

STUART RABNER
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street - 5th Floor
P.O. Box 45029
Newark, New Jersey 07101

FILED

March 16, 2007

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

Attorney for State Board of Dentistry
By: Kathy Stroh Mendoza
Deputy Attorney General
(973) 648-2972

State of New Jersey
Department of Law & Public Safety
Division of Consumer Affairs
Board of Medical Examiners
Docket No. BDSME 08245-2004S

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF :

**CONSUELO MENDOZA M.D.
LICENSE NO. MA30012** :

TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY :

Administrative Action

Consent Order

This matter was opened to the New Jersey State Board of Medical Examiners (hereinafter the "Board") upon receipt of a complaint against Consuelo Mendoza, M.D. ("Respondent") involving quality of care issues pertaining to the care and treatment of R.D., a three month old infant. Specifically, it was alleged that Respondent was not sufficiently knowledgeable about basic care and treatment of infant diarrhea. Dr. Mendoza appeared and testified before a Committee of the Board, who, because the doctor was not the primary care physician for this infant, asked to review various patient records. Dr. Mendoza appeared before the Committee a second time. The Committee voiced concerns regarding poor and inadequate

CERTIFIED TRUE COPY

2/9/2009

quality of care, specifically questionably improper dosages, alteration of records, as well as poor record keeping. The Board offered Dr. Mendoza an opportunity to undergo an evaluation in pediatrics which she completed.

The Board, having reviewed the entire record, including the testimony of Respondent at two investigative inquiries, various patient records, and the results of the evaluation in pediatrics, conclude that the facts before it establish a basis for disciplinary action pursuant to N.J.S.A 45:1-21(b), (d) and (h).

Respondent being desirous to resolve this matter without recourse to further proceedings, and the Board finding the within resolution to be in the public interest and for good cause shown,

IT IS ON THIS ~~Mar~~ 16th DAY OF 2007

HEREBY ORDERED AND AGREED THAT:

1. Respondent Consuelo Mendoza hereby relinquishes her license to practice medicine and surgery in the State of New Jersey, said surrender to be with prejudice to any reapplication for licensure.
2. Respondent shall pay costs in the amount of \$12,278.01 which includes cost of one transcript and court reporter for both appearances before a Committee of the Board; investigative costs; expert's fee for review of the file; and attorney's fees. (See attached Certification of Costs attached hereto as Exhibit A and made a part hereof).

3. Payment shall be submitted by certified check or money order made payable to the State of New Jersey, and shall be sent c/o William V. Roeder, Executive Director, New Jersey State Board of Medical Examiners, P.O. Box 183, Trenton, New Jersey 08625-0183.

4. Payment will be made in twelve (12) bimonthly payments over a period of two years. The first such payment to be due ten (10) days after the filing of this Order and each subsequent payment to be due on the first day of every other month. Interest shall be paid at the judgment rate as prescribed under Rule 4:42-22.

5. Should Dr. Mendoza fail to make any timely payment as required above, the Board will file a Certificate of Debt for the amount due. Said Certificate of Debt will be cancelled upon payment in full of the amount of costs fixed above. If Dr. Mendoza shall fail to make any timely payment required in this Order, the Board may, in its sole discretion, accelerate the entire amount then outstanding and demand immediate payment of such amount. The failure of the Board to so accelerate the amount due or to so demand payment shall not constitute a waiver or release of any claim, remedy or right that the Board may have under this paragraph.

6. This Consent Order shall be a full final disposition of the Complaint. The Board shall retain jurisdiction to enforce the terms of this Order.

7. Dr. Mendoza shall fully comply with the Directives for Disciplined Licensees attached hereto as Exhibit B and made a part hereof.

NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

DATED:

By: Sindy M. Paul, MD, MPH
Sindy Paul, M.D. President

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

Consuelo Mendoza
Consuelo Mendoza M.D.

Dated: 3/5/07

We hereby consent to the form and entry
of this Order.

Dughi, Hewitt & Palatucci, PC
Attorney for the Respondent
Consuelo Mendoza M.D.

Michael J. Keating, Esq.

