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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation Against: EUGEN MICHAEL MOLNAR, M.D. 9692 Norfolk Drive Santa Ana, CA 92705 Physician's and Surgeon's Certificate No. A 24674, Respondent.	Case No. 800-2017-032795 **DEFAULT DECISION AND ORDER** [Gov. Code, §11520]

FINDINGS OF FACT

1. On September 7, 2017, Complainant Kimberly Kirchmeyer, in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, filed Petition to Revoke Probation No. 800-2017-032795 against Eugen Michael Molnar, M.D. (Respondent).

2. On March 22, 1972, the Board issued Physician's and Surgeon's Certificate No. A 24674 to Respondent. That license expired on September 30, 2016, and has not been renewed. A true and correct copy of the certificate of licensure is attached hereto as Exhibit A.

3. On September 7, 2017, Richard M. Acosta, an employee of the Complainant Agency, served by Certified Mail and First Class Mail a copy of the Petition to Revoke Probation No. 800-

2017-032795, Statement to Respondent, Notice of Defense, Request for Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 on Respondent's address of record with the Board, which was and is 9692 Norfolk Drive, Santa Ana, California 92705. A copy of the Petition to Revoke Probation, the related documents, and Declaration of Service are attached as Exhibit B, and are incorporated herein by reference.

4. Service of the Petition to Revoke Probation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c). On or about September 18, 2017, the aforementioned documents were returned by the U.S. Postal Service marked "Return to Sender – Unclaimed – Unable to Forward." A copy of the envelope returned by the post office is attached as Exhibit C, and is incorporated herein by reference.

5. Business and Professions Code section 118 states, in pertinent part:

"(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the license on any such ground."

6. Government Code section 11506 states, in pertinent part:

"(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing."

Respondent failed to file a Notice of Defense within 15 days after service upon him of the Petition to Revoke Probation, and therefore waived his right to a hearing on the merits of Petition to Revoke Probation No. 800-2017-032795.

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7. California Government Code section 11520 states, in pertinent part:

"(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits which may be used as evidence without any notice to respondent."

8. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on Respondent's express admissions by way of default and the evidence before it, contained in Exhibits A, B and C, finds that the allegations in Petition to Revoke Probation No. 800-2017-032795 are true.

DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Eugen Michael Molnar, M.D. has subjected his Physician's and Surgeon's Certificate No. A 24674 to discipline.

2. A copy of the Petition to Revoke Probation and the related documents and Declaration of Service are attached.

3. The agency has jurisdiction to adjudicate this case by default.

4. The Board is authorized to revoke Respondent's Physician's and Surgeon's Certificate based upon the following violations alleged in the Petition to Revoke Probation:

5. Respondent's Physician's and Surgeon's Certificate is subject to revocation under Code sections 2227, 2234 and 118, in that he failed to comply with the terms and conditions of his probation as follows:

Failure to Notify the Board of Dates of Departure and Return

6. Respondent's probation is subject to revocation in that he failed to comply with Term and Condition No. 10 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 10 of Respondent's probationary order provided:

"10. The period of probation shall not run during the time [R]espondent is practicing outside the jurisdiction of California. If, during probation, [R]espondent moves out of the jurisdiction of California to practice elsewhere, [R]espondent is

required to immediately notify the Board of the dates of departure and return, if any. Periods of practice outside California will not apply to the reduction of this probationary period."

B. Respondent's address of record with the Board is 9692 Norfolk Drive, Santa Ana, California 92705. On April 14, 2017, HQIU Supervising Investigator II Robert Pulido did a site visit at 9692 Norfolk Drive, Santa Ana, California. This was a gated community and a security officer stated that he had not seen [Respondent] in months, but believed his wife may reside there. Investigator Pulido knocked on the residence door and a relative identified himself as a nephew and stated that [Respondent] did not reside there any longer and believed that [Respondent] was in a hospital somewhere in Europe.

C. Respondent did not notify the Board that 9692 Norfolk Drive, Santa Ana, California 92705, was no longer his address of record.

Failure to Obey All Laws and Rules Governing the Practice of Medicine in California

7. Respondent's probation is subject to revocation in that he failed to comply with Term and Condition No. 6 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 6 of Respondent's probationary order provided:

"6. Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in California."

B. The Medical Practice [Business and Professions Code section 2000 *et seq.*] requires all California licensed physicians and surgeons to provide a current address of record with the Board.

C. Complainant refers to and, by this reference, incorporates herein Paragraph 6, subparagraphs B and C, above, as though fully set forth.

D. Respondent did not notify the Board that 9692 Norfolk Drive, Santa Ana, California 92705, was no longer his address of record.

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Failure to Submit Quarterly Declarations of Compliance

8. Respondent's probation is subject to revocation in that he failed to comply with Term and Condition No. 7 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 6 of Respondent's probationary order provided:

"7. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the [Board], stating whether there has been compliance with all the conditions of probation."

B. On April 27, 1991, Respondent filed a Petition for Modification of Probation or Termination of Probation. On August 22, 1991, a hearing on the petition was heard before the Medical Board of California with Administrative Law Judge Richard Lopez, presiding. The Board denied the petition noting, among other things, that Respondent had only completed forty percent (40%) of his probation and Respondent had "failed to demonstrate any present contrition . . . ." A true and accurate copy of the Board's decision *In the Matter of the Petition for Modification of Probation or Termination of Probation of Eugen Michael Molnar, M.D,* MBC Case No. L-54668, is attached as "Exhibit B" to Petition to Revoke Probation No. 800-2017-032795, hereto attached as Exhibit A.

C. Since 1992, Respondent has not filed quarterly declarations that he was in compliance with his probation.

Failure to Comply with Probation Surveillance Program

9. Respondent's probation is subject to revocation in that he failed to comply with Term and Condition No. 8 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 8 of Respondent's probationary order provided:

"Respondent shall comply with the [Board]'s probation surveillance program."

B. Complainant refers to and, by this reference, incorporates herein Paragraph 6, subparagraphs A through C, inclusive; Paragraph 7, subparagraphs A through D, inclusive; and Paragraph 8, subparagraphs A through C, inclusive, above, as though fully set forth.

ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. A 24674, heretofore issued to Respondent Eugen Michael Molnar, M.D., is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on March 29, 2018, at 5:00 p.m.

IT IS SO ORDERED February 27, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Sept. 7 2017
BY: ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation Against: **Eugen Michael Molnar, M.D.** **9692 Norfolk Drive** **Santa Ana, CA 92705** **Physician's and Surgeon's Certificate No. A24674,** Respondent.	Case No. 800-2017-032795 **PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 22, 1972, the Board issued Physician's and Surgeon's Certificate Number A24674 to Eugen Michael Molnar, M.D. (Respondent). This certificate expired on September 30, 2016, and is in a delinquent status.

