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

In the Matter of the Accusation Against: **JAGPREET SINGH MUKKER, DPM** **7210 N. Milburn, Suite 101** **Fresno, CA 93722** **Doctor of Podiatric Medicine License No. 4656** Respondent.	Case No. 500-2024-001657 OAH No. **ACCUSATION**

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs.

2. On or about October 27, 2005, Podiatric Medical Board issued Doctor of Podiatric Medicine License Number 4656 to JAGPREET SINGH MUKKER, DPM (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2027, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Podiatric Medical Board (Board) under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 2222 of the Code states:

> The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.
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> The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

5. Section 2410 of the Code states:

> A medical or podiatry corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such statutes and regulations to the same extent as a licensee under this chapter.

6. Section 2497 of the Code states:

> (a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.
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> (b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board.

7. Section 2234 of the Code states:

The board 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:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

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

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

8. Section 2261 of the Code states:

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 nonexistence of a state of facts, constitutes unprofessional conduct.

9. Section 2262 of the Code states:

Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section.

10. Section 650 of the Code states, in pertinent part:

(a) Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of the Health and Safety Code, the offer, delivery, receipt, or acceptance by any person licensed under this division or the Chiropractic Initiative Act of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, irrespective of any membership, proprietary interest, or coownership in or with any person to whom these patients, clients, or customers are referred is unlawful.

11. Section 1871.4 of the Insurance Code states, in pertinent part:

(a) It is unlawful to do any of the following:

(1) Make or cause to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.

(2) Present or cause to be presented any knowingly false or fraudulent written or oral material statement in support of, or in opposition to, any claim for compensation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code.

(3) Knowingly assist, abet, conspire with, or solicit any person in an unlawful act under this section.

(4) Make or cause to be made any knowingly false or fraudulent statements with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

For the purposes of this subdivision, "statement" includes, but is not limited to, a notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-ray, test results, medical-legal expense as defined in Section 4620 of the Labor Code, other evidence of loss, injury, or expense, or payment.

(5) Make or cause to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.

(6) Make or cause to be made any knowingly false or fraudulent material statement or material representation for the purpose of discouraging an employer from claiming any of the benefits or reimbursement provided in the Return-to-Work Program established under Section 139.48 of the Labor Code.

12. Section 550 of the Penal Code states, in pertinent part:

(a) It is unlawful to do any of the following, or to aid, abet, solicit, or conspire with any person to do any of the following:

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

(2) Knowingly present multiple claims for the same loss or injury, including presentation of multiple claims to more than one insurer, with an intent to defraud.

(3) Knowingly cause or participate in a vehicular collision, or any other vehicular accident, for the purpose of presenting any false or fraudulent claim.

(4) Knowingly present a false or fraudulent claim for the payments of a loss for theft, destruction, damage, or conversion of a motor vehicle, a motor vehicle part, or contents of a motor vehicle.

(5) Knowingly prepare, make, or subscribe any writing, with the intent to present or use it, or to allow it to be presented, in support of any false or fraudulent claim.

(6) Knowingly make or cause to be made any false or fraudulent claim for payment of a health care benefit.

(7) Knowingly submit a claim for a health care benefit that was not used by, or on behalf of, the claimant.

(8) Knowingly present multiple claims for payment of the same health care benefit with an intent to defraud.

(9) Knowingly present for payment any undercharges for health care benefits on behalf of a specific claimant unless any known overcharges for health care benefits for that claimant are presented for reconciliation at that same time.

(10) For purposes of paragraphs (6) to (9), inclusive, a claim or a claim for payment of a health care benefit also means a claim or claim for payment submitted by or on the behalf of a provider of any workers" compensation health benefits under the Labor Code.

(b) It is unlawful to do, or to knowingly assist or conspire with any person to do, any of the following:

(1) Present or cause to be presented any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any material fact.

(2) Prepare or make any written or oral statement that is intended to be presented to any insurer or any insurance claimant in connection with, or in support of or opposition to, any claim or payment or other benefit pursuant to an insurance policy, knowing that the statement contains any false or misleading information concerning any material fact.

(3) Conceal, or knowingly fail to disclose the occurrence of, an event that affects any person's initial or continued right or entitlement to any insurance benefit or payment, or the amount of any benefit or payment to which the person is entitled.

(4) Prepare or make any written or oral statement, intended to be presented to any insurer or producer for the purpose of obtaining a motor vehicle insurance policy, that the person to be the insured resides or is domiciled in this state when, in fact, that person resides or is domiciled in a state other than this state.

COST RECOVERY

13. Section 2497.5 of the Code states:

(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(e)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one year period for those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

FACTUAL ALLEGATIONS

14. On or about November 21, 2024, Respondent entered into a civil settlement with the United States Attorney's Office under certain terms and conditions, including payment of $1,598,891.00 and the acknowledgement and acceptance of the facts recited below. Respondent agreed not to make any public statement denying or contesting these facts.

