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N.J. BOARD OF DENTISTRY
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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

IN THE MATTER OF

ELLIOT BRAHMS, D.D.S.
License No. DI 9517

Administrative Action

CONSENT ORDER

LICENSED TO PRACTICE DENTISTRY
IN THE STATE OF NEW JERSEY

CERTIFIED TRUE COPY

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon receipt of information from the Department of Banking and Insurance that Elliot Brahms, D.D.S. ("respondent"), without admitting the conduct, had entered into a Consent Agreement with that Department in August 1997 based on allegations that respondent had billed for services not rendered for patient V.L. Additionally, the Board received a patient complaint alleging that respondent had failed to render treatment to patient J.T. consistent with the standard of care in this State and had submitted insurance claims for work that was not performed. Specifically, it has been alleged that respondent attempted to treat patient J.T. at a time when his mouth was severely infected and submitted insurance claims for work not performed on patient J.T. and patient V.L. On November 17, 1999, respondent appeared with counsel, Alfred Bernstein, Esq., at an investigative inquiry into the matter held by the Board.

Having reviewed the entire record, including the patient complaint (J.T.), respondent's written narrative, patient records (J.T. and V.L.), and testimony of respondent at the investigative inquiry, and the proofs of continuing education supplied by respondent at the time of his appearance before the Board, it appears to the Board that respondent has engaged in inappropriate billing practices resulting in submission to insurance companies of claim forms that do not accurately reflect the work performed; that respondent has failed to keep adequate records for patients J.T. and V. L.; that respondent failed to make an appropriate diagnosis and failed to develop an adequate plan of treatment for patient J.T. ; that he failed to take adequate x-rays and failed to recognize an existing lesion for patient J.T., and placed a crown over that lesion, necessitating additional dental treatment. It further appears that respondent has failed to provide proof of completion of all continuing education courses required for renewal periods 1995-1997 and 1997-1999.

These facts establish basis for disciplinary action pursuant to N.J.S.A. 45:1-21(d), (e), and (h) (specifically, N.J.A.C. 13:30-8.7(patient records) and N.J.A.C. 13:30-8.18 (continuing education requirements) (now codified as N.J.A.C. 13:30-5.1 et seq.)) It appearing that respondent desires to resolve this matter without recourse to formal proceedings, and having demonstrated financial hardship including the filing for personal bankruptcy, and for good cause shown:

IT IS ON THIS 15th DAY OF November, 2000,

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall successfully complete the following continuing education: twenty-one (21) hours in oral diagnosis and treatment planning; twenty-one (21) hours in periodontics; and seven (7) hours in pharmacology. These courses shall be completed within six (6) months of the entry of this Consent Order. Further, these courses, which are in addition to the regularly required continuing education hours, shall be approved by the Board in writing prior to attendance. Respondent shall complete the attached continuing education Report and Proof of Attendance as

proof of successful completion of the required course work. The attached forms are made a part of this Consent Order, and a separate form is to be used for each course.

2. Respondent shall take forty (40) hours of continuing education courses, which forty hours are the number of continuing education hours for which respondent failed to submit proofs of completion for the 1995-1997 and 1997-1999 renewal periods. These courses shall be completed within six (6) months of the entry of this Consent Order and are in addition to the regularly required continuing education hours required for the 2001-2003 renewal period. These courses need not be approved by the Board prior to attendance.

3. Respondent is hereby assessed civil penalties, pursuant to N.J.S.A. 45:1-22, in the amount of \$2,500, which sum represents \$1,000 for improper billing to an insurance carrier (\$500 for each of two instances); \$1,000 for repeated acts of negligence with regard to patient J.T.; \$250 for poor record keeping; and \$250 for failing to provide proof of continuing education credits.

