer Telephone Number: ( ) unknown K. Policy Number: unknown

L. Insurer Address (Street, City, State, Zip Code):  
unknown

Signed: [Signature] Date: 1/29/04

Subscribed to and sworn before me this 29 day of January, 2004.

[Signature]  
Notary Public



Vinod K. Goyal, M.D.

Question 8

Date of Application: January 13, 2004

Applicant Name: Goyal Vinod K  
Last First MI

A. Plaintiff's Name: B N MI  
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): Attending

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): Co-defendant

D. Allegations, including Patient Outcome, if Available: Case of alleged failure to diagnose ectopic pregnancy. Patient was hospitalized and underwent surgery.

E. Date of Incident (mm/yy): 1989 approx. F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): 1991 approx.

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$100,000

I. Professional Liability Insurer Name (if one was involved): St. Paul

J. Insurer Telephone Number: ( ) unknown K. Policy Number: unknown

L. Insurer Address (Street, City, State, Zip Code): unknown

Signed: [Signature] Date: 1/29/04

Subscribed to and sworn before me this 29 day of January, 2004.

[Signature]  
Notary Public



Professional Liability Insurance  
FEB 13 2004  
Health Professionals Liability

Vinod K. Goyal, M.D.

Question 8

Date of Application: January 13, 2004

Applicant Name: Goyal Vinod K  
Last First MI

A. Plaintiff's Name: P J   
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): Assistant/Co-Attending

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): Co-defendant

D. Allegations, including Patient Outcome, if Available: Case of obstetrical delivery via cesarean section by Dr. I. P. assisted by Dr. Goyal. Newborn was born with low Apgar scores, fetal distress, alleged delayed cesarean section. Case settled out of court by insurance company and hospital.

E. Date of Incident (mm/yy): 1980 approx. F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): 1984 approx.

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$284,000 approx.

I. Professional Liability Insurer Name (if one was involved): ISMIE

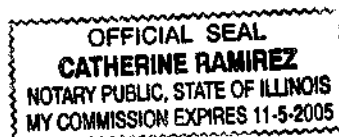
J. Insurer Telephone Number: (312) 782-2749 K. Policy Number: unknown

L. Insurer Address (Street, City, State, Zip Code):  
20 N. Michigan Avenue, Suite 700, Chicago, IL 60602.

Signed: [Signature] Date: 1/29/04

Subscribed to and sworn before me this 29 day of January, 2004.

[Signature]  
Notary Public



ILLINOIS PROFESSIONALS BUREAU  
FILED  
JAN 29 2004



Vinod K.Goyal, M.D.

Question 8

Date of Application: January 13, 2004

Applicant Name: Goyal Vinod K  
Last First MI

A. Plaintiff's Name: M D MI  
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): no clinical care for surgery

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): co-defendant

D. Allegations, including Patient Outcome, if Available: Plastic surgery case. Breast reconstruction preformed by plastic surgeon. Dr. Goyal was not involved in clinical care of the patient and was removed as a named defendant.

E. Date of Incident (mm/yy): 1996 F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): Dr. Goyal discharged from the case.

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$0

I. Professional Liability Insurer Name (if one was involved): Illinois Insurance Guaranty Fund

J. Insurer Telephone Number: (312) 630-9100 K. Policy Number: HCL 5972

L. Insurer Address (Street, City, State, Zip Code):  
120 S. La Salle St., Suite 1910, Chicago, IL 60603

Signed: [Signature] Date: 1/29/04

Subscribed to and sworn before me this 29 day of January, 2004.

[Signature]  
Notary Public



ILLINOIS  
FEB 07 2004  
Human Professionals Association

Vinod K. Goyal, M.D.  
Question 8  
Date of Application: January 13, 2004

Applicant Name: Goyal Vinod K  
Last First MI

A. Plaintiff's Name: B C MI  
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_  
\_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): Co-Attending

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): Co-Defendant

D. Allegations, including Patient Outcome, if Available: Case of twin gestation, prenatal care and delivery of twins with alleged slower growth and development.

E. Date of Incident (mm/yy): 1979-1980 approx. F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): 1982

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$0

*\*Case withdrawn by plaintiff voluntarily for lack of expert testimony.*

I. Professional Liability Insurer Name (if one was involved): ISMIE

J. Insurer Telephone Number: (312) 782-2749 K. Policy Number: \_\_\_\_\_

L. Insurer Address (Street, City, State, Zip Code):  
20 N. Michigan Avenue, Suite 700, Chicago, IL 60602

Signed: [Signature] Date: 1/29/04

Subscribed to and sworn before me this 29 day of January, 2004.

[Signature]  
Notary Public



*FILED  
FEB 02 2004  
ILLINOIS PROFESSIONAL BOARD*

Vinod K. Goyal, M.D.

Question 8

Date of Application: January 13, 2004

Applicant Name: Goyal Vinod K  
Last First MI

A. Plaintiff's Name: L K MI  
Last First MI

If court case, Case Name & Case Number: \_\_\_\_\_

B. Your Involvement in the Care (Attending, Consulting, Etc.): Attending

C. Your Status in the Case (Sole Defendant, Co-Defendant, Ownership Interest in Provider Practice Name in Suit, Etc.): Co-defendant

D. Allegations, including Patient Outcome, if Available: Case of possible incomplete D&C.  
Case settled by insurance company.

E. Date of Incident (mm/yy): 1989 approx. F. Date Filed (mm/yy): \_\_\_\_\_

G. Date Case Closed (mm/yy): 1991 approx.

Resolution Case:  Dismissed  Judgment  Arbitration  Other  
 Settlement out of Court  Pending  Mediation

H. Amount Paid on Your Behalf (if any): \$7,500

I. Professional Liability Insurer Name (if one was involved): St. Paul

J. Insurer Telephone Number: ( ) unknown K. Policy Number: unknown

L. Insurer Address (Street, City, State, Zip Code):  
unknown

Signed: [Signature] Date: 1/29/04

Subscribed to and sworn before me this 29 day of January, 2004.

[Signature]  
Notary Public



FILED  
JAN 29 2004  
Health & Professions Bureau

OFFICIAL SEAL  
CATHERINE RAMIREZ  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11-5-2005

Regd No. 310-MCC(P)-65

Roll No. 159

# Punjabi University



## Bachelor of Medicine & Bachelor of Surgery

Certified that Vinod Kumar Goyal, son/daughter  
of Shri Agar Ram Goyal, and of  
the Government Medical College, Patiala has obtained the degree  
of Bachelor of Medicine & Bachelor of Surgery in this University  
having passed the examination for the said degree held in December 1970,  
and is hereby authorised to practise Medicine, Obstetrics and Surgery.

Given Under the Seal of the University.

*[Signature]*  
Registrar

*[Signature]*  
Chancellor

*[Signature]*  
Vice-Chancellor

Patiala, JANUARY 18, 1972.

RECEIVED  
FEB 07 1972  
UNIVERSITY OF PUNJAB PATIALA

Signed: *[Signature]* Date: 1/29/04  
This is a true copy of the original. I have seen the original document.  
Subscribed and sworn before me this 29 day of January, 2004.  
Notary Public  
*[Signature]*  
pua 3

**St. Elizabeth's Hospital of Chicago, Inc.**  
**U. S. A.**  
**This Certificate is Awarded to**  
**Winod Kumar Goyal, M.D.**

*and attests that the duties of the position were satisfactorily performed in a Rotating Internship.*

*In Witness, whereof, we have hereunto subscribed our name and affixed the seal of the Hospital this 13th day of June, 1973*

*Stanley J. Colman, M.D. F.A.C.S.*  
CHAIRMAN, DEPARTMENT OF SURGERY  
*Michael J. McDonald, M.D.*  
CHAIRMAN, DEPARTMENT OF MEDICINE  
*E. R. Kenyon, M.D. F.A.C.P.*  
CHAIRMAN, DEPARTMENT OF PEDIATRICS  
*Thomas W. Gregory, M.D.*  
CHAIRMAN, DEPARTMENT OF OBSTETRICS  
*Michael Man Suro*  
CHAIRMAN, MEDICAL EDUCATION  
*Clinton G. Gynaly, M.D.*  
RESIDENT, MEDICAL STAFF

*B. Shornick, M.D.*  
DIRECTOR, MEDICAL EDUCATION  
*Lester M. Martinez, Admin.*  
ADMINISTRATOR

STAUER - CHICAGO



Signed: *[Signature]* Date: 1/29/04

This is a true copy of the original. I have seen the original document. Subscribed and sworn before me this 29 day of January, 2004.

*[Signature]*  
 Notary Public

# Mount Sinai Hospital Medical Center

Chicago, Illinois

Be it Known That

**David W. Goyal, M.D.**

has served in the capacity of

**Resident Physician**

in the Department of

**Obstetrics-Gynecology**

for a period of 36 months ending June 30, 1976

and having satisfactorily performed all duties is granted this

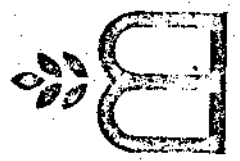
**Approval**

Given at Chicago, in the State of Illinois,

June 30, 1976

In Witness Whereof, the undersigned have affixed their signatures

*Luch M. Corleto*  
Vice President and Executive Director



*W. J. ...*  
President, Board of Directors

*Robert C. ...*  
Chairman of Department

OFFICIAL SEAL  
CATHERINE RAMIREZ  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11-5-2005

Signed: *[Signature]*

Date: 1/29/04

This is a true copy of the original. I have seen the original document.  
Subscribed and sworn before me this 29 day of January, 2004.