3. On November 29, 1989, *In the Matter of the Accusation Against Eugen M. Molnar, M.D.*, MBC Case No. D-3327, the Board issued a decision pursuant to a stipulated settlement and

disciplinary order, effective December 29, 1989. Under the terms and conditions of that decision, Respondent's Physician's and Surgeon's Certificate was revoked with said revocation being stayed with Respondent being placed on probation for five years with terms and conditions including, but not limited, suspension from the practice of medicine for 90 days; successfully completing an oral clinical examination limited to cosmetic surgery of the face and breast; 100 hours of additional continuing medical education during each year of probation; performing 120 hours of free medical services to the community during each of the first three years of probation; successfully completing a professional ethics course during each of the first two years of probation. A true and accurate copy of the decision is hereto attached, marked Exhibit A.

JURISDICTION

4. This Petition to Revoke Probation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code, in pertinent part, provides:

"The board shall take action against any licensee who is charged with unprofessional conduct . . . ."

7. Section 118 of the Code, in pertinent part, provides:

" . . .

" (b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against

the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

"(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and 'license' includes 'certificate,' 'registration,' and 'permit.'

FIRST CAUSE FOR REVOCATION OF PROBATION

(Failure to Notify MBC of Dates of Departure and Return)

8. Respondent Eugen Michael Molnar, M.D.'s probation is subject to revocation in that he failed to comply with Term and Condition No. 10 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 10 or Respondent's probationary order provided:

"10. The period of probation shall not run during the time [R]espondent is practicing outside the jurisdiction of California. If, during probation, [R]espondent moves out of the jurisdiction of California to practice elsewhere, [R]espondent is required to immediately notify the Board of the dates of departure and return, if any. Periods of practice outside California will not apply to the reduction of this probationary period."

B. Respondent's address of record with the Board is 9692 Norfolk Drive Santa Ana, CA 92705. On "April 14, 2017, HQIU Supervising Investigator II Robert Pulido did a site visit at 9692 Norfolk Drive, Santa Ana, CA. This was a gated community and a security officer stated that he had not seen [Respondent] in months, but believed his wife may reside there. Investigator Pulido knocked on the residence door and a relative identified himself as a nephew and stated that [Respondent] did not reside there any longer and believed that [Respondent] was in a hospital somewhere in Europe.

C. Respondent did not notify the Board that 9692 Norfolk Drive Santa Ana CA 92705 was no longer his address of record.

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SECOND CAUSE FOR REVOCATION OF PROBATION

(Failure to Obey All Laws and Rules Governing the Practice of Medicine in California)

9. Respondent Eugen Michael Molnar, M.D.'s probation is subject to revocation in that he failed to comply with Term and Condition No. 6 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 6 or Respondent's probationary order provided:

"6. Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in California."

B. The Medical Practice [Business and Professions Code section 2000 *et seq.*] requires all California licensed physicians and surgeons to provide a current address of record with the Board.

C. Complainant refers to and, by this reference, incorporates herein Paragraph 8, subparagraphs B and C, above, as though fully set forth.

D. Respondent did not notify the Board that 9692 Norfolk Drive Santa Ana, CA 92705 was no longer his address of record.

THIRD CAUSE FOR REVOCATION OF PROBATION

(Failure to Submit Quarterly Declarations of Compliance)

10. Respondent Eugen Michael Molnar, M.D.'s probation is subject to revocation in that he failed to comply with Term and Condition No. 7 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 7 or Respondent's probationary order provided:

"7. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the [Board], stating whether there has been compliance with all the conditions of probation."

B. On April 27, 1991, Respondent filed a Petition for Modification of Probation or Termination of Probation. On August 22, 1991, a hearing on the petition was heard before the Medical Board of California with Administrative Law Judge Richard Lopez, presiding. The Board denied the petition noting, among other things, that Respondent had only

completed Forty Percent (40%) of his probation and Respondent had "failed to demonstrate any present contrition . . . ." A true and accurate copy of the Board's decision *In the Matter of the Petition for Modification of Probation or Termination of Probation of Eugen Michael Molnar, M.D,* MBC Case No. L-54668 is hereto attached as Exhibit B.

C. Since 1992, Respondent has not filed quarterly declarations that he was in compliance with his probation.

FOURTH CAUSE FOR REVOCATION OF PROBATION

(Failure to Comply with Probation Surveillance Program)

11. Respondent Eugen Michael Molnar, M.D.'s probation is subject to revocation in that he failed to comply with Term and Condition No. 8 of his probationary order, as follows:

A. At all times relevant herein, Term and Condition No. 8 or Respondent's probationary order provided:

"Respondent shall comply with the [Board]'s probation surveillance program."

B. Complainant refers to and, by this reference, incorporates herein Paragraphs 8, subparagraphs A through C, inclusive; 9, subparagraphs A through D, inclusive; and, 10, subparagraphs A through C, inclusive, above, as though fully set forth.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking the probation that was granted by the Medical Board in MBC Case No. D-3373 and imposing the disciplinary that was stayed thereby revoking Physician's and Surgeon's Certificate Number A24674 issued to Eugen Michael Molnar, M.D.;

2. Revoking or suspending Physician's and Surgeon's Certificate Number A24674 issued to Eugen Michael Molnar, M.D.;

3. Revoking, suspending or denying approval of Eugen Michael Molnar, M.D.'s authority to supervise physician assistants and advanced practice nurses;

4. Ordering Eugen Michael Molnar, if placed on probation, to pay the Board the costs of probation monitoring; and

5. Taking such other and further action as deemed necessary and proper.

DATED: September 7, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

EXHIBIT A

DECISION

In the Matter of the Accusation Against Eugen M. Molnar, MD.
MBC Case No. D-3327

JOHN K. VAN DE KAMP, Attorney General
of the State of California
ALAN S. METH,
Deputy Attorney General
Department of Justice
110 West A Street, Suite 700
San Diego, California 92101
Telephone: (619) 237-7224

Attorneys for Complainant

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true and correct copy of the original on file in this office.
Signature Cynthia Kanya
Title For Custodian of records
Date 5/16/2017

BEFORE THE

BOARD OF MEDICAL QUALITY ASSURANCE

DIVISION OF MEDICAL QUALITY

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against: Eugene M. MOLNAR, M.D. 8760 Sunset Blvd. Los Angeles, California 90066 License # A-24674 Respondent.	NO. D-3327 STIPULATION IN SETTLEMENT AND DECISION

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled matter that the following allegations are true.