Peters Management Services Organization (MSO) investment

15. Between 2015 and the end of 2020[1], Respondent issued prescriptions for compounded creams and other medications to certain non-local pharmacies owned or controlled by Matthew Peters[2] (hereinafter "Peters"), including Professional Rx Pharmacy LLC; Inland Medical Consultants, LLC; Portland Professional Pharmacy LLC; Sunrise Pharmacy LLC; Professional 205 Pharmacy, LLC; Synergy Medical Systems, LLC; Synergy RX LLC; Synergy Medical Systems LLC; Prestige Professional Pharmacy; One Way Drug LLC; Optimum Care Pharmacy, Inc.; JMSP LLC; and MPKM, LLC ("the pharmacies").

16. A sales agent (herein after referred to as "sales representative 1") promoted the pharmacies to Respondent.

17. In March 2016 and January 2017, Respondent invested in an investment entity created by Peters that Peters termed a "PPM." Sales Representative 1 introduced Respondent to the investment opportunity on behalf of Peters. Respondent invested $4000 in the PPM, by directing checks to Innovate Specialty Services LLC, to the attention of Peters. Sales Representative 1 confirmed by text on March 9, 2016 that the cost of investment would be "$100 for every 1%" Respondent received.

18. In approximately July 2017, Respondent and Jay Mukker DPM Inc. invested in Coastline Specialty Services LLC (the "Coastline MSO"), an entity created and controlled by Peters. Respondent and Jay Mukker DPM Inc. initially invested $10,000, corresponding to 20 shares. Sales Representative 1 explained at that time that the opportunity to invest and receive financial returns was a reward for prescriptions to the Pharmacies, including Medicare and other Federal health care program beneficiaries, including by stating to Respondent that "you are being rewarded for scripts from day 1."

[1] Facts alleged outside the applicable statute of limitations are stated for background purposes only.

[2] Matthew Peters is one of the defendants named in the federal action taken against Respondent. Peters founded, controlled and operated the Defendant pharmacies.

19. Respondent and Jay Mukker DPM Inc. purchased an additional 10 shares in Coastline MSO in October 2017. Peters explained to Respondent that Peters was awarding Respondent the opportunity to purchase additional shares based on the number and value of prescriptions (including for Federal health care program beneficiaries) that Respondent had directed and would continue to direct to the Pharmacies. To that effect, Peters stated in an October 18, 2017 email that the shares would be offered due to Respondent's "size" and that the Coastline MSO "can offer you more shares as a performance increase." Peters explained in that email that the monthly payout that Respondent received from the Coastline MSO would double as a result of the increased shares in the Coastline MSO. As time went on, Peters again told Respondent that Peters and the Coastline and Bayview MSOs could offer additional shares for purchase on the basis of prescriptions "performance" with respect to the Pharmacies.

20. Based on Forms K-1 submitted to the Internal Revenue Service, Respondent and Jay Mukker DPM Inc. received distributions of $43,655 from the Coastline MSO in 2017, ending with a capital account balance of $21,177. In 2018, Respondent began with that capital account of $21,177 in Coastline MSO, invested an additional $5,000 in capital, and received $74,860 in withdrawals and distributions. The capital account balance was $6,639 at the end of 2018.

21. In approximately September 2018, Respondent and Jay Mukker DPM Inc., invested $20,000 to purchase 40 shares in Bayview Specialty Services LLC (the "Bayview MSO"), another entity created and controlled by Peters. Sales Representative 1 and Peters stated prescriptions (including for Federal health care program beneficiaries) that Respondent had directed and would continue to direct to the Pharmacies.

22. Based on Forms K-1 submitted to the Internal Revenue Service, Respondent and Jay Mukker DPM Inc., received $40,000 in distributions from Bayview MSO in 2018 and ended the year with a capital account balance of $23,431. In 2019, Respondent and Jay Mukker DPM Inc. began with a $23,431 capital account, invested no additional capital, and received $117,400 in withdrawals and distributions.

23. Respondent was not familiar with differences between the Pharmacies and did not direct prescriptions to any specific Pharmacy among them. Rather, Respondent prescribed to the

Pharmacies collectively through a fax number or electronic portal corresponding to any and all of the Pharmacies, with a prescription pad customized to Respondent that was furnished by Peters and Sales Representative 1.

24. The investment returns from the Coastline and Bayview MSOs caused Respondent to send prescriptions to the Pharmacies rather than send them to other pharmacies not affiliated with Peters.

25. Respondent was aware that Sales Representative 1 called upon other Fresno, CA physicians (hereinafter referred to as "Dr. A, Dr. B, Dr. C, and Dr. D"). Along with Sales Representative 1, he told them that they would benefit by their investment in the Coastline MSO and Bayview MSO. Respondent received monthly data from Peters and other individuals affiliated with Pharmacies showing these physicians' prescriptions to the Pharmacies. Using this data, Respondent communicated to these doctors whether their prescription volume to the Pharmacies met the expectation of Peters and whether it would enable the doctors to receive additional shares. Peters made the decision as to who received shares.