*[Signature]*

Notary Public

# Educational Council for Foreign Medical Graduates

SPONSORED BY  
AMERICAN HOSPITAL ASSOCIATION  
AMERICAN MEDICAL ASSOCIATION  
ASSOCIATION OF AMERICAN MEDICAL COLLEGES  
ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION  
FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES  
CERTIFIES THAT

VINOD KUMAR GOYAL

HAS SATISFIED ALL THE REQUIREMENTS OF THE COUNCIL  
HAS SUCCESSFULLY PASSED ITS EXAMINATION  
AND HAS BEEN AWARDED CERTIFICATE NO. 148 820 4

SEPTEMBER 15, 1971



*John G. Thompson*  
PRESIDENT

*G. Halsey Hunt*  
EXECUTIVE DIRECTOR

Signed: *[Signature]* Date: *1/29/04*

This is a true copy of the original. I have seen the original document.  
Subscribed and sworn before me this *29* day of *January*, 2004.  
OFFICIAL SEAL  
CATHERINE RAMIREZ  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11-5-2005  
*[Signature]*  
Notary Public



# Illinois Department of Professional Regulation

Fernando E. Grillo  
Director

Rod R. Blagojevich  
Governor

## CERTIFICATION OF LICENSURE

HEALTH PROFESSIONS BUREAU  
402 W WASHINGTON ST ROOM 041  
INDIANAPOLIS, IN 46204

**RECEIVED**

MAR 11 2004

Licensee: VINOD KUMAR GOYAL *Health Professions Bureau*

License Number: 036-049046

Profession: PHYSICIAN AND SURGEON

Date of Issuance: 03/26/1974

Expiration Date: 07/31/2005

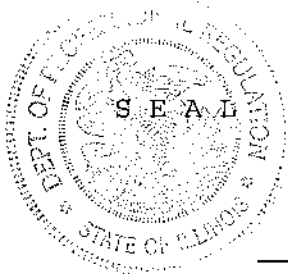
License Status: ACTIVE

License Method: ENDORSEMENT - FLEX

Disciplinary History: HAS BEEN DISCIPLINED

DISCIPLINE IS ATTACHED.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Daniel E. Bluthardt  
Deputy Director, Licensing & Testing

3/8/2004  
Date

Refer to the Department's Web Site at [www.dpr.state.il.us](http://www.dpr.state.il.us) to verify professional licenses via License Look-Up.

Respond to:  320 West Washington  
3rd Floor  
Springfield, Illinois 62786  
217/785-0800  
TDD 217/524-6735

[www.dpr.state.il.us](http://www.dpr.state.il.us)

James R. Thompson Center  
100 West Randolph  
Suite 9-300  
Chicago, Illinois 60601  
312/814-4500





STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

**VERIFICATION OF LICENSURE  
MICHIGAN BOARD OF MEDICINE  
VERIFICATION OF LICENSURE AS OF 06/04/2004**

HEALTH PROFESSIONS BUREAU  
402 WEST WASHINGTON STREET, ROOM W066  
INDIANAPOLIS, IN 46204

**NAME:** Vinod K Goyal  
**ADDRESS:** PO Box 772  
Barrington IL 60010

**SSN:** [REDACTED]  
**BIRTHDATE:** 08/07/1948

**TYPE:** Medical Doctor  
**LICENSE NUMBER:** 4301083203 **STATUS:** Active  
**OBTAINED BY:** Endorsement - Licensed > 10 Years

**ORIGINAL DATE:** 03/11/2004  
**EXPIRATION DATE:** 01/31/2005

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

  
JENNIFER L. SMITH



# Illinois Department of Professional Regulation

Fernando E. Grillo  
Director

Rod R. Blagojevich  
Governor

RECEIVED

MAR 11 2004

Health Professions Bureau

## CERTIFICATION

I, Daniel E. Bluthardt, do hereby certify that I am designated by the Director as keeper of the records and seal of the Department of Professional Regulation, a department of the State of Illinois. Such document(s) attached hereto are certified copies of the records maintained by this Department.

IN WITNESS WHEREOF, I have set my hand and Seal of the said Department of Professional Regulation at Springfield, Sangamon County, Illinois this 8<sup>th</sup> day of March, 2004.



Daniel E. Bluthardt  
Deputy Director  
Licensing & Testing Division

Respond to:

320 West Washington  
3rd Floor  
Springfield, Illinois 62786  
217/785-0800  
TDD 217/524-6735

[www.dpr.state.il.us](http://www.dpr.state.il.us)

James R. Thompson Center  
100 West Randolph  
Suite 9-300  
Chicago, Illinois 60601  
312/814-4500

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	Complainant
	)	v.
VINOD KUMAR GOYAL	)	
License No. 036-049046,	)	Respondent

No. 93-4393-LEG

NOTICE OF PRELIMINARY HEARING

TO: VINOD KUMAR GOYAL  
P.O. Box 772  
Barrington, Illinois 60010

PLEASE TAKE NOTICE that on May 13, 1996, at 9:30 a.m., you are directed to appear before the Medical Disciplinary Board of the Department of Professional Regulation of the State of Illinois located at 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601, at which time a hearing date will be set. You are requested to then and there present any and all routine motions you may wish to have heard regarding the charges contained in the attached Complaint. Any motions presented on the above date should be served on the Adjudicative Services Unit of the Department of Professional Regulation, at 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601, at least three (3) business days in advance of the scheduled meeting.

Your appearance on the scheduled date is mandatory and failure to so appear may result in the selection of a hearing date in your absence, unless a continuance has been secured in advance of the meeting. Your appearance may be made personally or through counsel.

It is required that you file a VERIFIED ANSWER to the attached Complaint with the Department of Professional Regulation by the date of the Preliminary Hearing.

RULES OF PRACTICE IN ADMINISTRATIVE HEARINGS IN THE DEPARTMENT OF PROFESSIONAL REGULATION AND BEFORE COMMITTEES OR BOARDS OF SAID DEPARTMENT are available upon request.

DEPARTMENT OF PROFESSIONAL REGULATION of  
the State of Illinois

BY: John M. Goldberg  
John M. Goldberg  
Attorney for the Department

John M. Goldberg  
Attorney for the Department  
of Professional Regulation  
of the State of Illinois  
100 West Randolph Street  
Suite 9-300  
Chicago, Illinois 60601  
312/814-4564

JMG:reu

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	Complainant	)
v.		) No. 93-4393-LEG
VINOD KUMAR GOYAL	)	
License No. 036-049046,	Respondent	)

COMPLAINT

Now comes the DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, by its Acting Chief of Medical Prosecutions, Tommy Brewer, and as its COMPLAINT against Vinod Kumar Goyal, Respondent, complains as follows:

COUNT I

1. Vinod Kumar Goyal is presently the holder of a Certificate of Registration as a Physician and Surgeon in the State of Illinois, License No. 036-049046, issued by the Department of Professional Regulation of the State of Illinois. Said license is presently in active status.
2. At all times contained herein the Respondent was practicing medicine in the Chicago-land Area utilizing the names of The Center for Family Health Care, Dimensions Medical Center, American Health Center, Access Health Center, and others.
3. On August 7, 1992 the Respondent entered into a Physician-patient relationship with F [REDACTED] F [REDACTED] for the purpose of performing a therapeutic abortion.
4. Prior to learning that F [REDACTED] F [REDACTED] had medical insurance the patient was advised that the total cost

for the procedure would be Three Hundred Forty (\$340.00) Dollars.

5. F [REDACTED] F [REDACTED]'s insurance company was billed Three Thousand Seven Hundred and Ninety One (\$3791.00) Dollars for the aforesaid Three Hundred Forty (\$340.00) Dollars procedure.
6. The foregoing acts and/or omissions are grounds for revocation or suspension of a Certificate of Registration pursuant to 225 Illinois Compiled Statutes (1992), paragraph(s) 60/22 (a) (6) and (25).

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, by Tommy Brewer, its Acting Chief of Medical Prosecutions, prays that the Physician and Surgeon license of Vinod Kumar Goyal be suspended, revoked, or otherwise disciplined.

COUNT II

1. The Department re-alleges paragraph 1 of Count I as paragraph 1 of Count II.
2. The Department re-alleges paragraph 2 of Count I as paragraph 2 of Count II.
3. On September 21, 1991 the Respondent entered into a Physician-patient relationship with T [REDACTED] L [REDACTED] for the purpose of performing a therapeutic abortion.
4. Prior to the procedure T [REDACTED] L [REDACTED] and her mother, D [REDACTED] L [REDACTED] were told that the total cost for the procedure would be Three Hundred Fifty (\$350.00) Dollars.
5. T [REDACTED] L [REDACTED]'s insurance company was billed Three Thousand Four Hundred and Thirty (\$3430.00) Dollars

for the aforesaid Three Hundred Fifty (\$350<sup>00</sup>) Dollars procedure.

6. The foregoing acts and/or omissions are grounds for revocation or suspension of a Certificate of Registration pursuant to 225 Illinois Compiled Statutes (1992), paragraph(s) 60/22 (a) (6) and (25).