1. Kenneth J. Wagstaff, complainant herein, and Executive Director of the Board of Medical Quality Assurance of the State of California, is represented by John K. Van De Kamp, Attorney General of the State of California, by Alan S. Meth, Deputy Attorney General.

2. Eugene Michael Molnar, M.D. (hereafter, "respondent"), is represented by Randall J. Hite, who has been

retained as his attorney in regard to the administrative action herein and that the respondent has counselled with Mr. Hite concerning the effect of this stipulation, which the respondent has carefully read and fully understands.

3. Respondent has received and read the accusation, supplemental accusation, second supplemental accusation, and third supplemental accusation which are presently on file as Case No. D-3327, before the Division of Medical Quality of the Board of Medical Quality Assurance of the State of California.

4. Respondent understands the nature of the charges alleged in the above-entitled accusations and that said charges and allegations would constitute cause for imposing discipline upon respondent's medical license heretofore issued by the Board of Medical Quality Assurance.

5. Respondent and his counsel are aware of each of respondent's rights, including the right to a hearing on the charges and allegations, the right to confront and cross-examine witnesses who would testify against him, the right to present evidence in his favor and call witnesses on his behalf, or to testify himself, his right to contest the charges and allegations, and any other rights which may be accorded to him pursuant to the California Administrative Procedure Act (Govt. Code, § 11500 et seq.), his right to reconsideration, review by the superior court and to appeal to any other court. Respondent understands that in signing this stipulation rather than contesting the accusations, he is enabling the Division of Medical Quality of the Board of Medical Quality Assurance of the State of California to issue the following order from this

stipulation without further process.

6. Respondent freely and voluntarily waives each and every one of the rights set forth hereinabove.

7. Respondent neither admits nor denies that he has violated any of the allegations contained in the above-entitled accusations, but for purposes of this settlement only and for no other reason, respondent stipulates that the Division of Medical Quality may deem the allegations contained in paragraphs 7 through 12, 82 through 85, and 89 through 90 of the above-entitled accusations are true and constitute violations of Business and Professions Code sections 2234 (b) and (e), 2261, 2305, and 810. The facts alleged in said paragraphs are incorporated herein by this reference. This stipulation is made for the purpose of this settlement only, and in the event this settlement is not adopted by the Division of Medical Quality, t stipulation made herein shall be inadmissible in any proceeding involving the parties to it.

8. Based upon the foregoing, it is stipulated and agreed that the Division of Medical Quality may issue the following as its decision in this case.

ORDER

IT IS HEREBY ORDERED that license number A-24674 issued to Eugene Michael Molnar, M.D., is revoked. However, said revocation is stayed and respondent is placed on probation for five years on the following terms and conditions:

1. As part of probation, respondent is suspended from the practice of medicine for ninety (90) days. This suspension shall be served within the first six months of the effective date

of this decision. Respondent shall notify the Division in advance in writing during what periods of time this suspension shall be in effect.

2. Within sixty (60) days of the effective date of this decision, respondent shall take and pass an oral clinical examination limited to cosmetic surgery of the face and breast. If respondent fails the examination, respondent must take and pass a re-examination consisting of a written and an oral clinical examination. The waiting period between repeat examinations shall be at three month intervals until success is achieved. The Division shall pay the cost of the first examination and respondent shall pay the cost of any subsequent re-examinations. If respondent fails the first examination and a repeat examination, respondent shall cease the practice of medicine until a re-examination has been sucessfully passed, as evidenced by written notice to respondent from the Division. Failure to pass the required examination no later than 100 days prior to the termination date ~~of~~ probation shall constitute a violation of probation.

3. Within ninety (90) days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Division for its prior approval an educational program or course, which shall not be less than 100 hours during the period of probation. This program or course shall be in addition to the Continuing Medical Education requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course.

Respondent shall provide proof of attendance for 50 hours of continuing medical education of which 25 hours were in satisfaction of this condition and were approved in advance by the Division.

4. Within 60 days of the effective date of this decision, respondent shall submit to the Division for its prior approval a community service program in which respondent shall provide free medical services on a regular basis to a community or charitable facility, agency, or accredited teaching institution for at least 120 hours a year for the first three years of probation, or at least 360 hours, to be completed within the first three years of probation.

5. Respondent shall take and complete one course in medical ethics in each of the first two years of probation. Within 60 of the effective date of this decision, respondent shall select and submit a course to the Division for its prior approval. Within 60 days of the commencement of the second year of probation, respondent shall select and submit a course to the Division for its prior approval.

6. Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in California.

7. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

8. Respondent shall comply with the Division's probation surveillance program.

9. Respondent shall appear in person for interviews with the Division's medical consultant upon request at various intervals and with reasonable notice.

10. The period of probation shall not run during the time respondent is practicing outside the jurisdiction of California. If, during probation, respondent moves out of the jurisdiction of California to practice elsewhere, respondent is required to immediately notify the Board of the dates of departure and return, if any. Periods of practice outside California will not apply to the reduction of this probationary period.

11. Upon successful completion of probation, respondent's certificate will be fully restored.

12. If respondent violates probation in any respect, the Division, after giving respondent notice and the opportuni to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

I concur in the stipulation and order.

DATED: Aug 27, 1989

JOHN K. VAN DE KAMP, Attorney General
of the State of California

ALAN S. METH
Deputy Attorney General

Attorneys for Complainant

I concur in the stipulation and order.

DATED: 7-28-89

Randall J. Hite

Attorney for Respondent

I have read the above stipulation fully and have discussed it with my counsel. I understand that by its terms I will be waiving certain rights accorded me under California law. I also understand that by its terms the Board of Medical Quality Assurance will issue a decision and order on this stipulation whereby my license to practice medicine will be subject to certain terms and conditions. I agree to the above stipulation for settlement.

DATED: July 28, 1989

Eugene Michael Molnar, M.D.

Respondent

The foregoing is adopted by the Board of Medical Quality Assurance in this matter and shall be effective on the 29th day of December, 1989.

IT IS SO ORDERED this 29th day of November, 1989.

Theresa Claassen

BOARD OF MEDICAL QUALITY ASSURANCE
STATE OF CALIFORNIA
THERESA CLAASSEN, Secretary-Treasurer

JOHN K. VAN DE KAMP, Attorney General
of the State of California
ALAN S. METH,
Deputy Attorney General
110 West A Street, Suite 700
San Diego, California 92101
Telephone: (619) 237-7224

Attorneys for Complainant

BEFORE THE

DIVISION OF MEDICAL QUALITY

BOARD OF MEDICAL QUALITY ASSURANCE

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against: EUGENE MICHAEL MOLNAR, M.D. 8760 Sunset Boulevard Los Angeles, California 90069 Physician's and Surgeon's Certificate No. A-24674 Respondent.	No. D-3327 THIRD SUPPLEMENTAL ACCUSATION

For a Third Supplemental Accusation and in addition to the matters contained in the Accusation, Supplemental Accusation, and Second Supplemental Accusation heretofore filed, complainant, Kenneth J. Wagstaff, alleges:

80. He is the Executive Officer of the Board of Medical Quality Assurance of the State of California and makes and files this Third Supplemental Accusation in his official capacity.

