

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.la.gov



Department of Investigations
Telephone: (504) 568-6820
FAX: (504) 568-5754

11-I-380

IN THE MATTER OF:

JACK ALBERT VOIGHT, M.D.
(Certificate No. 007745),
Respondent

STIPULATION AND AGREEMENT FOR VOLUNTARY SURRENDER OF MEDICAL LICENSE

This *Stipulation and Agreement* is made by Jack Albert Voight, M.D. ("Dr. Voight"), a physician who at all times material to the facts and matters alleged herein is licensed by the Louisiana State Board of Medical Examiners (the "Board") to engage in the practice of medicine in the state of Louisiana, as evidenced by Certificate No. 007745.

1. *Acknowledgment and Stipulations.* Dr. Voight hereby acknowledges, stipulates and agrees that:

- (a) Dr. Voight was named in a multi-count indictment in the United States District Court for the Eastern District of Louisiana. The indictment sets forth twenty-two (22) counts of Health Care Fraud, in violation of Title 18, United States Code, Sections 1347 and 2, and one (1) count of Conspiracy to Commit Health Care Fraud, in violation of Title 18, United States Code, Section 371 against Dr. Voight. The underlying charges assert that Dr. Voight and others facilitated the submission of claims to Medicare for unneeded and unperformed tests and falsely and fraudulently represented that various health care benefits, items and services were medically necessary.
- (b) On or about October 9, 2012, Dr. Voight plead guilty to conspiracy to commit health care fraud.
- (c) Predicated upon the foregoing information, the Investigating Officer assigned by the Board with respect to this matter determined that reasonable cause existed such that a formal Administrative Complaint could be filed against Dr. Voight, charging

him with violation of the Louisiana Medical Practice Act (the "Act"), pursuant to La. Rev. Stat. §37:1285A(1) and (2).¹

- (c) Without admitting the accuracy of the information described hereinabove or any violation of the Act, as evidenced by his subscription hereto, Dr. Voight, nonetheless, acknowledges that the reported information could provide the Investigating Officer with probable cause to pursue formal administrative proceedings against him for violation of the Act, La. Rev. Stat. §§37:1285(A)(1) and (2), and, further, that proof of such information upon administrative evidentiary hearing could establish grounds under the Act for the suspension, revocation or imposition of such other terms, conditions or restrictions on his license to practice medicine in the state of Louisiana as the Board might deem appropriate.
- (d) By law, pursuant to the Louisiana Medical Practice Act, La. Rev. Stat. §§37:1261, *et seq.*, and the Louisiana Administrative Procedure Act, La. Rev. Stat. §§49:951, *et seq.*, Dr. Voight would be entitled, prior to final disciplinary action against his medical license, to have notice of the allegations and charges asserted against him and to administrative adjudication of such charges, pursuant to La. Rev. Stat. §§49:951 *et seq.* At such hearing, Dr. Voight would be entitled to be represented by legal counsel, to call witnesses and to present evidence on his own behalf in defense or in mitigation of the charges made, and to a decision thereon by the Board based upon written findings of fact and conclusions of law, pursuant to La. Rev. Stat. §§49:951 *et seq.*

2. *Voluntary Surrender of License.* Notwithstanding his right to notice of formal charges, administrative hearing and a decision thereon, as provided by La. Rev. Stat. §§49:951 *et seq.*, in recognition of the stipulations set forth hereinabove, and in lieu of the prosecution of formal administrative proceedings, Dr. Voight hereby voluntarily surrenders to the Board for cancellation his license to practice medicine in the state of Louisiana, as evidenced by Certificate No. MD.007745. By his subscription hereto, Dr. Voight also hereby authorizes the Investigating Officer designated by the Board with respect hereto to present this Stipulation to the Board for its consideration and to fully disclose to and discuss with the Board the nature and results of the investigation, and he waives any objection to such disclosures under La. Rev. Stat. §49:960.