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, by Tommy Brewer, its Acting Chief of Medical Prosecutions, prays that the Physician and Surgeon license of Vinod Kumar Goyal be suspended, revoked, or otherwise disciplined.

#### COUNT III

1. The Department re-alleges paragraph 1 of Count I as paragraph 1 of Count III.
2. The Department re-alleges paragraph 2 of Count I as paragraph 2 of Count III.
3. On December 30, 1992 the Respondent entered into a Physician-patient relationship with V [REDACTED] C [REDACTED] for the purpose of performing a therapeutic abortion.
4. Prior to the procedure V [REDACTED] C [REDACTED] was told that the total cost for the procedure would be Six Hundred (\$600.00) Dollars.
5. V [REDACTED] C [REDACTED]'s insurance company was billed Three Thousand Five Hundred and Twenty-Four (\$3524.00) Dollars for the aforesaid Six Hundred (\$600.00) Dollars procedure.
6. The foregoing acts and/or omissions are grounds for revocation or suspension of a Certificate of

Registration pursuant to 225 Illinois Compiled Statutes (1992), paragraph(s) 60/22 (a) (6) and (25).

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, by Tommy Brewer, its Acting Chief of Medical Prosecutions, prays that the Physician and Surgeon license of Vinod Kumar Goyal be suspended, revoked, or otherwise disciplined.

COUNT IV

1. The Department re-alleges paragraph 1 of Count I as paragraph 1 of Count IV.
2. The Department re-alleges paragraph 2 of Count I as paragraph 2 of Count IV.
3. On March 16, 1993 the Respondent entered into a Physician-patient relationship with E [REDACTED] B [REDACTED] for the purpose of performing a therapeutic abortion.
4. Prior to the procedure E [REDACTED] B [REDACTED] was told that the total cost for the procedure would be Three Hundred Ninety (\$390.00) Dollars.
5. E [REDACTED] B [REDACTED]'s insurance company was billed Three Thousand Seven Hundred and Eighty six (\$3786.00) Dollars for the aforesaid Three Hundred Ninety (390.00) Dollars procedure.
6. The foregoing acts and/or omissions are grounds for revocation or suspension of a Certificate of Registration pursuant to 225 Illinois Compiled Statutes (1992), paragraph(s) 60/22 (a) (6) and (25).

WHEREFORE, based on the foregoing allegations, the DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, by

Tommy Brewer, its Acting Chief of Medical Prosecutions, prays that the Physician and Surgeon license of Vinod Kumar Goyal be suspended, revoked, or otherwise disciplined.

DEPARTMENT OF PROFESSIONAL REGULATION of  
the State of Illinois

BY: Tommy Brewer / MAB  
TOMMY BREWER  
ACTING CHIEF OF MEDICAL PROSECUTIONS

John M. Goldberg  
Attorney for the Department  
of Professional Regulation  
of the State of Illinois  
100 West Randolph Street  
Suite 9-300  
Chicago, Illinois 60601  
312/814-4564

TB:JMG:reu



## STATE OF ILLINOIS

## DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	Complainant	)
	v.	)
VINOD GOYAL, M.D.		)
License No. 036-049046,	Respondent	)
		No. 93-4393-LEG

STIPULATION AND RECOMMENDATION FOR SETTLEMENT

The Department by John M. Goldberg, its attorney, and Vinod Goyal, M.D., Respondent, by Dennis Tobin, his attorney, submit the following Stipulation and Recommendation for Settlement to the Medical Disciplinary Board for its approval and favorable recommendation to the Director.

STIPULATION OF FACTS

1. THAT on April 5, 1996, the Department filed a Complaint against Respondent, alleging that the Respondent violated the Medical Practice Act by quoting a charge for a procedure that was substantially lower than the ultimate cost for the procedure to four (4) named patients.
2. Respondent has been advised that he has the right to be represented by counsel and has retained Dennis Tobin as his attorney. Respondent has fully discussed the allegations made in the Complaint with his counsel. Respondent has been advised that he has a right to a formal evidentiary hearing and waives such right to a hearing if this Recommendation is approved.
3. Respondent admits that at all times pertinent to the Complaint, he was a licensed Physician and Surgeon practicing in the State of Illinois.

4. Respondent admits that non-professional employees may have quoted the "hardship" cost for the procedure in question and the patients in question may not have met the hardship criteria established by the Respondent, resulting in fees that are ordinary and customary for the services rendered, but considerably higher than the quoted fee.
5. Respondent has procedures in place to prevent a re-occurrence of these complaints, which occurred in 1992 and 1993.
6. Respondent is fully aware that this Recommendation must be approved by the Medical Disciplinary Board. By submission of this Recommendation for approval, Respondent expressly waives any objection based upon prejudice should the Medical Disciplinary Board refuse to accept this Recommendation.
7. For purposes of settlement only, Respondent acknowledges that a violation of the Medical Disciplinary Act of 1987 may be found by the Medical Disciplinary Board following review of the Stipulation.
8. The parties stipulate that these admissions are made for purposes of this Recommendation only. In the event that this Recommendation is not approved by the Medical Disciplinary Board, these admissions shall not be admissible in any proceeding and the matter will be set for an evidentiary hearing on the merits as if this Recommendation had not been submitted. In addition,

upon approval of this Recommendation, these admissions may not be utilized in any other proceeding except one to enforce this agreement.

9. Respondent has been advised that he has the right to file for a rehearing of the matter within 20 days of the Medical Disciplinary Board's action in this case. Respondent hereby waives such a right to a rehearing if this Recommendation is approved.
10. Respondent has been advised that he has a right to Administrative Review of the Order entered by the Director in this case. Respondent hereby waives such right to review if this Recommendation is approved.

#### RECOMMENDATION FOR SETTLEMENT

11. In the interest of a prompt and just settlement in this matter in a manner consistent with the public interest and in light of the responsibilities of the Medical Disciplinary Board, the Department and the Respondent offer the following proposal for approval by the Medical Disciplinary Board. This Recommendation shall be considered to be an integrated package such that approval of this Recommendation without change is necessary.
12. Upon notification that the Recommendation has been approved and that the Director has entered an Order adopting the Recommendation of the Medical Disciplinary Board, Respondent agrees:
  - A. Respondent's license to practice medicine as a Physician and Surgeon shall be placed on Probation for two (2) years:

- 1) During the period of Probation the Respondent shall ensure that any patient who may have been quoted a "hardship" fee who does not qualify for a "hardship" fee acknowledges, in writing, their understanding of the fees and costs charged by the Respondent; and
- 2) Respondent will cease any efforts to collect any moneys in addition to the "hardship" fee for any patient who was quoted a "hardship" fee, unless there is evidence that the patient was aware of the additional costs and fees resulting from their failure to qualify for a "hardship" fee.

B. Respondent shall pay a fine in the amount of Four Thousand (\$4000.00 ) Dollars to the Department within thirty (30) days of the effective date of an Order adopting this Recommendation.

I have read this Stipulation and Recommendation for Settlement and have fully discussed it with my attorney. I agree to be bound by its terms.

10-14-96  
DATE

[Signature]  
Vinod Goyal, M.D.  
Respondent

10-14-96  
DATE

[Signature]  
Dennis Tobin  
Respondent's Attorney

10-30-96  
DATE

[Signature]  
John M. Goldberg  
Attorney for the Department

The foregoing Stipulation and Recommendation for Settlement is approved by the Medical Disciplinary Board as its decision this 20<sup>th</sup> day of November, 1996. The Medical Disciplinary Board concludes that Respondent has violated the Medical Practice Act of 1987 and hereby recommends that the Director approve the Recommendation set forth herein by issuing an appropriate Order.

11/20/96  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

[Signature]  
CHAIRMAN OF THE MEDICAL  
DISCIPLINARY BOARD

[Signature]  
Member

[Signature]  
Member

[Signature]  
Member

[Signature]  
Member

\_\_\_\_\_  
Member

JMG:reu

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	
	)	Complainant
	)	v.
VINOD GOYAL, M.D.	)	
License No. 036-049046,	)	Respondent

NO. 93-4393-LEG

ORDER

This matter having come before the Medical Disciplinary Board of the Department of Professional Regulation of the State of Illinois, and the Medical Disciplinary Board, having approved a Stipulation and Recommendation for Settlement submitted by the parties;

NOW, THEREFORE, I, NIKKI M. ZOLLAR, DIRECTOR OF THE DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, do hereby adopt the Stipulation and Recommendation for Settlement approved by the Medical Disciplinary Board in this matter.

IT IS THEREFORE ORDERED that the Certificate of Registration, License No. 036-049046, heretofore issued to Vinod Goyal, M.D. to practice medicine as a Physician and Surgeon in the State of Illinois is placed on Probation for a period of two (2) years and the Respondent is fined in the amount of Four Thousand (\$4,000.00) Dollars in accordance with the Stipulation and Recommendation for Settlement which is attached hereto and incorporated herein.

IT IS FURTHER ORDERED that the Respondent immediately surrender said wall and wallet sizes of said Certificate of Registration to the Department (Prosecution Division) to be marked with the term of probation and returned. Upon failure to do so, the Department shall seize the same.

DATED THIS 9th DAY OF December, 1996.

DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

Nikki M. Zollar  
NIKKI M. ZOLLAR  
DIRECTOR

NMZ:reu

STATE OF ILLINOIS  
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION )  
of the State of Illinois, Complainant )

v. )

No. 93 -4393 )

VINOD KUMAR GOYAL Respondent )

NOTICE

TO: VINOD KUMAR GOYAL  
P.O. BOX 772  
BARRINGTON, IL 60010

PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Order.

YOU ARE FURTHER NOTIFIED that you have a right to judicial review of all final administrative decisions of this Department, pursuant to the provisions of the "ADMINISTRATIVE REVIEW ACT," approved May 8, 1945, and all amendments and modifications thereof, and the rules adopted pursuant thereto.

The order of the Director of the Department of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

BY: Trace J. Orndey  
Clerk for the Department

All inquiries should  
be directed to the  
Prosecutions Unit  
312/814-4477



STATE OF ILLINOIS            )  
   )  
 COUNTY OF SANGAMON        )        SS:

The undersigned, being duly sworn on oath, if a non-attorney, or certified, if an attorney, states that on the date hereinafter set out, I caused copies of the foregoing NOTICE AND ORDER, to be placed in the United States mail at 320 West Washington St., Springfield, Illinois 62786, to all parties at the addresses listed above:



Trace J. Ordway  
 AFFIANT  
December 9, 1996  
 DATE

(If not an attorney) Signed and sworn to before me this

9th day of December, 1996  
Philip J. Pittman, II  
 NOTARY PUBLIC

STATE OF ILLINOIS  
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION )  
of the State of Illinois, Complainant )

v. )

No. 93 -4393 )

VINOD KUMAR GOYAL Respondent )

NOTICE

TO: DENNIS TOBIN, ESQUIRE  
18-3 EAST DUNDEE ROAD  
BARRINGTON, IL 60010

PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Order-

YOU ARE FURTHER NOTIFIED that you have a right to judicial review of all final administrative decisions of this Department, pursuant to the provisions of the "ADMINISTRATIVE REVIEW ACT," approved May 8, 1945, and all amendments and modifications thereof, and the rules adopted pursuant thereto.

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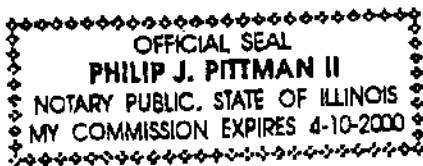
DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

BY: Traci J. Orndy  
Clerk for the Department

All inquiries should  
be directed to the  
Prosecutions Unit  
312/814-4477

STATE OF ILLINOIS            )  
   )  
 COUNTY OF SANGAMON        )        SS:

The undersigned, being duly sworn on oath, if a non-attorney, or certified, if an attorney, states that on the date hereinafter set out, I caused copies of the foregoing NOTICE AND ORDER, to be placed in the United States mail at 320 West Washington St., Springfield, Illinois 62786, to all parties at the addresses listed above:



Trace J Orndey  
 AFFIDANT  
December 9, 1996  
 DATE

(If not an attorney) Signed and sworn to before me this

9<sup>th</sup> day of December, 1996

Philip J Pittman II  
 NOTARY PUBLIC

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois, Complainant	)	
v.	)	NO. 93-4393-LEG
VINOD GOYAL, M.D.	)	
License No. 036-049046, Respondent	)	

STIPULATION AND RECOMMENDATION FOR SETTLEMENT

The Department by John M. Goldberg, its attorney, and Vinod Goyal, M.D., Respondent, by Dennis Tobin, his attorney, submit the following Stipulation and Recommendation for Settlement to the Medical Disciplinary Board for its approval and favorable recommendation to the Director.

STIPULATION OF FACTS

1. THAT on April 5, 1996, the Department filed a Complaint against Respondent, alleging that the Respondent violated the Medical Practice Act by quoting a charge for a procedure that was substantially lower than the ultimate cost for the procedure to four (4) named patients.
2. Respondent has been advised that he has the right to be represented by counsel and has retained Dennis Tobin as his attorney. Respondent has fully discussed the allegations made in the Complaint with his counsel. Respondent has been advised that he has a right to a formal evidentiary hearing and waives such right to a hearing if this Recommendation is approved.
3. Respondent admits that at all times pertinent to the Complaint, he was a licensed Physician and Surgeon practicing in the State of Illinois.

upon approval of this Recommendation, these admissions may not be utilized in any other proceeding except one to enforce this agreement.

9. Respondent has been advised that he has the right to file for a rehearing of the matter within 20 days of the Medical Disciplinary Board's action in this case. Respondent hereby waives such a right to a rehearing if this Recommendation is approved.
10. Respondent has been advised that he has a right to Administrative Review of the Order entered by the Director in this case. Respondent hereby waives such right to review if this Recommendation is approved.

RECOMMENDATION FOR SETTLEMENT

11. In the interest of a prompt and just settlement in this matter in a manner consistent with the public interest and in light of the responsibilities of the Medical Disciplinary Board, the Department and the Respondent offer the following proposal for approval by the Medical Disciplinary Board. This Recommendation shall be considered to be an integrated package such that approval of this Recommendation without change is necessary.
12. Upon notification that the Recommendation has been approved and that the Director has entered an Order adopting the Recommendation of the Medical Disciplinary Board, Respondent agrees:
  - A. Respondent's license to practice medicine as a Physician and Surgeon shall be placed on Probation for two (2) years:

The foregoing Stipulation and Recommendation for Settlement is approved by the Medical Disciplinary Board as its decision this 20<sup>th</sup> day of November, 1996. The Medical Disciplinary Board concludes that Respondent has violated the Medical Practice Act of 1987 and hereby recommends that the Director approve the Recommendation set forth herein by issuing an appropriate Order.

11/20/96  
DATE

[Signature]  
CHAIRMAN OF THE MEDICAL  
DISCIPLINARY BOARD

\_\_\_\_\_  
DATE

[Signature]  
Member

\_\_\_\_\_  
DATE

[Signature]  
Member

\_\_\_\_\_  
DATE

[Signature]  
Member

\_\_\_\_\_  
DATE

[Signature]  
Member

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Member

JMG:reu

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	
v.	)	NO. 96-14723-LEG
VINOD GOYAL, M.D.	)	
License No. 036-049046,	)	
Respondent	)	

CONSENT ORDER

The Department of Professional Regulation by John M. Goldberg, one of its attorneys, and Vinod Goyal, M.D., Respondent, hereby agree to the following:

STIPULATIONS

Vinod Goyal, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding license No. 036-049046. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department that Respondent made misleading statements regarding the physical condition of the facility he was practicing medicine at during a hearing before the Illinois Health Facilities Planning Board.

The allegation(s) as set forth herein, if proven to be true would constitute grounds for suspending or revoking Respondent's license as a Physician and Surgeon, on the authority of 225 Illinois Compiled Statutes (1994), 60/22(A)(5).

As a result of the foregoing allegation(s), the Department held an Informal Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601 on June 11, 1997. Respondent appeared in person on that date, represented

by Dennis Tobin. Virgil Wikoff appeared as a member of the Medical Disciplinary Board of the State of Illinois and John M. Goldberg appeared as an attorney for the Department.

Respondent admits that the statements that he made were misleading.

Respondent has been advised of the right to have the pending allegation(s) reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Vinod Goyal, M.D. be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

#### CONDITIONS

WHEREFORE, the Department, through John M. Goldberg, its attorney, and Vinod Goyal, M.D., agree:

- A. Respondent shall be Reprimanded by operation of this Consent Order.
- B. Respondent shall pay a fine in the amount of Two Thousand (\$2,000.00) Dollars within ten (10) business days after the effective date of this Consent Order. Said fine shall be made payable to the Illinois Department of Professional Regulation and sent to:



Illinois Department of Professional Regulation, Fiscal Section, 320 West Washington Street, Springfield, Illinois 62786.

- C. Any violation by Respondent of the terms and conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke the Respondent's license to practice as a Physician and Surgeon in the State of Illinois.
- D. This Consent Order shall become effective upon approval by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois

07-14-97  
DATE

John M. Goldberg  
John M. Goldberg  
Attorney for the Department

7-2-97  
DATE

Vinod Goyal  
Vinod Goyal, M.D.  
Respondent

7-2-97  
DATE

Dennis Tobin  
Dennis Tobin  
Attorney for the Respondent

Aug 20, 1997  
DATE

Member, Medical Disciplinary Board  
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 16th day of September, 1997.