In payment of the \$2,500 in civil penalties, respondent shall make twelve monthly payments, the first payment shall be \$300, and the remaining eleven payments shall be \$200 per payment. The first payment shall be due by November 15, 2000 and subsequent payments shall continue to be due by the fifteenth of each month until all twelve payments are completed. In the event that respondent does not make a timely payment, the full balance will immediately become due. Payment for the civil penalties shall be submitted by certified check or money order made payable to the State of New Jersey and shall be sent to Kevin Earle, Executive Director, Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Sixth Floor, Newark, New Jersey 07101. Subsequent violations will subject respondent to enhanced penalties pursuant to N.J.S.A. 45:1-25.

4. Respondent is hereby assessed the costs of the investigation to the State in this matter in the amount of \$246.83. Payment for the costs shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board no later than

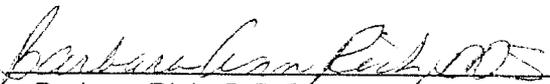
December 31, 2000. Payment shall be sent to Kevin Earle at the address described in paragraph #3.

5. Respondent is hereby reprimanded for his failure to keep and maintain adequate patient records as required by N.J.A.C. 13:30-8.7.

6. Failure to remit any payment required by this Order will result in the filing of a certificate of debt.

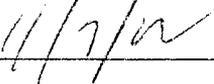
7. Failure to comply with any of the terms of this consent order may result in further disciplinary action.

NEW JERSEY STATE BOARD OF DENTISTRY

By: 
Barbara Rich, D.D.S.
Board President

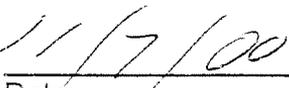
I have read and understand this Consent Order and agree to be bound by its terms. I consent to the entry of this Order.


Elliot Brahms, D.D.S.


Date

I consent to the entry of this order as to form.


Alfred I. Bernstein, Esq.


Date



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF DENTISTRY
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

John J. Farmer, Jr.

Attorney General
MARK S. HERR
Director

CONTINUING EDUCATION COURSE
PRE-APPROVAL SHEET

ATTACH COURSE DESCRIPTION AND/OR BROCHURE AND SUBMIT AT LEAST 30 DAYS PRIOR TO COURSE DATE. THE BOARD CANNOT ASSURE APPROVAL FOR COURSES PROVIDED ON SHORT NOTICE. A SEPARATE FORM IS TO BE USED FOR EACH COURSE. A COPY WILL BE RETURNED TO YOU AFTER APPROVAL OR DENIAL BY THE BOARD.

Mailing Address:
P.O. Box 45005
Newark NJ 07101
(973) 504-6405

DENTIST NAME _____

ADDRESS _____

TELEPHONE # _____

NAME OF COURSE _____

SPONSOR _____

ADDRESS _____

TELEPHONE # _____

COURSE PRE-APPROVED BY BOARD DATE _____

COURSE NOT ACCEPTED BY BOARD DATE _____

DATE _____

EXECUTIVE DIRECTOR _____



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF DENTISTRY
124 HALSEY STREET, 6TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
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Attorney General
MARK S. HERR
Director

CONTINUING EDUCATION REPORTS
AND PROOF OF ATTENDANCE

Mailing Address:

P.O. Box 45005
Newark NJ 07101
(973) 504-6405

All reports should be typewritten. If more than one course is required, this report form may be duplicated. Please complete all sections in the spaces provided. A separate form is to be used for each course.

- 1. Name of Dentist and License Number
2. Title of Course, Instructor and Location Date of Course
3. Was prior approval for the course obtained: Yes No
** If the answer is NO, please explain the reason:
4. Name, address and phone number of the sponsoring organization and the name of the representative in charge of attendance.
5. Hours of course attendance
6. Attach a copy of all course/lecture handouts. Number of pages attached
7. Attach a copy of proof of payment for the course and any other proof of attendance. (e.g. cancelled check, copy of certificate, letter from sponsor)
8. Describe with some specificity one new diagnosis or treatment or product or material about which you learned at the course. (Use the back of this sheet.)

PROOF OF ATTENDANCE:

The undersigned hereby verifies that the above named dentist attended and successfully completed the course listed above.

Signature

Date

Title