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STATE OF CALIFORNIA
STD. 113 (REV. 8-72)

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81. Complainant realleges and incorporates by reference each and every allegation of paragraphs 1 through 46 of the Accusation filed on March 22, 1985, paragraphs 47 through 67 of the Supplemental Accusation filed on November 27, 1985, and paragraphs 68 through 79 of the Second Supplemental Accusation filed on August 14, 1986, as if fully set forth.

GINA R.

82. In 1973, Gina R. had a breast augmentation performed. In November 1985, she experienced problems with the implants and went to respondent to have them removed. Respondent agreed to remove the implants.

On December 16, 1985, respondent attempted to remove the implants from Gina R's breasts, but during the surgery, respondent discovered that the implants had Dacron backing. Also during surgery, respondent ruptured one of the implants, failed to remove all the implant from the breast, and did not remove the other implant. Respondent told the patient that he removed successfully both implants.

83. On or about December 16, 1985, respondent prepared an operative report in which he stated that he removed both implants.

84. On or about December 16, 1985, respondent submitted or caused to be submitted to the health insurance carrier of Gina R. a claim for services performed by respondent between November 18, 1985 and December 16, 1985 in the amount of $2780.50. Included in the itemized billing were $85.00 for an

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EKG with interpretation and $1200.00 for bilateral removal of implants.

85. Respondent's conduct in the management and care of Gina R. as described in paragraph 82 constitutes gross negligence in violation of section 2234, subdivision (b) of the Code because of, but not limited to the following:

(a) Respondent left a partially ruptured breast implant in the patient's breast.

(b) Respondent attempted to remove the breast implants after discovering that they were Dacron packed implants and while the patient was under local anesthetia instead of terminating the surgery and rescheduling it at which time the patient could have been given general anesthetia.

86. Respondent's conduct in the management and care of Gina R. as described in paragraph 82 constitutes incompetence in violation of section 2234 subdivision (d) of the Code for the reasons set forth in paragraph 85.

87. Respondent's license is subject to discipline pursuant to section 2261 of the Code in that the operative report described in paragraph 83 falsely states that respondent removed both breast implants when in truth and in fact, respondent did not remove both breast implants from Gina R.

88. Respondent's conduct as described in paragraph 84 constitutes unprofessional conduct and is a cause for disciplinary action under sections 2234 subdivision (e) and 810 of the Code in that respondent submitted or caused to be submitted a claim for insurance benefits to the insurance carrier

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STATE OF CALIFORNIA
STD. 113 (REV. 8-72)

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of Gina R. which included claims for an EKG with interpretation and bilateral removal of implants when in truth and in fact, respondent did not perform an EKG with interpretation and did not remove both breast implants from Gina R.

OTHER MATTERS

89. Section 2305 of the Code provides:

"The revocation, suspension or other discipline by another state of a license or certificate to practice medicine issued by the state to a licensee under this chapter shall constitute grounds for disciplinary action for unprofessional conduct against such licensee in this state."

90. Respondent is subject to disciplinary action under section 2305 of the Code in that on or about August 15, 1986, the Board of Medical Examiners of the State of Nevada found that respondent renewed or attempted to renew a license to practice medicine by fraud and misrepresentation and by a false, misleading, inaccurate, and incomplete statement, and ordered that respondent shall be administered a public reprimand.

WHEREFORE complainant prays the Division hold a hearing on the aforementioned allegations and following said hearing:

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STATE OF CALIFORNIA
STD. 113 (REV. 8-72)

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1. Suspend or revoke the license of respondent; and

2. Take such other and further action as it deems necessary.

DATED: May 29, 1987.

KENNETH J WAGSTAFF
Executive Director
Division of Medical Quality
Board of Medical Quality Assurance

COURT PAPER
STATE OF CALIFORNIA
STD. 113 (REV. 8-72)

85 34761

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BEFORE THE

DIVISION OF MEDICAL QUALITY

BOARD OF MEDICAL QUALITY ASSURANCE

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against: EUGENE MICHAEL MOLNAR, M.D. 8760 Sunset Boulevard Los Angeles, California 90069 Physician's and Surgeons Certificate No. A-24674 Respondent.	No. D-3327 SECOND SUPPLEMENTAL ACCUSATION

For a Second Supplemental Accusation and in addition to the matters contained in the accusation heretofore filed, complainant, Kenneth J. Wagstaff, alleges:

68. He is the Executive Director of the Board of Medical Quality Assurance of the State of California and makes and files this second supplemental accusation in his official capacity.

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69. Complainant realleges and incorporates by reference each and every allegation of paragraphs 1 through 46 of the Accusation filed on March 22, 1985, and paragraphs 47 through 67 of the Supplemental Accusation filed on November 27, 1985, as if fully set forth.

MYUNG S.

70. Around July 1981 Myung S. commenced working for respondent and performed general office and nursing duties. On the same day in March 1982 respondent performed a breast augmentation and upper blepharoplasty upon Myung S. Respondent never performed any surgery upon the nose of Myung S.

71. On or about April 1, 1982, respondent submitted to the health insurance carrier of Myung S. a claim for services performed by respondent between March 29 and March 31, 1982, in the amount of $1,560.00. Included in the itemized billing was $360.00 and $180.00 for right and left incisional breast biopsy.

72. A breast augmentation is cosmetic surgery which was not covered by the patient's health insurance policy.

73. On or about March 19, 1982, respondent submitted to the health insurance carrier of Myung S. a claim for services performed by respondent between March 17 and March 19, 1982, in the amount of $2,485.00 and an operative report. The operative report described surgical correction of blepharochalasis and excision of orbital lipomata. Also submitted to the health insurance carrier was a report from Marc R. Rose, M.D., stating that surgical repair of dermochalasis of the upper lids bilaterally would be indicated.

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74. Between December 1983 and August 1984 respondent submitted to the health insurance carrier of Myung S. a claim for services performed by respondent between December 12, 1983, and December 14, 1983, in the amount of $5,741.00 and an operative report. The operative report described a nasal septoplasty, open reduction of nasal fracture, submucous resection of inferior turbinates and contains a pre-operative diagnosis of fracture of nasal pyramid and nasal septum, and incidental chronic vasomoter rhinitis.

