

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

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


59-14-97
DATE


John M. Goldberg
Attorney for the Department


7-2-97
DATE


Vinod Goyal, M.D.
Respondent

7-2-97
DATE


Dennis Tobin
Attorney for the Respondent

Aug 20, 1997
DATE


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
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

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.

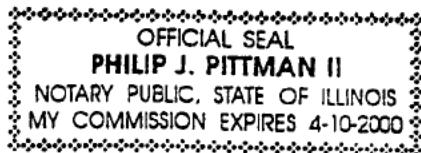
DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

BY: _____
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 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:



AFFIANT
September 16 1997
DATE

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

NOTARY PUBLIC