Dated: 3/12/07

Stuart Rabner
Attorney General of New Jersey

By Kathy Stroh Mendoza
Kathy Stroh Mendoza
Deputy Attorney General

Dated: 3/13/07

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

NAME: Consuelo Mendoza, M.D.
NJ License #: MA30012

ADDENDUM

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:

Social Security Number¹: _____

List the Name and Address of any and all Health Care Facilities with which you are affiliated:

List the Names and Address of any and all Health Maintenance Organizations with which you are affiliated:

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).

¹ 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.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.

STUART RABNER
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street - 5th Floor
Newark, New Jersey 07101

Attorney for State Board of Medical Examiners
By: Kathy Stroh Mendoza
Deputy Attorney General
Telephone No. (973) 648-2972

STATE OF NEW JERSEY
DIVISION OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS
Docket No.

IN THE MATTER OF THE SUSPENSION :	:	
OR REVOCATION OF THE LICENSE OF :	:	
	:	Administrative Action
CONSUELO MENDOZA, M.D.	:	
LICENSE NO. MA30012	:	
	:	CERTIFICATION OF
TO PRACTICE MEDICARE SURGERY :	:	KATHY STROH MENDOZA, DAG
IN THE STATE OF NEW JERSEY :	:	DEPUTY ATTORNEY GENERAL

Kathy Stroh Mendoza, Deputy Attorney General, certifies and says:

1. I am an attorney-at-law of the State of New Jersey and a Deputy Attorney General assigned to prosecute the above-captioned matter before the Office of Administrative Law and the New Jersey State Board of Medical Examiners against Respondent Consuelo Mendoza, M.D.
2. As such, I am fully familiar with the matters stated herein.
3. Pursuant to N.J.S.A. 45:1-25, in a disciplinary matter brought before the New Jersey State Board of Medical Examiners, the

Attorney General may seek, among other costs, an assessment of attorney's fees.

4. Attorney's fees in this matter have been logged under DOL #03-61248 in accordance with the timekeeping sheets which are attached hereto as Exhibit A and made a part hereof.

5. Within these timekeeping sheets, the symbol "MB" stands for "motion or brief; the symbol "CRW" stands for "meeting or telephone conference; the symbol "CRW" stands for "contract/document review; the symbol "CAP" stands for "appearance" and the symbol "CDR" stands for "document review".

6. The time assessed in this matter was spent in the research, preparation and settlement discussions of the case.

7. A total of 81.9 hours were spent on this case from May 6, 2003 to February 7, 2007 by Deputy Attorney General Kathy Mendoza. In accordance with the directives of Jeffrey Miller, Director Nancy Kaplan, Acting Director of the Division of Law, attorney's fees are to be calculated for deputy attorney generals according to the attached Exhibits B and C.

8. I have been admitted to the practice of law in the State of New Jersey for more than ten years, therefore my rate for attorney's fees effective May 1, 2005 was \$175.

9. It is respectfully requested that attorney's fees of \$14,331.50 be assessed against Respondent Consuelo Mendoza, M.D.

10. Dr. Mendoza is also responsible for the Board's costs of investigation. Attached as Exhibit D is a certification of Supervising Investigator Michael J. Westenberger of the Enforcement Bureau of the Division of Consumer Affairs. The Enforcement Bureau conducted an investigation of the events that formed the basis of the Attorney General's Complaint in this case. Mr. Westenberger's Certification states the cost of a particular assignment, the total amount of time that the Enforcement Bureau devoted to this assignment, the hourly rate charged to the Board for the assignment, and the total cost of the assignment, which is calculated by multiplying the time by the hourly rate. The certification also includes costs of duplicating radiographs.

11. The total amount of the investigation costs in this case, as shown in Exhibit D is \$2,355.89.

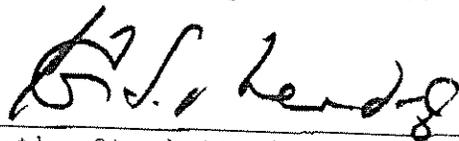
12. Dr. Mendoza is also responsible for paying expert witness fees. Richard Lander, M.D. was an expert witness whom the Attorney General retained with regard to this case. His payment voucher represents his charges for preparing the expert report and preparing to testify at hearing. His invoice totals \$1,200. (Exhibit E)

13. Dr. Mendoza shall pay the costs of certified shorthand reporting for two appearances before the Board, such costs totaling \$590.25 (Exhibit F).

