



CHRIS CHRISTIE
Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Dentistry
124 Halsey Street, 6th Floor, Newark, NJ 07102



ROBERT LOUGY
Acting Attorney General

Via Certified and Regular Mail

KIM GUADAGNO
Lt. Governor

April 13, 2016

STEVE C. LEE
Acting Director

Mehmet Dikengil, D.D.S.
Elizabeth Avenue Dental Center
643 Elizabeth Avenue
Elizabeth, NJ 07206

RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 5-9-16 DA

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

RE: OFFER OF SETTLEMENT IN LIEU OF FORMAL ACTION – File #105817

Dear Dr. Dikengil:

The New Jersey State Board of Dentistry (“Board”) has reviewed the available records related to complaint #105817 (Delta Dental). Upon review of all available information, the Board has determined that you billed, and received payment from, Delta Dental for a treatment that was not performed and/or not recorded in the patient record, in violation of the provisions of N.J.A.C. 13:30-8.10(b)(1) and (2), which provides the basis for disciplinary action for engaging in the use of fraud, deception, and misrepresentation pursuant to N.J.S.A. 45:1-21 (b), and violating a regulation administered by the Board pursuant to N.J.S.A. 45:1-21(h).

Prior to commencing formal action, the Board is offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached “Acknowledgment and Agreement” and return it to the Board. This letter and the signed Acknowledgment and Agreement will be considered the equivalent of an order of the Board and will be public information. Once signed, failure to comply with the terms of this agreement will result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you submitted bills and insurance claim forms for a treatment that was not performed and/or inaccurately reflected the treatments rendered.
2. Agree to the assessment of a civil penalty of \$2,500 for submitting inaccurate insurance claim forms, which is deemed to be engaging in the use of fraud, deception and misrepresentation.

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If you agree to these terms, sign the Acknowledgment and Agreement and return it to Jonathan Eisenmenger, Executive Director, New Jersey State Board of Dentistry, P.O. Box 45005, 124 Halsey Street, Newark, New Jersey 07101. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

This settlement offer will remain open to you for (15) days from the date of service of this letter. In the event that no response is received from you within fifteen days of your receipt of this letter, the Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Board file a civil or administrative action, it will seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact me at (973) 648-6405.

Sincerely,

New Jersey State Board of Dentistry



Jonathan Eisenmenger
Executive Director

cc: Nancy Costello Miller, DAG

ACKNOWLEDGMENT AND AGREEMENT

I, **Mehmet Dikengil**, admit that I submitted insurance claim forms for payment of services which did not accurately reflect the treatments rendered to this patient and the dates that services were rendered.

I agree to cease and desist from submitting inaccurate insurance claim forms, and will set office protocols that will ensure that all insurance claim forms are completed and submitted in compliance with all applicable statutes and regulations.

I agree to the assessment of a civil penalty of \$2,500.00 against me for engaging in the use of fraud, deception and misrepresentation.

I understand that if I am found to engage in the continued use of fraud, deception and misrepresentation by submitting inaccurate insurance claim forms, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Dentistry dated April 23, 2014. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Board is a matter of public record, and that the letter and the Acknowledgment and Agreement are public documents.



Mehmet Dikengil, D.D.S.

5/5/2016

Date