75. Respondent's conduct as described in paragraph 74 constitutes unprofessional conduct and is cause for disciplinary action under sections 2234(e), 2261 and 810 of the Code in that in truth and in fact respondent did not perform the services described in paragraph 74.

76. Respondent's conduct as described in paragraph 71 constitutes unprofessional conduct and is cause for disciplinary action under sections 2234(e), 2261 and 810 of the Code in that:

(a) Respondent did not perform a breast biopsy bilaterally as described in paragraph 71.

(b) If respondent performed this procedure, it was at the same time he performed a breast augmentation, and respondent failed to notify the patient's health insurance carrier that he also performed a breast augmentation.

(c) Respondent's stated reason for performing surgery on Myung S. on March 19, 1982, was false when in truth

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and in fact, any surgery performed on the patient was for cosmetic reasons for which insurance benefits were not payable.

77. As an alternative to the allegations contained in paragraph 76, respondent's management and care of Myung S. constitutes gross negligence in violation of section 2234(b), and a cause for discipline in that respondent performed a breast biopsy bilaterally on Myung S. on March 31, 1982, without proper diagnosis, justification, indication, or documentation.

78. As an alternative to the allegations contained in paragraph 76, respondent's management and care of Myung S. constitutes incompetence in violation of section 2234(d), and a cause for discipline in that respondent performed a breast biopsy bilaterally on Myung S. on March 31, 1982, without proper diagnosis, justification, indication, or documentation.

79. Respondent's conduct as described in paragraph 73, constitutes unprofessional conduct and is cause for disciplinary action under sections 2234(e), 2261 and 810 of the Code in that respondent's stated reason for performing surgery on Myung S. on March 19, 1982, was false, when in truth and in fact, any surgery performed on the patient was for cosmetic reason for which insurance benefits were not payable.

WHEREFORE complainant prays the Division hold a hearing on the aforementioned allegations and following said hearing:

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(1) Suspend or revoke the license of respondent; and

(2) Take such other and further action as it deems necessary.

DATED: August 14, 1986

KENNETH J. WAGSTAFF
Executive Director
Division of Medical Quality Assurance
Board of Medical Quality Assurance

Complainant

ASM:jd

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BEFORE THE

DIVISION OF MEDICAL QUALITY

BOARD OF MEDICAL QUALITY ASSURANCE

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against: EUGENE MICHAEL MOLNER, M.D. 8760 Sunset Boulevard Los Angeles, California 90069 Physician's and Surgeons Certificate No. A-24674 Respondent.	No. D-3327 SUPPLEMENTAL ACCUSATION

For a Supplemental Accusation and in addition to the matters contained in the accusation heretofore filed, complainant, Kenneth J. Wagstaff, alleges:

47. He is the Executive Director of the Board of Medical Quality Assurance of the State of California and makes and files this supplemental accusation in his official capacity.

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48. Complainant realleges and incorporates by reference each and every allegation of paragraphs 1 through 46 of the Accusation filed on March 22, 1985, heretofore filed in this matter as if fully set forth.

PILAR C.

49. At all times mentioned herein, Pilar C. was a patient of respondent.

50. In March, 1982, Pilar C. agreed to have respondent perform an upper and lower blepharoplasty. On March 31, 1982, respondent performed a bilateral lower blepharoplasty and a forehead lift. Respondent did not discuss a forehead lift with the patient nor did she give her consent to respondent to perform a forehead lift before respondent performed the procedure.

Following the surgery, respondent did not explain to Pilar C. why he performed the forehead lift. When Pilar C. told respondent she was unhappy with what he had done, respondent told her to wait six months, at which time she should call him back and he would do additional surgery if necessary. Pilar C. called respondent's office six months later but she could not get an appointment to see him.

51. Respondent's conduct in the management and care of Pilar C. as described in paragraph 50 constitutes gross negligence in violation of section 2234, subdivision (b) of the Code because of, but not limited to, the following:

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(a) Respondent failed to inform Pilar C. prior to performing the forehead lift that he would perform the procedure.

(b) Respondent failed to obtain Pilar C.'s consent for a forehead lift prior to performing the procedure.

(c) Respondent failed to explain to Pilar C. a forehead lift including such matters as the nature of the surgery, its risks, complications, and alternative methods, prior to performing the procedure.

(d) Respondent failed to explain to Pilar C. after he performed the forehead lift why he performed the surgery.

(e) Respondent failed to afford to Pilar C. adequate follow-up care after the patient told him she was unhappy with the results of the forehead lift.

EDITA P.

52. On August 26, 1982, respondent performed a bilateral augmentation mammoplasty on Edita P. Shortly thereafter, she began working for respondent. About a year after the mammoplasty, complications developed which required additional surgery. Respondent told Edita P. that he would perform this surgery for free because she was his employee. A second surgery was performed on September 14, 1983.

53. On or about October 11, 1983, respondent submitted to Edita P.'s health insurance carrier a claim for services rendered in the amount of $5,317.00 and an operative report.

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The claim form contained a diagnosis of "Fibrous capsulation of left breast" and "Hematoma of right breast," and charges, among others, of $90.00 for a consultation on September 12, 1983, $75.00 for an "H & P" on September 13, 1983, $65.00 for lab work and $85.00 for an EKG with interpretation also on September 13, 1983, $2,000.00 for a left breast capsulectomy and $1500.00 for a right breast hematoma performed on September 14, 1983, and $1,402.00 for supplies. The claim form also contained a signature purporting to be that of Edita P. The operative report states that Edita P. came to respondent's office on September 12, 1983 after she fell at home the night before and injured her right breast, resulting in pain, swelling and a hematoma of her right breast.

54. Respondent's conduct as described in paragraph 53 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e), and a cause for discipline, because:

(a) Respondent in truth and in fact did not perform a right breast hematoma.

(b) Respondent in truth and in fact did not perform a consultation, history and physical, or an EKG with interpretation.

(c) Respondent in truth and in fact did not provide all the supplies for which he billed the insurance carrier $1,402.00.

(d) Edita P. in truth and in fact never fell on or about September 11, 1983, and never had a hematoma on or about September 12, 1983.

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(e) Edita P. in truth and in fact never signed any insurance claim form and never authorized respondent to bill the insurance company for any services.

(f) Respondent agreed to perform sugery on September 14, 1983 on Edita P. for free.

55. Respondent's conduct as described in paragraph 53 constitutes the false representation of the existence of a state of facts, and is evidence of unprofessional conduct in violation of section 2261 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 54.

56. Respondent's conduct as described in paragraph 53 constitutes unprofessional conduct in violation of section 810 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 54.