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois

Nikki M. Zollar  
NIKKI M. ZOLLAR  
DIRECTOR

NMZ:JMG:reu

REF: License No. 036-049046  
Case No. 96-14723-LEG

STATE OF ILLINOIS  
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION )  
of the State of Illinois, Complainant )  
v. ) No. 96-14723  
VINOD GOYAL )  
Respondent )

NOTICE

TO: VINOD GOYAL  
P.O. BOX 772  
BARRINGTON, ILLINOIS 60010

PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Department of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

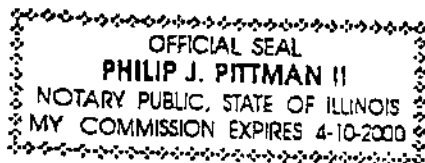
DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

BY: Trace S Ondrey  
Clerk for the Department

All inquiries should be directed  
to the Prosecutions Unit  
312/814-4477

STATE OF ILLINOIS )  
 ) ss:  
COUNTY OF SANGAMON )

The undersigned, being duly sworn on oath, if a non-attorney, or certified, if an attorney, states that on the date hereinafter set out, I caused copies of the foregoing ~~NOTICE~~ NOTICE AND ORDER, to be placed in the United States mail, by CERTIFIED mail at 320 W. Washington, Springfield, Illinois 62786, to all parties at the addresses listed above:



Trace S Ondrey  
AFFIANT  
September 16 1997  
DATE

(If not an attorney) Signed  
and sworn to before me this  
16th day of September, 1997

Philip J Pittman II  
NOTARY PUBLIC



# VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

### \* PRIVACY NOTICE \*

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

HEALTH PROFESSIONS BUREAU  
Indiana Government Center South  
402 W. Washington St., Rm 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960

**INSTRUCTIONS:** Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) <b>Goyal, Vinod K.</b>		Health Profession License Held <b>Physician &amp; Surgeon</b>		Social Security Number *	
Address (Number, street, or / rural route) <b>P.O. Box 772</b>		City <b>Barrington</b>	State <b>IL</b>	ZIP code <b>60010</b>	
License number <b>036-049046</b>		Date of Issuance (month, day, year) <b>03/26/1974</b>		Date of Birth (month, day, year) <b>08/07/1948</b>	
I hereby authorize the State of _____, to furnish the Health Profession Bureau of Indiana with the information below.					
Signature <i>[Handwritten Signature]</i>					

\* Required pursuant to IC 4-1-8-1

### DO NOT WRITE BELOW THIS LINE

License number		Date of Issuance (month, day, year)		Licensed by <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	
Type of Examination		Date of Administration (month, day, year)		Please Affix Board Seal	
Attach subjects, scores, date of examination and average.					
License is current and in good standing <input type="checkbox"/> Yes <input type="checkbox"/> No		License is or has been invalid <input type="checkbox"/> Yes <input type="checkbox"/> No		Any derogatory information ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If license has been encumbered in any way, please provide certified copies of all related documents.					
<b>FORM COMPLETED BY:</b>					
Name		Title			
Signature		State Board		Date (month, day, year)	



# VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

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Indiana Government Center South  
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Indianapolis, Indiana 46204  
Telephone: (317) 232-2960

**INSTRUCTIONS:** Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden)		Health Profession License Held		Social Security Number *	
Address (Number, street, or / rural route)		City	State	ZIP code	
License number		Date of Issuance (month, day, year)		Date of Birth (month, day, year)	
I hereby authorize the State of _____, to furnish the Health Profession Bureau of Indiana with the information below.					
Signature					

\* Required pursuant to IC 4-1-8-1

### DO NOT WRITE BELOW THIS LINE

License number		Date of Issuance (month, day, year)		Licensed by <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	
Type of Examination		Date of Administration (month, day, year)		Please Affix Board Seal	
Attach subjects, scores, date of examination and average.					
License is current and in good standing <input type="checkbox"/> Yes <input type="checkbox"/> No		License is or has been invalid <input type="checkbox"/> Yes <input type="checkbox"/> No		Any derogatory information ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If license has been encumbered in any way, please provide certified copies of all related documents.					
<b>FORM COMPLETED BY:</b>					
Name		Title			
Signature		State Board		Date (month, day, year)	



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

1

**VERIFICATION OF LICENSURE  
MICHIGAN BOARD OF MEDICINE  
VERIFICATION OF LICENSURE AS OF 07/02/2004**

HEALTH PROFESSIONS BUREAU  
402 WEST WASHINGTON STREET, ROOM W066  
INDIANAPOLIS, IN 46204

**NAME:** Vinod K Goyal  
**ADDRESS:** PO Box 772  
Barrington IL 60010

**SSN:** [REDACTED]  
**BIRTHDATE:** 08/07/1948

**TYPE:** Medical Doctor  
**LICENSE NUMBER:** 4301083203 **STATUS:** Active  
**OBTAINED BY:** Endorsement - Licensed > 10 Years

**ORIGINAL DATE:** 03/11/2004  
**EXPIRATION DATE:** 01/31/2005

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

*Jennifer L. Smith*  
JENNIFER L. SMITH

RECEIVED  
JUL 16 2004  
Health Professions Bureau



Monday, April 21, 2014

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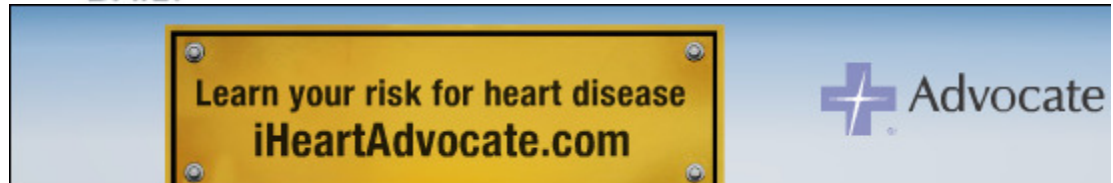
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## The \$20 million fraud scheme that almost never ended

25 0 15 10  3

By [Kristen Schorsch](#) **October 29, 2013**

Two physicians with a string of suburban women's health clinics allege that a North Side bank missed more than two decades of red flags, allowing two former employees to steal \$20 million.

Drs. Vijay Goyal and Vinod Goyal accuse Devon Bank of "turning a blind eye" to the alleged fraud for 21 years, according to a complaint filed on Oct. 16 in Cook County Circuit Court. The husband-and-wife physician team own 11 for-profit health centers in the Chicago area, including Arlington Heights-based Affiliated Health Group Ltd. and Downers Grove-based Access Health Center Ltd.

A spokesman for Devon Bank, which was founded nearly 70 years ago by a group of local merchants, declined to comment.

The case raises questions about the banking practices of Devon, which has assets of \$233 million and is located near the intersection of Devon and

### HEALTH CARE HEADLINES

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Western avenues. But it also highlights the importance for medical practices to audit their books regularly and establish procedures to catch financial discrepancies, even if their money is under the watchful eye of friends and family.

"You never know who it's going to be," Steven Lewis, a director at Chicago-based accounting firm Ostrow Reisin Berk & Abram Ltd., said of potential thieves. "It's usually your trusted person."

In addition to the bank, the complaint names as a defendant Irina Nakhshin, a former employee whose duties included entering medical insurance payments into computers at the physicians' offices, the complaint says.

But Ms. Nakshin and another former employee, Inna Koganshats, opened accounts at Devon Bank in the names of ventures nearly identical to ventures that the physicians actually controlled, the complaint says. The Goyals did not have other accounts at Devon, according to the complaint.

In a series of "highly irregular or highly suspicious" transactions, the two women wrongfully deposited checks into their accounts checks that were intended for the Goyals or their businesses, the complaint says.

The bank ignored "red flags" about the transactions, even though it was equipped with software programs and other procedures to detect such frauds, the lawsuit said.

The practice apparently continued until this year, though it's not clear what triggered the discovery.

Drs. Goyal and Goyal did not return a message to comment. Their attorney, Devon Bruce, a partner at Chicago-based Power Rogers & Smith PC, called the case a "tragic incident of embezzlement."

"It is clear from the available evidence that Devon Bank repeatedly violated reasonable commercial banking standards," Mr. Bruce said.

Ms. Nakhshin and Ms. Koganshats could not be reached to comment.

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What do you think?

**NOTE:** Crain's Chicago Business has changed commenting platforms. Readers may continue to post comments if logged in using their existing ChicagoBusiness.com credentials. But now,

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readers may also log in using their social media credentials and elect to share their ChicagoBusiness.com comments with friends on their designated social media pages.

**The commenter section of Crain's Chicago Business is an opportunity for our readers to start a dialog on our content. While we don't require you to use your real name, we do ask that you participate as though you were – that is, keep the conversation civil, stay on topic, avoid profanity, vulgarity and personal attacks, and please don't post commercial or self-promotional material. We will remove comments that violate these standards.**



Post a new comment

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### 3 Comments

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**Joshua L.** 174 days ago

It's not even that complicated as the first poster has pointed out. Reconciling your patient receivables against your bank account - the most basic of accounting procedures - would catch this. It shouldn't matter who opens the mail or you shouldn't need to copy checks. Any discrepancy would let you easily see which checks weren't credited to the account and requesting those checks from the patients would indicate the "wrong" accounts they were posted to. I am guessing that one of these women did the bookkeeping to.

Reply

0



**MARK L.** 175 days ago

Why in the world would Devon Bank be liable? The doctors obviously have a horrible accounting system that would allow a patient balance to be credited (eliminating the receivable balance) without a corresponding debit (either to cash, an expense account, etc). They are doctors of course, not accountants, but if they have eleven locations I would hope they have a fairly large accounting firm - they are the ones that should be answering a few questions.... if their business did bank at Devon, I could see how they would be more liable, but a totally different bank?

Reply

0



M M. 175 days ago

The checks must have been posted to the patients a/c then the ck sent to the bk a/c set up by these posters. The internal control was missed by having the cash posters opening the mail as well. This should be a separate function by someone else who makes copies of checks to be posted then sends ck to bank. The deposit is then posted from copies of check to patient a/c and balanced posting to deposit. But this problem exists in most Dr. Offices and is an invitation to steal.

Reply

+2

### Special Features



#### 40 Under 40: 2013

Since launching our annual 40 Under 40 feature in 1989, nearly 1,000 up-and-coming Chicagoans have earned the title. Here is the latest batch of risk-takers and deal-makers.