26. For example, in the spring of 2018, Dr. A had Respondent inform Sales Representative 1 that Dr. A would like to purchase additional shares in the Coastline MSO. Cognizant that the opportunity to purchase shares was contingent on prescribing enough to be approved by Peters, on May 31, 2018, Respondent asked Sales Representative 1, "What place would you say he is at in the US in writing prescriptions? You said I was 4th so what would he be?" Respondent then stated to Sales Representative 1, "I think he wants us to buy more shares in it. Please talk to Matt." Sales Representative 1 then replied that Dr. A would be allowed to purchase 6 more shares, and that "He had 158 scripts last month" whereas Respondent had 280, so "He shouldn't complain" because "It's not like Walgreens or CVS is doing anything for him." Respondent replied: "Completely true and that's where a businessman appreciates that and a fool doesn't."

27. At the request of Sales Representative 1 and Peters, Respondent told Dr. A and Dr. B that additional prescriptions were needed to justify their investment and the financial returns. For example, in August 2018, prior to the operation of the Bayview MSO, Dr Mukker discussed with

Sales Representative 1 that Dr. A would like to purchase shares in the Bayview MSO. Replying that Dr. A was not prescribing enough at the time to justify the desired level of investment, Sales Representative 1 texted Respondent regarding Dr. A, stating that "It's a game of numbers[.] If he doesn't write he can't have shares." That month, Respondent told Dr. A that Sales Representative 1 had said that he would be allowed to invest in more shares in the Bayview MSO if he increased his prescription level to the Pharmacies and discussed prescription data he received from Sales Representative 1 with Dr. A.

28. On November 1, 2019, when monthly payouts from the Bayview MSO were $5,000 less than expected for himself and for Dr. B, Respondent emailed Peters to ask "about the remaining 5k for the month." Respondent then stated that "[Dr. B] and myself have held up our end of the bargain and kept up with supporting the company and prescribing a lot of the compounding to our patients." Respondent then requested that he and Dr. B "be made whole."

29. Across the duration of the Coastline MSO and Bayview MSO, Sales Representative 1 continued to tell Respondent and the other physicians to prescribe compounded drugs saying that their prescriptions volume was too low to justify their investment.

30. At their request, Respondent attempted to introduce two additional physicians, practicing in Texas, to Sales Representative 1, but was informed soon thereafter that their practices did not generate enough prescription volume to justify their intended investments. In October 2020, Respondent told Sales Representative 1 that that was not fair because the pharmacies made money on the volume of prescriptions, but the two physicians did not receive shares and that he felt bad because he had introduced them to Sales Representative 1, writing to Sales Representative 1: "u made money while [the two physicians] didn't make anything out of the deal and I felt really bad because I introduced them to you." Respondent then wrote "Because of that, I can't and stopped writing those prescriptions" (*sic*) to the Pharmacies.

Billing of Peripheral Venous Studies

31. From January 1, 2017 to November 22, 2023, Respondent and Jay Mukker DPM Inc., submitted or caused to be submitted claims for reimbursement to Medicare for non-invasive

peripheral venous studies. These studies are associated with Current Procedural Terminology ("CPT") code 93965.

32. Beginning in 2017, CMS policy did not allow reimbursement for the non-invasive peripheral venous studies associated with code 93965. Respondent and Jay Mukker DPM Inc. continued furnishing those services, however. Respondent and Jay Mukker DPM Inc. billed these services to Medicare using the CPT code 99214, which identifies a physician evaluation and management service.

33. Respondent arranged for the creation of medical records for patients receiving non-invasive peripheral venous studies from Jay Mukker DPM Inc. which suggested that those patients had been evaluated and treated by a physician, when the patients had not received the degree of physician involvement and professional services to meet the coding and billing requirements for those services.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

34. Respondent is subject to disciplinary action under Code sections 2410 and 2234 in that Respondent engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. The circumstances are set forth in paragraphs 14 through 33, which are incorporated herein by reference.

SECOND CAUSE FOR DISCIPLINE

(False Statements)

35. Respondent is subject to disciplinary action under Code sections 2261 and 2262, Penal Code section 550, and Insurance Code section 1871.4, in that Respondent falsified medical records and filed fraudulent insurance claims. The circumstances are set forth in paragraphs 14 through 33, which are incorporated herein by reference.

THIRD CAUSE FOR DISCIPLINE

(Receipt of Funds as Inducement for Referring Patients)

36. Respondent is subject to disciplinary action under Code sections 650, 2410, and 2234, in that Respondent knowingly received funds as an inducement to refer patients. The circumstances are set forth in paragraphs 14 through 33, which are incorporated herein by reference.

PRAYER

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

1. Revoking or suspending Doctor of Podiatric Medicine License Number 4656, issued to Respondent JAGPREET SINGH MUKKER, DPM;

2. Ordering Respondent Jagpreet Singh Mukker, DPM, to pay the Podiatric Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5 and if placed on probation, the costs of probation monitoring; and,

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

DATED: FEB 09 2026

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant

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