HUONG D.

56. Sometime in 1979, respondent performed a bilateral upper oriental blepharoplasty on Huong D. Shortly thereafter, Huong D. began working for respondent. In January 1982, respondent performed a chin augmentation on Huong D. and told her it would be free because she worked for him.

57. On or about March 15, 1982, respondent submitted to the health insurance carrier of Huong D. a claim form for services rendered in the amount of $800.00. The claim form indicated that on February 18, 1982, respondent excised six

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facial tumors, charging $300.00, and used supplies, charging $500.00. It also contained a diagnosis of genetic multiple facial tumors (6). The claim form further contained a signature purporting to be that of Huong D. Respondent also submitted a pathology report on Huong D. dated January 11, 1982 to the carrier.

58. Respondent's conduct as described in paragraph 57 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e) and a cause for discipline, because:

(a) Respondent in truth and in fact never excised any moles from Huong D.

(b) The pathology report dated January 11, 1982, was in truth and in fact the pathology report of another patient.

(c) Huong D. in truth and in fact never authorized respondent to bill her insurance company for any services he performed and she did not sign any insurance claim form.

(d) Respondent agreed to perform surgery in January, 1982 on Huong D. for free.

59. Respondent's conduct as described in paragraph 57 constitutes the false representation of the existence of a state of facts, and is evidence of unprofessional conduct in violation of section 2261 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 58.

60. Respondent's conduct as described in paragraph 57 constitutes unprofessional conduct in violation of section 810

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of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 58.

OTHER MATTERS

61. Section 2264 of the Code provides that the employing, directly or indirectly, or the aiding or abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.

62. The license of respondent is subject to discipline pursuant to section 2264 of the Code in that respondent aided and abetted Sue Munford, Roberta Katz and Myung Ahn in the unlicensed practice of nursing.

63. The license of respondent is subject to discipline pursuant to section 2261 of the Code in that on or about July 1, 1985, respondent submitted a signed Application For Registration" to the Nevada State Board of Medical Examiners in which he answered "NO" to the question "Have you been investigated, charged or convicted of unprofessional conduct, professional incompetence or gross or repeated malpractice by any medical licensing board or other agency, hospital or medical society?" when in truth and in fact, respondent had been charged with unprofessional conduct, professional incompetence and gross negligence in accusation No. D-3327 filed by the Board on March 22, 1985.

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64. Section 2273 of the Code provides that it is unprofessional conduct to employ cappers, steerers or other persons to procure patients.

65. The license of respondent is subject to discipline pursuant to section 2273 of the Code in that between January, 1984 and January, 1985, respondent employed Lorraine Fiorito, also known as Lorraine Michaels to procure patients.

66. The license of respondent is subject to discipline pursuant to section 651 of the Code in that between January, 1984 and January, 1985, respondent through Lorraine Fiorito, also known as Lorraine Michaels, disseminated or caused to be disseminated public communications containing false, fraudulent, misleading or deceptive statements, to wit, that respondent was a Board Certified Cosmetic Surgeon, when in truth and in fact, respondent is not a board certified surgeon of the American Board of Plastic Surgery.

67. Respondent's conduct as described in paragraph 66 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e) of the Code, and a cause for discipline.

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WHEREFORE complainant prays the Division hold a hearing on the aforementioned allegations and following said hearing:

(1) Suspend or revoke the license of respondent; and

(2) Take such other and further action as it deems necessary.

DATED: November 27, 1985.

for KENNETH J. WAGSTAFF
Executive Director
Division of Medical Quality
Board of Medical Quality Assurance

Complainant

ASM:sg

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BEFORE THE

DIVISION OF MEDICAL QUALITY

BOARD OF MEDICAL QUALITY ASSURANCE

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of the Accusation Against:	No. D-3327
EUGENE MICHAEL MOLNAR, M.D. 8760 Sunset Boulevard Los Angeles, California 90069 Physicians and Surgeons Certificate No. A-24674 Respondent.	ACCUSATION

Complainant, Kenneth J. Wagstaff, alleges:

1. He is the Executive Director of the Board of Medical Quality Assurance of the State of California and makes and files this accusation in his official capacity.

2. On March 23, 1972, respondent Eugene Michael Molnar, M.D., was issued physician and surgeon certificate No. A-24674, authorizing him to practice medicine in the State of California.

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3. Sections 2220 and 2227 of the Business and Professions Code (Code) provide that the Division of Medical Quality of the Board of Medical Quality Assurance (Division) may suspend, revoke, place on probation, publicly reprimand or take such other action in relation to discipline as the Division may deem proper.

4. Section 2234 of the Code provides in pertinent part:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(b) Gross negligence.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician or surgeon."

5. Section 2261 of the Code provides:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or non-existence of a state of facts, constitutes unprofessional conduct."

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6. Section 810 of the Code provides in pertinent part:

"(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his professional activities:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.

(2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim."

DENISE G.

7. At all times mentioned herein, Denise G. was a patient of respondent and was an employee of respondent's at the Institute of Plastic Surgery between approximately June 1982 and December 1983.

8. On or about December 16, 1982, respondent performed nasal surgery on Denise G for cosmetic purposes. This was a procedure which was not covered by the patient's health insurance policy.

9. On or about December 22, 1982, respondent submitted to the patient's health insurance carrier a claim for

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services rendered in the amount of $5,670.00 and an operative report. The claim form contained a diagnosis of "Nasal/Septal Fracture With Hypertrophic Turbinates" and charges, among others, of $1,270.00 for a nasal septoplasty, $1,040.00 for an open reduction of nasal fracture, and $800.00 and $400.00 for bilateral submucuous resection of inferior turbinates, all performed on December 16, 1982.

10. Respondent's conduct as described in paragraph 9 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e), and cause for discipline, because:

(a) Respondent in truth and in fact did not perform the procedures described in paragraph 9.

(b) Respondent's stated reason for performing the procedure described in paragraph 9, repairing a nasal fracture, was false when in truth and in fact, any surgery performed on the patient's nose was for cosmetic reasons for which insurance benefits were not payable.

11. Respondent's conduct as described in paragraph 9 constitutes the false representation of the existence of a state of facts, and is evidence of unprofessional conduct in violation of section 2261 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 10.

12. Respondent's conduct as described in paragraph 9 constitutes unprofessional conduct in violation of section 810 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 10.

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13. Respondent is subject to disciplinary action by engaging in unprofessional conduct within the meaning of section 2234 of the Code, in that while Denise G. was employed by respondent, respondent pressured, coerced, compelled, or otherwise forced Denise G. to undergo cosmetic surgical procedures by telling her that if she did not submit to such cosmetic surgical procedures, she would lose her job.