3. *Effect of Voluntary Surrender of License.* Dr. Voight acknowledges, stipulates and agrees that the voluntary surrender of his medical license effected hereby in the presence of an administrative investigation shall have and shall be deemed by the Board to have, the same effect as if the Board had entered an order of revocation upon the conclusion of formal administrative proceedings. Additionally, Dr. Voight acknowledges, stipulates and agrees that he already has voluntarily surrendered, or will voluntarily surrender, any and all licenses issued by the U.S.

¹Pursuant to the Louisiana Medical Practice Act, La. Rev. Stat. §37:1285A, the Board may take action against the license of a physician as the result of: (1) Conviction of a crime or entry of a plea of guilty or nolo contendere to a criminal charge constituting a felony under the laws of Louisiana or of the United States; (2) Conviction of a crime or entry of a plea of guilty or nolo contendere to any criminal charge arising out of or in connection with the practice of medicine;

Drug Enforcement Administration, or any other federal or state agency, for the prescribing of controlled dangerous substances. Further, Dr. Voight acknowledges, stipulates and agrees that as a result of the voluntary surrender of Dr. Voight's medical license effected hereby that reinstatement of his license to practice medicine in the state of Louisiana shall be at the sole discretion of the Board and upon whatever probationary terms, conditions and restrictions that it may then determine to be appropriate. In addition, Dr. Voight acknowledges, stipulates and agrees that no request for reinstatement shall be considered by the Board until and unless the passage of five (5) years from the effective date of this Order and Dr. Voight has: (1) demonstrated clinical competency through assessment at a program or facility approved by the Board and successfully completed any recommended remediation or training; and (2) scheduled and met with the Investigating Officer to discuss her then-current status and plans.

4. *Termination of Proceedings.* By the voluntary surrender of his medical license, and the attendant dismissal of the investigation occasioned hereby, Dr. Voight, moreover, acknowledges, stipulates and agrees that he hereby waives any right to which he may be entitled pursuant to the Louisiana Administrative Procedure Act, La. Rev. Stat. §§49:951 *et seq.*, or which otherwise may be afforded to him by law to contest his agreement to or the force and effect of this document in any court or other forum relating to the matters referred to herein.

5. *Advice of Counsel.* Dr. Voight acknowledges that he has had the opportunity to seek the advice and guidance of legal counsel with respect to this Stipulation and that all of the terms, conditions, restrictions and limitations contained herein have been explained to him and/or that he fully understands them.

6. *Public Record.* Dr. Voight acknowledges, stipulates and agrees that this Stipulation and Agreement for Voluntary Surrender of Medical License shall be and shall be deemed to be a Public Record.

Stipulation and Agreement Follow on Next Page

**STIPULATION
AND AGREEMENT**

I, JACK ALBERT VOIGHT, M.D., hereby acknowledge, approve, accept, stipulate, agree and consent to entry of the above and foregoing this 16 day of January, 2012³

Jack Albert Voight
JACK ALBERT VOIGHT, M.D.

WITNESSES:

Chandra Klein
Signature

Chandra Klein
Typed Name

321 N. Florida St. 107
Address

Covington, La 70433
City/State/Zip Code

Stacy J. Koon
Signature

Stacy J. Koon
Typed Name

321 N. Florida St., Ste. 107
Address

Covington, LA 70433
City/State/Zip Code

Sworn to and subscribed before me at Giretra, Louisiana, this 16th day of January, 2012³, in the presence of the two stated witnesses.

[Signature]
Notary Public (signature and seal)

Printed Name/Notary #

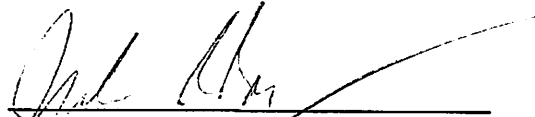
John H. Musser, IV
Attorney at Law
321 N. Florida St., Ste. 102
Covington, LA 70433
Notary ID #4301

ACCEPTANCE

CONSIDERING THE ABOVE AND FOREGOING, the Stipulation and Agreement for Voluntary Surrender of Medical License is hereby **APPROVED AND ACCEPTED** by the Louisiana State Board of Medical Examiners, this 18th day of February, 2012, effective immediately.

**LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS**

BY:



MELVIN G. BOURGEOIS, M.D.,
President