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#### Who's Who 2013

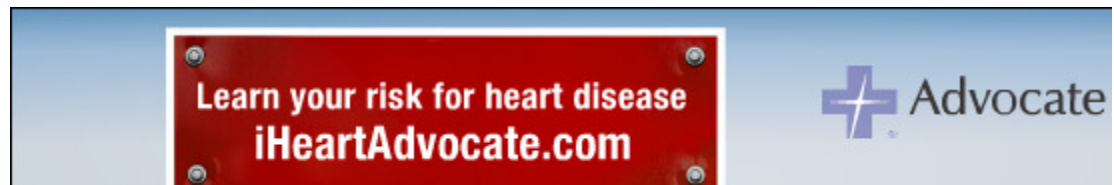
We name the 488 civic, professional and cultural leaders you need to know. Plus: Our Clout Calculator reveals your links to the heavy hitters.

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**MINUTES OF THE  
MEDICAL LICENSING BOARD OF INDIANA**

**Meeting Held  
January 27, 2005**

**9:00 A.M.  
CONFERENCE CENTER ROOM C  
INDIANA GOVERNMENT CENTER SOUTH  
302 WEST WASHINGTON STREET  
INDIANAPOLIS, INDIANA**

**I. CALL TO ORDER**

Dr. Krejsa called the meeting to order at 10:50 a.m. in Conference Center Room C, 302 West Washington Street, Indianapolis, Indiana and declared a quorum in accordance with IC § 25-22.5.

**Members Present:**

N. Stacy Lankford, M.D., Secretary  
Richard Krejsa, D.O., President  
Worthe Holt, M.D.  
Bharat H. Barai, M.D., Vice-President  
Barbara Malone, J.D., Consumer Member  
Ralph Stewart, M.D.,  
William H. Beeson, M.D.

**Members Not Present:**

**Staff Present:**

Angela Smith Jones, Board Director, Health Professions Bureau  
Jeanette Roberts, Assistant Board Director, Health Professions Bureau  
James Schmidt, Legal Counsel, Office of the Attorney General  
Gordon White, Legal Counsel, Office of the Attorney General

**II. ADOPTION/AMENDMENTS TO THE AGENDA**

A motion was made and seconded to adopt the agenda as amended.

Lankford/Malone  
Motion carried 4/0/0

**III. ADOPTION/AMENDMENTS TO THE MINUTES of January 27, 2005**

A motion was made and seconded to adopt the minutes of January 27, 2005.

Lankford/Malone  
Motion carried 4/0/0

**IV. PROBATIONARY APPEARANCES  
(Before one member of the Board only)**

The remaining physicians listed, appeared per their order and no other issues arose during the probationary appearance:

Deborah Provisor, M.D.  
Glenn A. Ballengee, M.D.  
Deborah A. Redd, M.D.  
Kevin C. McCallum, M.D.  
Stephen James Matthews, M.D.  
Thomas C. Gellerson, M.D.  
Jan Alan Mayer, M.D.  
Andrew Wyant, M.D.

The following physicians did not appear before the Board per their probationary order:

Michael Johnson, M.D.  
Janie Lou Jones, M.D.

**V. PERSONAL APPEARANCES  
Re: Initial Application**

**A. Douglas Kwok Chan, M.D.:** Dr. Chan appeared before the Board to explain his unsatisfactory report during his residency training and subsequent dismissal. This occurred during his third year rotation. He stated that his residency director threatened to discipline him after his first day of training. She later spoke with him and told him that he was doing fine. Subsequently she disciplined him and dismissed him from the program for failure to know the details of the patient and their chart. He was also disciplined by another physician in the program. Dr. Chan stated that the program has been under scrutiny and may be unapproved at this time. He has not completed his third year of training. At this time, he is attempting to get into a 2<sup>nd</sup> year program because they will not let you start with the third year. He has been working as a pharmacist in the meantime.

The Board is reluctant to grant licensure due to his dismissal from the training program and this being a new school that the board has never heard of in the past. It is not an approved school. The Board offered him the opportunity to withdraw his application.

Dr. Chan withdrew his application.

**B. Adam B. Cline, D.C. (applying for a Professional Acupuncture License):** Dr. Cline answered yes to question number 5 on his acupuncture application. The arrest occurred when he was in undergrad at Ball State. He went to the Hemp Fest and consumed alcohol and had marijuana on his person. He pled guilty to the charges, was sentenced to one month in jail, he lost his driver's license and paid a steep fine. Dr. Cline recently received an addictionologist evaluation from Dr. Timothy Kelly. Dr.

Kelly recommends that he go for treatment as his roommates are users. Dr. Cline is working on getting into the outpatient intensive program at Wabash County Hospital.

A motion was made to grant Dr. Cline the acupuncture license contingent upon signing a contract with ISMA.

Holt/ Krejsa

Friendly amendment was offered by Dr. Stewart to have the license placed on indefinite probation, come see the Board every 6 months, Dr. Cline cannot apply for modification of probation for 2 years, and he is to have a report from his addictionologist submitted to the Board every 3 months.

Dr. Holt and Dr. Krejsa accept the amendment.  
Motion carried 5/0/0

- C. Gary L. Cornette, D.O.:** Dr. Cornette appeared before the Board because he answered yes to 5(b) and 8. He had a case in 1989 when he was on call for emergency medicine and a teenage mother came into the ER. He described the details of the case to the Board and explained that the case settled for \$5,000. In 1996 he settled a matter which occurred in 1993. He was also arrested for DUI in 1996. Following a Kansas City Chiefs rally he was pulled over during a routine traffic stop while on his way home. He has never been evaluated for alcohol or substance abuse problems. He does have one or two glasses of red wine several times per week per the prescription of his cardiologist.

Dr. Cornette was also charged with criminal trespassing when he was riding his mountain bike in a closed portion of the Tonto National Forest in Arizona. He did not have to pay the fine because he was able to show that there was no sign indicating that the path was closed.

The board would like him to get an addictionology evaluation with report forwarded to the Board.

A motion was made to approve the license pending the receipt of a favorable addictionology evaluation.

Lankford/Barai  
Motion carried 4/0/0

- D. Colin William Elliott, M.D. (Renewal):** Dr. Elliott answered yes to question 5 regarding denial of staff privileges. The hospital asked him to get a psychiatric evaluation which he did obtain, but did not provide copies of that to the Board. He wants to work in South Bend, IN and part time in Michigan. The board would like to see his psych evaluation.

A motion was made to table the renewal until such time as he can produce documentation from his psychiatrist. He is to reappear before the Board in February.

Holt/Barai  
Motion carried 6/0/0

- E. Frances K. Pamela, M.D.:** Dr. Pamela answered yes to question 8 regarding malpractice. He explained the details of the malpractice case for the Board. The case settled \$750,000 in 1996.

A motion was made to grant licensure.

Barai/Lankford  
Motion carried 5/0/0

- F. Fred Picklesimer, Jr., M.D.:** He answered yes on his application for licensure. He was a resident in pathology in Alabama and he has a long history of alcohol abuse and was finally intervened upon during his residency. He went to treatment in Mississippi. The residency program allowed him to go back to work and he relapsed. In 1994, he was told that the program would not renew his contract; however he was allowed to finish his 3<sup>rd</sup> year of residency training. He remained in denial about his alcoholism and even after a positive urine screen, decided to resign rather than admit his addiction. He did get another position in pathology once he went to Florida. He went to Talbott for 6 months and subsequently went back to the Alabama board and had his license reinstated. His history of alcoholism started in 1989 when he was first picked up for a DUI. His driver's license was revoked for 4 years after his two DUI convictions in North Carolina. His sobriety date is 9/1996. He has joined recovery programs for several years in KY, PA, FL and AL. He has been compliant with his aftercare programs for 10 years. He did not need to appear before the Kentucky Board, but was monitored by Dr. Brady for one year. He currently lives in Lexington.

A motion was made to grant licensure.

Malone/Lankford  
Motion carried 4/0/0

- G. Robert C. Richards, M.D.:** Dr. Richards answered yes to questions 3, 5(a), 5(b), 6 and 8. He is in active recovery. He did have serious health issues, but in conjunction with his family issues and stresses, he began to use the Hydrocodone for emotional reasons. He began treating his family and did not keep records. He also took their prescriptions for his own personal use. He was confronted and entered into treatment and has been in on-going treatment and care for about 2 years. He also explained the malpractice case to the Board. The issues of the suspension of his license revolve around his issues with the HMO in Utah. HHS has him listed as a felon due to a plea of abeyance as a guilty plea. Although the plea of abeyance has been expunged, HHS still has him listed. Office of Inspector General (OIG) still has him listed as a felon as well.

The felony charge was based upon failure to keep records when he prescribed to his family. The plea was to run for 2 years with the state of Utah. The issue with the OIG is not a Utah issue, nor a DEA issue. This is very confusing.

He has hospital privileges but cannot physically go into the hospital. He presented a letter to the Board from the Utah state recovery program indicating

that he is compliant. The Board wants a letter from the hospital indicating that he has hospital privileges. They want to see his most recent psychiatric evaluation and a copy of the confidential agreement. Dr. Richards explained that he has a job offer in Bloomington, IN and it is looking forward to coming here.

A motion was made to table his license until he provides the information to the board per their request—a recent psychiatric evaluation to address his paranoia and grandiosity, and a letter from the hospital that his privileges were reinstated.