VICKY S.

14. At all times mentioned herein, Vicky S. was a patient and employee of respondent's from approximately the end of October 1981 through April 1982.

15. At approximately the time the patient began to work for respondent, respondent performed cosmetic surgery on the patient's nose. The procedure was repeated by respondent about one month later. This was a procedure which was not covered by the patient's insurance policy.

16. On or about April 30, 1982, respondent submitted a claim for services rendered in the amount of $4,725.00 to the patient's health insurance carrier and an operative report. The claim form contained a diagnosis of "Nasal & Septal Fracture" and charges, among others, of $1,150.00 for a "Nasal Septoplasty," $975.00 for "Open Reduction of Nasal Fracture," $800.00 for "Bilateral SMR Inferior Turbinates," $400.00 for "Left," and $50.00 for "Biopsy," all performed on April 22, 1982. The operative report described the procedures as "Open reduction of nasal fx., septoplasty, submucuous resection of rt. & lt. inferior turbinates." Respondent also submitted to the

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insurance carrier an employee's statement which indicates that the patient fell in a bathroom getting read for work and broke her nose.

17. Pursuant to the claim submitted by respondent, the patient's insurance carrier paid to respondent $3,175.00.

18. Respondent's conduct as described in paragraph 16 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e) of the Code, and cause for discipline, because:

(a) Respondent did not perform the services described in paragraph 16.

(b) Respondent's stated reason for performing any surgery, repairing a nasal fracture, was false when in truth and in fact, any surgery performed on the patient's nose was for cosmetic reasons for which insurance benefits were not payable.

(c) Respondent did not perform any services on Vicky S. on April 22, 1982.

19. Respondent's conduct as described in paragraph 16 constitutes the false representation of the existence of a state of facts, and is evidence of unprofessional conduct in violation of section 2261 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 18.

20. Respondent's conduct as described in paragraph 16 constitutes unprofessional conduct in violation of section 810 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 18.

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21. Respondent's conduct in the management and care of Vicky S. constitutes incompetence in violation of section 2234(d) of the Code, and cause for discipline, because of but not limited to the following:

(a) Respondent failed to significantly alter Vicky S. appearance despite performing two procedures on her nose.

(b) Respondent performed nasal surgery despite knowing that the patient did not want to have it done.

(c) Respondent fabricated to the patient's health insurance carrier a need to have the procedure performed.

22. Respondent is subject to disciplinary action by engaging in unprofessional conduct within the meaning of section 2234 of the Code, in that respondent refused to hire Vicky S. until she agreed to, and submitted to, cosmetic surgery of her nose.

23. During the period of time that respondent provided medical care to Vicky S., respondent failed to maintain adequate medical records describing the patient's examinations, diagnosis, treatment, and surgery.

24. Respondent's failure to maintain proper medical records for Vicky S. as described in paragraph 23 is gross negligence in violation of section 2234(b) of the Code and a cause for discipline.

JOHN B.

25. At all times mentioned herein, John B. was a patient of respondent.

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26. On or about April 6, 1982, respondent performed nasal surgery on John B. for cosmetic purposes. On or about March 24, 1983, respondent performed a forehead lift on John B. for cosmetic purposes. These procedures were not covered by the patient's insurance policy.

27. On or about April 8, 1982, respondent submitted to the health insurance carrier of John B. a claim for services rendered in the amount of $4,560.00 and an operative report. The claim form contained a diagnosis of "Nasal & septal fracture with obstructed airway. "Hypertropnic Inferior Turbinates" and listed, among other charges, $1,150.00 for "Nasal Septoplasty," $975.00 for "Open Reduction of Nasal Fracture fx.," and $800.00 and $400.00 for "Bilateral Submucuous Resection of Inferior Turbinates." The operative report described the procedure as "Open reduction of nasal fx., Septoplasty, Submucuous resection of rt. & lt. turbinates." Another operative report dated April 6, 1982, described the procedure performed on John B. as "Reconstruction of nasal pyramid & nasal septum."

28. On or about April 9, 1983, respondent submitted to the health insurance carrier of John B. a claim for services rendered in the amount of $4,013.00 and an operative report. The claim form contained a diagnosis of "Ptosis of upper eyelids secondary to blepharocholasis" and listed, among other charges, $2,200.00 for "surgical correction of blepharocholasis" performed on March 24, 1983. The operative report contained a diagnosis of "Ptosis of upper eyelids secondary to blepharocholasis. Orbital Lipomata."

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29. Respondent's conduct as described in paragraphs 27 and 28 constitutes dishonesty and is evidence of unprofessional conduct in violation of section 2234(e) of the Code, and cause for discipline, because:

(a) Respondent submitted claims and operative reports as described in paragraphs 27 and 28 when in truth and in fact, respondent did not perform the procedures described therein.

(b) Respondent submitted claims and operative reports described in paragraphs 27 and 28 when in truth and in fact, the procedures were performed for cosmetic reasons for which insurance benefits were not payable.

30. Respondent's conduct as described in paragraphs 27 and 28 constitutes the false representation of the existence of a state of facts, and is evidence of unprofessional conduct in violation of section 2261 of the Code, and a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 29.

31. Respondent's conduct as described in paragraphs 27 and 28 constitutes unprofessional conduct in violation of section 810 of the Code, and is a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 29.

32. During the period of time that respondent provided medical care to John B., respondent failed to maintain adequate medical records describing the patients examinations, diagnosis, treatment, and surgery.

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33. Respondent's failure to maintain proper medical records for John B. as described in paragraph 32 is gross negligence in violation of section 2234(b) of the Code, and cause for discipline.

VIOLET P.

34. At all times mentioned herein, Violet P. was a patient of respondent.

35. In September 1983 Violet P. consulted respondent to discuss with him her physical appearance. Respondent suggested a face lift and forehead lift. In October 1983 Violet P. agreed to the procedures and paid respondent $3,775.00. On November 1, respondent performed a forehead and face lift. This surgery was not covered by the patient's health insurance policy.

36. Prior to November 1, 1983, Violet P. asked respondent where the surgical scar would be located. Respondent advised the patient that it would be located behind her hairline and not on her forehead. The patient agreed to have a forehead lift performed if the surgical scar would be located above her hairline. The patient was not advised of the risk that the surgical scar might be located on her forehead, and the patient did not consent to have the surgical scar placed on her forehead.

37. Shortly after the surgery, respondent submitted to the health insurance carrier, for Violet P., a claim for services rendered in the amount of $4,122.00 and an operative report. The claim form contained a diagnosis of "Congenital Ptosis of Upper Eyelids Bilaterally" and listed, among other charges, $2,230.00 for "Bilateral Levator shortening operation,

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Lester Jones Operation," performed on November 1, 1983. The operative report describes this procedure.

