

PETER C. HARVEY  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law - 5th floor  
124 Halsey Street  
P.O.B. 45029  
Newark, New Jersey 07101  
By: Joan D. Gelber  
Deputy Attorney General  
Tel. 973-648-4741

**FILED**

~~January 15, 2004~~  
**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF MEDICAL EXAMINERS

**IN THE MATTER OF AN INQUIRY INTO :  
THE MEDICAL PRACTICE OF  
JUAN CARLOS FISCHBERG, M.D.  
IN THE STATE OF NEW JERSEY :**

ADMINISTRATIVE ACTION  
INTERIM ORDER AND AGREEMENT

This matter was opened to the State Board of Medical Examiners by Peter C. Harvey, Attorney General of New Jersey, by Joan D. Gelber, Deputy Attorney General, regarding an inquiry into the medical practice of Juan Carlos Fischberg, M.D., who currently holds license no. MA8649 in this State and has maintained medical offices under the corporate name "Hudson Rehabilitation Medical Center, Inc." at 321 60<sup>th</sup> St., West New York, NJ 07093. His practice has included electrodiagnostic testing and physiatric treatment of patients claiming injury in motor vehicle accidents ("PIP" claims) and patients covered by Medicare and Medicaid. Dr. Fischberg is represented by Steven I. Kern, Esq.

Dr. Fischberg has been made aware that the Attorney General is prepared to file an Administrative Complaint against him seeking emergent temporary restraints, alleging an extended pattern of conduct involving physical examinations of patients; performance or reporting performance of electrodiagnostic testing; preparation of testing reports containing data, diagnoses, and interpretations of said testing and billing therefor, which the Attorney General expects to allege was grossly negligent and/or fraudulent, in violation of numerous laws and regulations implemented by the Board, including N.J.S.A. 45:1-21(b), (c), (d), (e) and (h), and N.J.S.A. 45:9-6, and N.J.A.C. 13:35-2.5 (now recodified as -2.6), and 13:35-6.5.

**CERTIFIED TRUE COPY**

Dr. Fischberg, having had the opportunity to confer with his attorney, and making no admissions of any wrongful conduct, but desirous of avoiding the imminently anticipated litigation, has offered to refrain from any form of medical practice in this State at any location and in any form of media, unless he has first given two weeks' notice to the Board and to the Attorney General, or until further Order of the Board.

The Board has considered this matter, and is satisfied that the public interest and welfare can be adequately protected in the circumstances at this time by the entry of such agreement and by this Order precluding Dr. Fischberg from engaging in any form of medical practice until the scheduling of further proceedings on this matter on notice to all parties. For good cause shown,

JTIS, ON THIS 15 DAY OF January 2004

ORDERED:

1. The Board hereby accepts the representation by Dr. Fischberg, as set forth in this Agreement and Order, that he shall refrain from engaging in the practice of medicine and surgery in any form in the State of New Jersey, and so confirms by this Order, on the conditions below.

2. Juan Carlos Fischberg, M.D. shall refrain from engaging in, and is hereby prohibited from engaging in, any practice of medicine or surgery until such time as he has given two weeks advance notice to the Board and to the Attorney General, or until further Order of the Board.. "Practice" for the purpose of this Order, means any form of diagnosing, treating, operating or prescribing for any human ailment, disease, pain, injury, deformity, mental or physical condition of a New Jersey patient, whether such conduct takes place within or outside of the geographic borders of the State and includes practice in any medium of communication.

3. Dr. Fischberg shall place his engrossed license and his New Jersey biennial registration, his State and federal Drug Enforcement Administration registrations, and all prescription pads, into the custody of his attorney who shall confirm receipt to the Board,

4. Dr. Fischberg shall comply with the Directives attached hereto and incorporated in this Order.

5. The provisions of the Notice attached hereto are incorporated in this Order.

6. The entry of this Order shall not preclude either the Attorney General or Dr. Fischberg from initiating any proceedings before this Board as authorized by law,

STATE BOARD OF MEDICAL EXAMINERS

By: \_\_\_\_\_  
DAVID M. WALLACE, M.D.  
President

I consent to the entry and filing of the within Agreement and Order by the State Board of Medical Examiners

\_\_\_\_\_  
Juan Carlos Fischberg, M.D.

Counsel:  
Kern Augustine Conroy & Schoppmann

By: \_\_\_\_\_

- JAN. 14. 2004 9:58AM KERN AUGUSTINE

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UNLAWFUL TO REPRODUCE ANY MEDICAL RECORDS WITHOUT THE WRITTEN PERMISSION OF THE BOARD OF MEDICAL EXAMINERS

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6. The entry of this Order shall not preclude either the Attorney General or Dr. Finckberg from instituting any proceedings before this Board as authorized by law.

STATE BOARD OF MEDICAL EXAMINERS  
By: David M. Wallace, M.D.  
DAVID M. WALLACE, M.D.

I consent to the entry and filing of the within Agreement and Order by the State Board of Medical Examiners  
Juan Carlos Finckberg, M.D.  
Juan Carlos Finckberg, M.D.  
Kern Augustine Casey & Schoppeman  
By: [Signature]

**CONFIDENTIAL INFORMATION TO BE SUBMITTED TO THE STATE BOARD**

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations, but does not become part of the public record:

Name \_\_\_\_\_ Social Security Number<sup>2</sup>: \_\_\_\_\_

List the name and address of any and all Health Care Facilities with which you are affiliated:

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List the names and addresses of any and all Health Maintenance Organizations with which you are affiliated

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Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

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<sup>2</sup> Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.