14. All costs including attorney's fees, costs of investigation, expert fees and court reporter costs shall be submitted by certified check or money order made payable to the State of New Jersey and forwarded to the Board of Medical Examiners as set forth in the Consent Order.

15. I hereby certify that the attached Exhibits B and C are true and accurate copies of the Division of Law Schedule of Attorneys Fees.

16. I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.



Kathy Stroh Mendoza
Deputy Attorney General

Dated: *February 8, 2007*

TIMEPRYMA

DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
05/08/2003	CDR	3.0	03-61248	MENDOZA CONSUELO, M.D., IMO	MEX	
		TOTAL:	3.0			
05/15/2003	CDR	2.0	03-61248	MENDOZA CONSUELO, M.D., IMO	MEX	
		TOTAL:	2.0			
05/21/2003	CDR	1.0	03-61248	MENDOZA CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
07/16/2003	CDR	1.5	03-61248	MENDOZA CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.5			
09/30/2003	CCM	5	03-61248	MENDOZA CONSUELO, M.D., IMO	MEX	
		TOTAL:	5			

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DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
01/26/2004	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		1.0				
05/05/2004	CDR	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		1.0				
05/11/2004	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		1.0				
11/10/2004	CCM	3.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		3.0				
01/11/2005	CCR	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		1.0				

TIMEPRTMA

DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
01/28/2005	CDR	3.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		3.0				
02/01/2005	CCR	4.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		4.0				
02/22/2005	CCM	.2	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.2				
02/25/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.5				
03/01/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.5				

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DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
03/21/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.5			
04/08/2005	CDR	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
06/03/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.5			
05/04/2005	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
05/05/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.5			

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DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
05/09/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.6			
05/18/2005	CRW	3.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	3.0			
05/18/2005	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
05/10/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.5			
07/05/2005	CCM	.6	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.6			

TIMEPRYMA

DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
07/06/2005	CMB	6.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		6.0				
07/07/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.5				
07/08/2005	CCM	.2	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.2				
07/11/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.5				
07/25/2005	CCM	.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		.5				

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DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
08/03/2005	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
08/30/2005	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
02/12/2006	CDR	5.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	5.0			
02/15/2006	CDR	2.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	2.0			
02/23/2006	CAP	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			

TIMEPRTMA

DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
03/21/2006	CCM	2.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	2.0			
07/17/2006	CMB	7.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	7.0			
07/19/2006	CMB	4.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	4.0			
08/07/2006	CRW	4.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	4.0			
09/19/2006	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			

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DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
09/18/2006	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
10/03/2006	CCM	.6	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	.6			
10/20/2006	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
10/23/2006	CPR	3.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	3.0			
10/25/2006	CAP	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			

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DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
10/30/2006	CCM	1.5	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.6			
11/29/2005	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
11/30/2006	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
12/19/2006	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			
01/02/2007	CCM	1.0	03-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
		TOTAL:	1.0			

TIMEPRTMA

DIVISION OF LAW TIMEKEEPING SYSTEM
TIMESHEET REPORT

02/07/2007

DAG: F44 MENDOZA, KATHY STROH

ACT DATE	ACT CODE	TIME	MATTER	MATTER NAME	BILL CODE	BILL SUBCODE
01/12/2007	CMB	2.0	02-61248	MENDOZA, CONSUELO, M.D., IMO	MEX	
TOTAL:		2.0				

SCHEDULE OF ATTORNEYS FEES
HOURLY RATE OF COMPENSATION FOR LEGAL STAFF

Jeffrey J. Miller, Director, Division of Law has determined that effective September 1, 1999, the uniform rate of compensation be and hereby is amended as follows.