38. Respondent's conduct as described in paragraph 37 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e) of the Code, and cause for discipline, because:

(a) Respondent in truth and in fact, did not perform the procedure described paragraph 37.

(b) Respondent's stated reason for performing surgery on Violet P. was false when in truth and in fact, any surgery performed on the patient was for cosmetic reasons for which insurance benefits were not payable.

39. Respondent's conduct as described in paragraph 37 constitutes the false representation of the existence of a state of facts, and is evidence of unprofessional conduct in violation of section 2261 of the Code, and a cause for discipline pursuant to section 2234 of the Code, for the reasons set forth in paragraph 38.

40. Respondent's conduct as described in paragraph 38 constitutes unprofessional conduct in violation of section 810 of the Code, and is cause for discipline pursuant to section 2234 of the Code, for reasons set forth in paragraph 38.

41 Respondent's conduct in the management and care of Violet P. as described in paragraph 37 constitutes incompetence in violation of section 2234(d) of the Code, and a cause for discipline, because of, but not limited to the following:

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(a) Respondent failed to place the surgical scar behind the hairline and instead placed the scar across the patient's forehead.

(b) Respondent failed to place the surgical scar behind the patient's hairline and not on the patient's forehead as she had requested and as respondent had agreed.

42. Respondent's conduct in the management and care of Violet P. as described in paragraph 37 constitutes gross negligence in violation of section 2234(b) of the Code, and cause for discipline, because respondent failed to obtain the patient's informed consent to the placement of the surgical scar on her forehead.

OTHER MATTERS

43. In August 1984 an advertisement on behalf of the Institute of Beauty Surgery Medical Group appeared in the Orange County Register suggesting that cosmetic surgery at the Institute of Beauty Surgery Medical Group was performed by Board Certified Cosmetic Surgeons. Respondent was one of the persons referred to by the advertisement as a Board Certified Cosmetic Surgeon. Respondent is not a Board Certified Plastic Surgeon of the American Board of Plastic Surgery.

44. Respondent's conduct as described in paragraph 43 was dishonest and is evidence of unprofessional conduct in violation of section 2234(e) of the Code, and a cause for discipline.

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STATE OF CALIFORNIA
STD. 113 (REV 8-72)

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45. Section 651 of the Code, provides it is unlawful and a cause for revocation or suspension of a license for any person licensed under this division

". . . to disseminate or cause to be disseminated, any form of public communication containing, a false, fraudulent, misleading, or deceptive statement or claim, for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with a professional practice or business for which he is licensed."

46. Respondent's conduct as described in paragraph 43 constitutes a false, fraudulent, misleading, or deceptive statement or claim in violation of section 651 of the Code, and is a cause for discipline.

WHEREFORE complainant prays the Division hold a hearing on the aforementioned allegations and following said hearing:

1. Suspend or revoke the license of respondent; and

2. Take such other and further action as it deems necessary.

DATED: March 22, 1985.

KENNETH J. WAGSTAFF
Executive Director
Division of Medical Quality Assurance
Board of Medical Quality Assurance

ASM:jld

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STATE OF CALIFORNIA
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EXHIBIT B

DECISION

In the Matter of the Petition for Modification of Probation or Termination of Probation of Eugen M. Molnar, MD.
MBC Case No. D-3327

BEFORE THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Modification of Probation or Termination of Probation of: E. MICHAEL MOLNAR, M.D. Certificate No. A-24674) Respondent.)	No. L-54658

DECISION

The attached Proposed Decision of the Medical Quality Review Committee is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on November 30, 1991.

IT IS SO ORDERED October 31, 1991.

DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA

Theresa L. Claassen

THERESA L. Claassen
Secretary/Treasurer
Division of Medical Quality

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true and correct copy of the original on file in this office.

Cynthia Kanya
Signature

For Custodian of records
Title

5/16/2007
Date

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Modification of Probation or Termination of Probation of:	
E. MICHAEL MOLNAR, M.D.	L-54658
Petitioner.	

PROPOSED DECISION

This matter came on regularly for hearing before a Panel of District 10 Medical Quality Review Committee, at Torrance, California on 22 August 91. Richard J. Lopez, Administrative Law Judge, Office of Administrative Hearings presiding.

Panel members present were:

Evelyn Sullivan, PM
Barbara Hurd, RN
Rebecca Argo, M.D.
Guy Hartman, M.D. (Sub-District 12), Chairman
Ernest Strauss, M.D. (Sub-District 11)
Marian Brubaker, M.D. (Sub-District 11)
Brian Carroll, P.M. (Sub-District 12)

Earl Plowman, Deputy Attorney General, represented the Attorney General. Petitioner appeared in person, and represented himself. Documentary and oral evidence and evidence by way of official notice and stipulation was introduced, the matter argued and submitted, and the members of the Panel proceeded to consider the matter. The Administrative Law Judge was present during the Panel's consideration of the case. The Panel finds, determines, and orders as follows:

FINDINGS OF FACT

1.

In 1972 petitioner was first licensed by the State Board of Medical Examiners as a physician and surgeon.

2.

(A) By Board Decision No. D-3327 pursuant to stipulation effective 29 December 1989, the license of petitioner to practice as a physician and surgeon in the State of California was revoked with said revocation stayed, and petitioner was placed on probation, on terms and conditions for five years.

(B) Cause for discipline related to insurance fraud; gross negligence; violation of the Medical Practice Act of Nevada.

3.

On or about 27 April 1991 petitioner filed subject petition.

4.

Presently, petitioner practices cosmetic surgery in Orange County on his own and as part of a group practice in West Los Angeles.

5.

As set forth in Finding 2, petitioner's probation began on 29 December 1989. Accordingly, petitioner has been on probation for less than two-fifths (40%) of that term. Further, despite that short passage of time from the serious and severe conduct which lead to discipline, petitioner failed to demonstrate any present contrition for said conduct.

* * * * * *

DETERMINATION OF ISSUES

Petitioner has not established that he is sufficiently rehabilitated so that it would not be adverse to the public interest to terminate probation or modify probation.

* * * * * *

ORDER

The petition of E. Michael Molnar, M.D. for modification or termination of probation is hereby denied.

This Decision shall become effective on the _____ of _____ 1991.

IT IS SO ORDERED this _____ day of _____, 1991.

PANEL OF DISTRICT 10
MEDICAL QUALITY REVIEW COMMITTEE
DIVISION OF MEDICAL QUALITY ASSURANCE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By: Guy Hartman
GUY HARTMAN, M.D.
Chairman

RJL:myg