The Board will consider issuing the license on Probation, indefinitely, without opportunity to modify for at least 3 years, a signed ISMA contract, and a psychiatric evaluation pending receipt of the requested documentation.

Malone/Krejsa  
Motion carried 6/0/0

Later in the day Dr. Richards presented faxes to the board. One fax was from the Utah Board regarding his recovery and one from Michael J. Crookston, M.D.

- Indefinite probation
- ISMA Contract
- Quarterly Bd. Appearances
- Psychiatric evaluation within next 3 months, with follow-up visits and reports to come to the Board every 6 months unless stopped by the psychiatrist
- No modification of terms for 3 years
- A log of controlled substance prescriptions written with initials of patient with the diagnosis and quantity of prescriptions.

A motion was made to grant a probationary license under the abovementioned terms.

Lankford/Barai  
Motion carried 5/0/0

**H. William Roberts, M.D.:** Dr. Roberts did not appear before the Board.

**I. Bhanukumar Shah, M.D.:** Dr. Shah answered yes to questions 6 and 8. He explained that his hospital privileges at Deaconess Hospital in Cincinnati were revoked. He did a thyroid procedure and the patient complained of leg pain, several complications arose and she died three weeks later. This case was referred to the review panel and the hospital revoked his privileges for thyroid surgeries and head and neck procedures. He currently has head and neck privileges at other hospitals.

He described his malpractice cases for the Board. The first case settled for \$62,000. The second case settled for \$80,000 and the third case he won.

A motion was made to grant licensure.

Barai/Stewart  
Motion carried 6/0/0

**J. Rebecca J. Sutton, M.D.:** Dr. Sutton answered yes to question #6. She answered yes to the question on her license application that she had been treated for a mental health problem. She actually was only taking Paxil for test anxiety. She was then asked by Kentucky to enter into 5 year agreement. She does not smoke or drink. Dr. Barai asks for a copy of the consent agreement that she has with Kentucky. She had the 5 year contract reduced and had the agreement lifted early. Barai also would like her to provide a copy of the order lifting her probation. She was placed on a precautionary suspension at Baptist Hospital in 2003. There were issues that came up regarding 5 different patients. She described each patient incident. (She was asked by a patient's family to increase a dying patient's morphine. She did, but another doctor changed the dosage and she died later. They thought that she prescribed too high of dose, but then the other doctor prescribed even more.) She was placed on a corrective action plan by Baptist Hospital East. She completed all elements of the plan except for the proctoring aspect as she asked for a leave of absence.

She claims this is all due to political issues. She later made a comment about a surgeon at work to a nurse and she was referred to an anger management control program by Dr. Brady. This was the second time she was referred to Dr. Brady. He referred her to a psychologist. She was diagnosed with adjustment disorder. She was asked to work the night call every three days and did not want to do so, so on 5/28/2004 she was fired. Her hospital privileges were suspended for 10 days and then the independent group fired her. She was offered her job back with the group. She has been in practice for 2 ½ years. She resigned from Norton's hospital because there were contract disputes.

She is currently working with a group in LaGrange, Kentucky and is covered by the group insurance. She has been on leave of absence from Baptist due to lack of malpractice insurance. She wants to get an Indiana license in order to moonlight and work at a hospitalist group. There is nothing pending at this moment.

Dr. Barai wants to table the application pending receipt of letter from the Kentucky Board, the agreement she signed originally and the documentation lifting the terms of care issues. He also wants to see a letter from Baptist hospital outlining quality issue.

A motion was made to table the application.

Barai/Krejsa  
Motion carried 6/0/0

## **VI. ADMINISTRATIVE HEARINGS**

### **A. STEVEN E. ROSS, M.D. (CONTINUED)**

Cause No.: 2004 MLB 0022

Re: Hearing – Final Hearing/Settlement Presentation

### **B. VINOD GOYAL, M.D.**

Cause No.: 2004 MLB 0033

Re: Appeal of Denial of Licensure



**Parties and Counsel Present:**

Respondent is presented by counsel John Sharpe

**Participating Board Members:**

Dr. Stewart (hearing officer)

Ms. Malone

Dr. Krejsa

Dr. Holt

Dr. Lankford

Dr. Barai

Dr. Beeson

**Witnesses:** Dr. Goyal

**Case Summary:** This hearing is based upon denial of licensure. He was denied licensure for answering yes to several questions on his application for licensure. Dr. Goyal presented his case to the Board. He has been practicing OB/GYN for over 30 years in Illinois. He is licensed in Illinois, Michigan and Wisconsin.

He was denied staff privileges when several years ago his privileges were non-renewed. He had not been sufficiently active to meet the volume criteria at two facilities. He did not challenge the non-renewal actions as he did not anticipate using their facilities in the future. He tried to contact Good Shepard for a letter, but they do not have records on him; however he does have privileges at several other hospitals in Illinois.

Petitioner's Exhibits: A-G were admitted.

He also answered yes to the question regarding disciplinary action taken by a state Board. The Illinois Board did discipline his license several years ago. The first was in 1992-1993 and his staff misquoted his fees. A complaint was made to the Illinois Board and he paid a fine to settle the matter. (See ex. D) the second action dealt with a landlord tenant dispute with the building landlord where his offices are. In 1997 in order to resolve the landlord tenant issue he agreed to be fined by the Illinois Board. Dr. Goyal explained his malpractice history.

Petitioner's Exhibit H: Letter from Good Shepard

He wants to come here due to the malpractice premiums in Illinois. Malpractice is to increase another 45% this July or November. He pays \$48,000 for a part time practice of doing only gynecology. If he did OB it would be \$150,000 per year.

**Board Action:** A motion was made to grant licensure.

Krejsa/Barai  
Motion carried 7/0/0

**C. PHILIP A. BOREN, M.D. (CONTINUED)**

Cause No.: 2004 MLB 0019

Re: Final Hearing/Settlement Presentation

**D. ABDULHASSIB RASLAN, M.D.**

Cause No.: 2004 MLB 0037

Re: Final Hearing

**Parties and Counsel Present:**

James Holden is counsel for the State of Indiana.

Respondent was not present nor was counsel present on behalf of respondent.

**Participating Board Members:**

Dr. Holt (hearing officer)

Ms. Malone

Dr. Krejsa

Dr. Lankford

Dr. Barai

Dr. Stewart

Dr. Beeson

**Witnesses:** None

**Case Summary:** Respondent's Ohio license was permanently revoked after the Ohio Board conducted an investigation of Dr. Raslan's OB/GYN practice. Ohio found that in several instances Dr. Raslan's treatment and care fell below the minimal standard of care when he failed to transfer several patients from a level 1 facility to a tertiary facility; when he used low forceps to deliver a baby with no indications for their use; when he tried to deliver an infant vaginally via high station Mityvac delivery when the patient's cervix was not completely dilated; and when he, among other things, inappropriately began an operative delivery when further observation of the patient was indicated.

The Board received a letter from Ms. Raslan indicating that Dr. Raslan does not live at their address nor does he receive mail at that address. However, the Respondent wrote the State and indicated that the address being utilized is his address of record in the U.S. and he is out of the country and does not intend to return to defend this matter.

The state asked the board to issue a notice of proposed default.

**Board Action:** A motion was made to issue a notice of proposed default.

Stewart/Barai

Motion carried 7/0/0

**E. DAVID VINCENT FISCHER, M.D.**

Cause no.: 2004 MLB 0013

Re: Preliminary Hearing – Extension of Summary Suspension

**Parties and Counsel Present:**

Sara Matticks was counsel for the State of Indiana.  
Respondent is not present nor is counsel present on Respondent's behalf.

**Participating Board Members:**

Dr. Barai (hearing officer)  
Dr. Krejsa  
Dr. Stewart  
Dr. Beeson  
Dr. Lankford  
Ms. Malone

**Witnesses:**

None.

**Case Summary:** Dr. Fischer is currently facing a 41 count federal indictment, which was originally sealed when it came out on April 2, 2004. A couple of employees notified the authorities and lodged complaints against Dr. Fischer. Currently, there are several charges pending against Dr. Fischer and an ongoing investigation. One of the charges filed against Dr. Fischer is submitting false information to a federal program. On April 15<sup>th</sup>, 2004, the indictment was unsealed and the Federal magistrate released him so he could go back to the practice of medicine. He did voluntarily surrender his DEA license.

Dr. Fischer has pled guilty to several drug related charges and the state is awaiting the order. His sentencing date was set for February, 2005. The state requested the board to renew the summary suspension for an additional 90 days.

**Board Action:** A motion was made to continue the summary suspension for an additional 90 days.

Lankford/Stewart  
Motion carried 70/0

**F. JERRY A. REYES, M.D. (CONTINUED)**

Cause No.: 2002 MLB 0026  
Re: Final Hearing - Settlement Presentation

**G. MAURO AGNELNERI, M.D. (CONTINUED)**

Cause No.: 2004 MLB 0005  
Re: Preliminary/Final Hearing

**H. JACK KEVIN ROLL, M.D.**

Cause No.: 2004 MLB 0011  
Re: Preliminary Hearing – Extension Summary Suspension

**Parties and Counsel Present:**

Sara Matticks is counsel for the State of Indiana.  
Respondent is not present nor is counsel present on Respondent's behalf.