PARALEGAL.....	\$35.00 per hour
LAW ASSISTANT.....	\$50.00 per hour
DEPUTY ATTORNEY GENERAL (0-5 years of legal experience).....	\$100.00 per hour
DEPUTY ATTORNEY GENERAL (5-10 years of legal experience).....	\$125.00 per hour
DEPUTY ATTORNEY GENERAL (more than 10 years of legal experience).....	\$150.00 per hour
ASSISTANT ATTORNEY GENERAL.....	\$200.00 per hour

(B)

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
MEMORANDUM

DATE: June 17, 2005

TO: All Division of Law Staff
FROM: Nancy Kaplen
Acting Director
SUBJECT: Uniform Rate of Compensation

Effective May 1, 2005, the uniform rate of compensation in cases where the State is entitled to recovery of fees is hereby amended as follows:

PARALEGAL	\$55 per hour
LAW ASSISTANT	\$100 per hour
DEPUTY ATTORNEY GENERAL	\$135 per hour
(0-5 years of legal experience)	
DEPUTY ATTORNEY GENERAL	\$155 per hour
(5-10 years of experience)	
DEPUTY ATTORNEY GENERAL	\$175 per hour
(more than ten years of experience)	
ASSISTANT ATTORNEY GENERAL	\$200 per hour

These rates are generally consistent with the rates paid by the State of New Jersey for the services of outside counsel. Although application of the lodestar rate for New Jersey might result in higher hourly fees, it is reasonable to utilize the fees the State pays to private attorneys when seeking reimbursement of fees for services by this office. Accordingly, these hourly rates should be utilized by Division of Law attorneys when making application for the recovery of fees.

N.K.



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
ADMINISTRATION
124 HALSEY STREET, 7TH FLOOR, NEWARK NJ

CHRISTINE TODD WHITMAN
Governor

JOHN J. FARMER, JR.
Attorney General
MARK S. HERR
Director

Mailing Address:
P.O. Box 45024
Newark, NJ 07101
(973) 504-6374

REVISED
ENFORCEMENT COST RECOVERY/HOURLY RATE DETERMINATION

The hourly rate is determined based on the total salaries of the Enforcement Bureau divided by total investigator hours. Total investigator hours consist of case specific investigator hours and non-case specific investigator hours. Case specific hours include investigator time spent on such activities as investigations, inspections and report writing. All of which can be directly attributed to a specific case. Non-case specific hours includes time spent by investigators that are not easily attributable to a specific case. This includes time spent on such activities as travel and administration.

The total number of investigator hours divided by the case specific hours provides a ratio that is applied to the number of hours that are directly billed to a case. This calculation determines the number of billable hours. The billable hours times the hourly rate is how we determine costs to be recovered.

By using this methodology, all related costs, direct and indirect, are recovered.

Effective 7/1/99

TS: JH 8005
DIVISION OF LAW
RECEIVED



R Acting Governor

New Jersey Office of the Attorney General

State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183



Y Attorney General

KIMBERLY S. RICKBTTTS
Director

For overnight deliveries:
140 East Front St., 2nd Floor
Trenton, NJ 08608

(609) 826-7100

FAX: (609) 826-7117

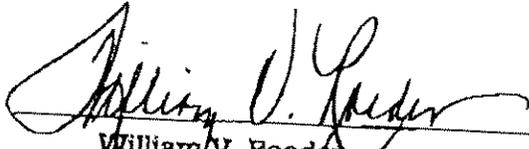
CERTIFICATION

I, **William V. Roeder**, of full age depose and say that I am the Executive Director of the New Jersey State Board of Medical Examiners with offices at 140 East Front Street, Trenton, New Jersey and am the official custodian of the records of the Board of Medical Examiners.

1. I have made a diligent search of the records **In the Matter of Consuelo Mendoza, MD [25MA030013]** relative to expert consultant costs incurred by the New Jersey State Board of Medical Examiners in its administrative proceedings.
2. Attached is a certified true copy of State of New Jersey Payment Voucher dated October 3, 2005, evidencing the expert consultant fees paid to **Richard Lander, MD** in the amount of **\$900.00.**
3. Attached is a certified true copy of State of New Jersey Payment Voucher dated April 16, 2006, evidencing the expert consultant fees paid to **Richard Lander, MD** in the amount of **300.00.**
4. **TOTAL EXPERT CONSULTANT COSTS INCURRED IN THIS MATTER** **\$1,200.00**

I hereby certify that the foregoing statements made by me are true. I am aware that if the statements made by me are willfully false, I am subject for contempt of court.