**Participating Board Members:**

Dr. Stewart (hearing officer)  
Ms. Malone  
Dr. Krejsa  
Dr. Holt  
Dr. Lankford  
Dr. Barai  
Dr. Beeson

**Witnesses:** None.

**Case Summary:** In March 2004, Dr. Roll took a lethal dose of Klonopin. He was revived and Dr. Bowling evaluated him for psychiatric care. Dr. Bowling recommended that Dr. Roll be admitted for psychiatric care. On March 12, 2004, Dr. Bowling petitioned for the committal of Dr. Roll. After a hearing on the matter, Dr. Roll was committed to Deaconess Hospital.

The State requested the board renew the Summary Suspension. She spoke with his counsel and they are planning on withdrawing from the case. Dr. Roll spoke with Ms. Matticks yesterday and he does not object to the continuance of the summary suspension.

**Board Action:** A motion was made to extend the summary suspension an additional 90 days.

Krejsa/Holt  
Motion carried 7/0/0

**I. MARK ALAN HAYES, M.D.**

Cause No.: 2004 MLB 0007

Re: Preliminary Hearing – Extension of Summary Suspension

**Parties and Counsel Present:**

Jim Holden is counsel for the State of Indiana.

Respondent is not present nor is counsel present on Respondent's behalf.

**Participating Board Members:**

Dr. Lankford (hearing officer)  
Dr. Krejsa  
Dr. Barai  
Dr. Stewart  
Dr. Beeson  
Ms. Malone

**Witnesses:** None.

**Case Summary:** The Board took official judicial notice of its file in this matter. The matter of the hearing is related to his disappearance and failure to make arrangements for any of his patients to receive treatment or their records. He has

been evicted from his office space in Martinsville. The landlord has not been able to locate any medical records and Respondent has not notified his patients of his new whereabouts. The State explained their attempts at notice. Service was made by overnight mail to the address of record and the state telephoned Dr. Hayes at the last known telephone number.

Respondent's criminal trial has been rescheduled until May of 2005. The State requested an additional 90 day suspension.

**Board Action:** A motion was made to extend the summary suspension an additional 90 days.

Stewart/Malone  
Motion carried 7/0/0

**J. MARK STEVEN WEINBERGER, M.D.**

Cause no.: 2004 MLB 0035

Re: Preliminary Hearing – Extension of Summary Suspension

**Parties and Counsel Present:**

Jim Holden is counsel for the State of Indiana.

Respondent is not present nor is counsel present on Respondent's behalf.

**Participating Board Members:**

Dr. Beeson (hearing officer)

Ms. Malone

Dr. Krejsa

Dr. Holt

Dr. Lankford

Dr. Barai

Dr. Stewart

**Witnesses:** None.

**Case Summary:** The State referred to the administrative code 844 IAC 5-2-16 (b) and stated that Respondent has abandoned his patients. Respondent went to Greece on a family vacation and has not returned as of yet. He has not notified any patients of the discontinuance of his practice either by newspaper publication or by written letter to each patient. No one has received any notice. His business and his patients were left to flounder.

A receiver was appointed by the court to take over his practice; however the doctor has made no allowances.

State's Exhibit 1: A copy of the Agreed Order for the Appointment of Receiver

State's Exhibit 2: Post-Tribune article from October 9, 2004

The State surmised that Dr. Weinberger must be trying to escape something as he has abandoned everything. The state explained that granting this summary

suspension will assist the Office of the Attorney General in continuing the investigation.

Mr. Holden requested that the medical license of Dr. Wienberger be summarily suspended for an additional 90 days.

**Board Action:** A motion was made to extend the summary suspension an additional 90 days.

Barai/Holt  
Motion carried 7/0/0

**K. MICHAEL SETH MILLER, D.O. (CONTINUED)**

Cause No.: 2004 MLB 0030  
Re: Final Hearing

**L. SILVERRENE ROUNDTREE, M.D.**

Cause No.: 2004 MLB 0031  
Re: Final Hearing

**Parties and Counsel Present:**

James Holden is counsel for the State of Indiana.  
Respondent is not present nor is counsel present on Respondent's behalf.

**Participating Board Members:**

Ms. Malone (hearing officer)  
Dr. Krejsa  
Dr. Holt  
Dr. Lankford  
Dr. Barai  
Dr. Beeson  
Dr. Stewart

**Witnesses:** None.

**Case Summary:** On November 2, 1998, Respondent's Virginia medical license was revoked by the Virginia Board following disciplinary hearings. The Virginia Board found that Dr. Roundtree provided improper and ineffective care in treating several of her HIV/AIDS patients. She also prescribed and or administered large doses of methadone to a patient that Respondent knew or should have known was drug dependent for \$1000.00 cash. Respondent closed her Virginia Beach office without properly notifying her patients, among other charges. Subsequently, on April 19, 2000, Respondent's Maryland medical license was revoked by the Maryland Board based upon the Virginia Board action.

Proof that notice was received by Dr. Roundtree is in the file. Dr. Roundtree's name was called in and about the premises three times with no answer.

The state requested the Board issue a notice of proposed default.

**Board Action:** A motion was made to issue a notice of proposed default.

Stewart/Barai  
Motion carried 7/0/0

**VII. PRE-HEARING CONFERENCES**

The Pre-hearing conferences were held before one member of the Board.

**VIII. ACTIONS ON ADMINISTRATIVE LAW JUDGE ORDERS:**

**A. Thomas Gill, M.D.**  
Cause No.: 94 MLB 0034

A motion was made to affirm the ALJ proposed order.

Krejsa/Malone  
Motion carried 7/0/0

**IX. DISCUSSION ITEMS:**

- a) Robert Mitrione, M.D.  
Re: Order to Show Cause

The board decided not to take any action at this time since he is incarcerated and unable to harm the public.

- b) Mary Laxa, M.D.  
Re: Request for Waiver

A motion was made to deny her request for a waiver.

Holt/Krejsa  
Motion carried 7/0/0

- c) Election of Officers of the Medical Licensing Board  
Re: President: Bharat H. Barai, M.D.

Vice-President: N. Stacy Lankford, M.D.

Secretary: Worthe Holt, Jr., M.D.

Board Designee: William H. Beeson, M.D.

CSAC Representative: Ralph Stewart, M.D.

A motion was made to accept the nominated slate.

Lankford/Stewart  
Motion carried 7/0/0

- d) Pain Management  
Re: Proposed Rule Language

A motion was made to proceed and set the final rule hearing on the rules as presented to the Board.

Stewart/Lankford  
Motion carried 7/0/0

- e) Professional Incompetence  
Re: LSA #04-325 Proposed Rule Language

A motion was made to proceed with the promulgation process of the rules as amended.

Beeson/Stewart  
Motion carried 7/0/0

- f) Indiana Academy of Family Physicians  
Re: Correspondence and Request for Personal Appearance

The Board will address the list and update it. Please invite them to come in February for a presentation and a panel discussion.

Holt/Lankford  
Motion carried 7/0/0

#### **X. PERMIT/LICENSURE APPLICATIONS**

A motion was made and seconded to approve all recommendations and decisions made by the Board members on applications for licensure that were reviewed throughout the Board meeting and at any other time since the last Board meeting.

Krejsa/Stewart  
Motion carried 4/0/0

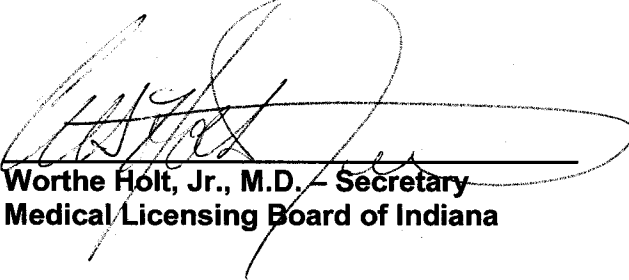
#### **XI. ADJOURNMENT:**

There being no further business and having completed its duties, the meeting of the Medical Licensing Board of Indiana adjourned at 6:00 p.m.



\_\_\_\_\_  
**Bharat Barai, M.D. – President**  
**Medical Licensing Board of Indiana**

\_\_\_\_\_  
**Date**

  
\_\_\_\_\_  
**Worthe Holt, Jr., M.D. – Secretary**  
**Medical Licensing Board of Indiana**

\_\_\_\_\_  
2-24-05  
**Date**

04/21/2009

INDIANA PROFESSIONAL LICENSING AGENCY  
Internet Renewal Questions

Name: Goyal, Vinod K LICENSE#: 01060223A  
Care Of:  
Address: 1640 N Arlington Height Rd, Ste 110  
City/St/Zip: Arlington Heights, IL 60004

Birth Date Redacted  
Date/Time  
Completed: 5/6/2009 12:32:09PM

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? N
  
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N
  
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N
  
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N
  
- 5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline? N
  
- 6.) This question no longer applies - Answer "NO" (requires an answer to continue) N

04/16/2011

INDIANA PROFESSIONAL LICENSING AGENCY  
Internet Renewal Questions

Name: Goyal, Vinod K LICENSE#: 01060223A  
Care Of:  
Address: 1640 N Arlington Height Rd, Ste 110  
City/St/Zip: Arlington Heights, IL 60004

Birth Date Redacted

Date/Time Completed: 8/2/2011 3:42:17PM

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state? N
  
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N
  
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N
  
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N
  
- 5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination? N
  
- 6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider? N
  
- 7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration? N