DATE: November 29, 2006



 William V. Roeder,
 Executive Director
 NJ State Board of Medical Examiners



**STATE OF NEW JERSEY
PAYMENT VOUCHER
(VENDOR INVOICE)**

DOCUMENT

BATCH

ACT G PER

FY

TC AGY NUMBER TC AGY NUMBER

PP START SCHED PAY CHK OFF F RF CK (A) VENDOR
MO DY YR MO DY YR CAT LIAB A TY FL ID NUMBER

PO #

PV DATE

CONTRACT NO	AGENCY REF	BUYER	(B) TERMS	PAYEE:	SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
-------------	------------	-------	-----------	--------	-------------------------------------------------------	------------------

(D) PAYEE NAME AND ADDRESS
Richard Lander, M.D.
203 Hillside Avenue
Livingston, New Jersey 07039

(E) SEND COMPLETED FORM TO:
State Board of Medical Examiners
P.O. Box 183
Trenton, New Jersey 08625

(F) PAYEE DECLARATIONS
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

Richard Lander 2222
PAYEE SIGNATURE T.IN.
12/10/06
PAYEE TITLE: CONSULTANT BILLING DATE

REFERENCE											(G) PAYEE REFERENCE						
CD	AGY	NUMBER		LINE													
1																	
2																	
3																	

FUND	AGCY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO
1	100	000	1010		YLAW					
2										
3										

RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
1								
2								
3								

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	Matter of Investigation of Consuelo Mendoza, M.D.	4 1/2	Hours	\$200.00	\$900.00
	Review of records and preparation of report, per fee agreement		Hours	\$350.00	\$
	Dates of Service: Testimony time, if required		Hours	\$	\$
	Total				

TOTAL

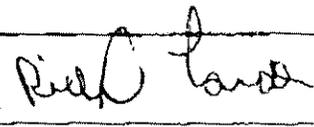
CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or vice rendered as stated herein.

Signature _____
Title _____ Date _____

CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.

Authorized Signature _____
Fiscal Section Supervisor _____
Title _____ Date _____

CERTIFIED TRUE COPY

STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)		DOCUMENT						BATCH					ACCTNG			
		TC	AGY	NUMBER			TC	AGY	NUMBER			PRD	FY			
P O #:		PV DATE			MO	DY	YR	MO	DY	YR	CHK	OFF	F	RF	CK	(A) VENDOR
											CAT	LIAB	A	TY	FL	ID NUMBER
CONTRACT NO.	AGENCY REF.	BUYER	(B) TERMS			PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G).					(C) TOTAL AMOUNT					
(D) PAYEE NAME AND ADDRESS:						(E) SEND COMPLETED FORM TO:										
RICHARD LANDER, MD 203 Hillside Avenue Livingston, New Jersey 07039						NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS PO Box 153 Trenton NJ 08625										
(F) PAYEE DECLARATIONS:																
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.																
												 PAYEE SIGNATURE				
												Consultant		<input checked="" type="checkbox"/>	April 16, 2005	
												PAYEE TITLE			BILLING DATE	

LINE No.	REFERENCE				(G) PAYEE REFERENCE
	CD	AGCY	NUMBER	LINE	
1					I/M/O Consuelo L. Mendoza, MD - 25MA030012
2					
3					

	FUND	AGCY	ORG CODE	SUB ORG	APPR UNIT	ACTIVITY CODE	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT / ICB No.
1	100	086	1010			YLAW					
2											
3											

	RPT CT	BS ACT	DT	DESCRIPTION	QUANTITY	AMOUNT	ID	PF	TX
1									
2									
3									

ITEM NO.	COMMODITY CODE / DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	I/M/O Consuelo L. Mendoza, MD - 25MA030012 Review of records & preparation of Supplemental Report per fee agreement.	1.5 hours		\$200 / hour	\$300.00
TOTAL					\$300.00

CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.

Signature _____

Title _____ Date _____

CERTIFICATION BY APPROVING OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.

Authorized Signature _____

Title _____ Date _____

CERTIFIED TRUE COPY

Mar 15 2007 16:40 P. 23

Fax: 9736487462

Voucher For 7/14/2006 8 03 AM

DTV, UF, LHM

