



# Department of Justice

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Middle District of Florida

Tampa                      Orlando                      Jacksonville                      Fort Myers                      Ocala

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**MEDICARE FRAUD STRIKE FORCE CHARGES TAMPA AREA CLINIC OWNERS  
AND DOCTOR WITH SCHEMES TO DEFRAUD MEDICARE AND MEDICAID  
OF OVER \$5 MILLION**

*Tampa Arrests Part of National Strike Force Takedown;  
111 Defendants Charged with Submitting \$225 Million in Fraudulent Claims*

Tampa, FL– Seven Tampa-area clinic owners, a pharmacy owner, a physician and another individual were charged today for their participation in a series of separate schemes to defraud the Medicare and Medicaid programs of more than \$5 million announced the Departments of Justice and Health and Human Services (HHS). The charges in Tampa are part of a nationwide takedown by the Medicare Fraud Strike Force operations that led to charges against 111 defendants for their alleged participation in Medicare fraud schemes involving more than \$225 million in false billing.

The ten Tampa-area defendants were charged in six separate cases with engaging in fraudulent durable medical equipment schemes, physical and occupational therapy fraud schemes, and drug diversion schemes. The Tampa-area schemes involved more than \$5 million in fraudulent claims submitted to Medicare and other health insurance programs.

Since their inception in March 2007, Strike Force operations in nine districts have obtained indictments of nearly 1,000 defendants who collectively have falsely billed the Medicare program for more than \$2.3 billion. In addition, the HHS Centers for Medicare

and Medicaid Services, working in conjunction with the HHS-Office of Inspector General (OIG), are taking steps to increase accountability and decrease the presence of fraudulent providers.

“With this takedown, we have identified and shut down large-scale fraud schemes operating throughout the country. We have safeguarded precious taxpayer dollars. And we have helped to protect our nation’s most essential health care programs, Medicare and Medicaid,” said Attorney General Holder. “As today’s arrests prove, we are waging an aggressive fight against health care fraud.”

Today, charges against the following individuals in Tampa were announced:

***U.S. v. Fuentes***

Abel Fuentes, affiliated with Nebraska Medical Equipment, Inc., was charged with conspiracy to submit false claims to Medicare. Fuentes caused the submission of approximately \$1,700,000 in claims to the Medicare program for durable medical equipment and related services that were not provided.

***U.S. v. Gonzalez et al.***

Five owners and operators of Dynamic Physical Therapy, Inc. were charged with conspiracy to commit health care fraud, health care fraud, and aggravated identity theft in connection with a scheme to defraud the Medicare program of approximately \$649,000 by billing for physical therapy services that were never provided. The defendants stole the Medicare numbers of a physical therapist and numerous Medicare beneficiaries to further the scheme.

***U.S. v. Crisler***

Patrick Crisler, an occupational therapy assistant and owner of Active Life Rehab, Inc., was charged with health care fraud for causing the submission of approximately \$1,281,000 in claims to the Medicaid program for occupational therapy services that were not provided, or not provided as billed to Medicaid.

***U.S. v. Matchin***

Mira Matchin, the owner of Panseonat Miracle, LLC was charged with health care fraud and

aggravated identity theft in connection with a scheme to submit approximately \$1,015,000 in claims to Medicare for physical therapy services, office visits, injections and other services that were not provided by a physician. Matchin stole the identity of an out-of-state doctor to submit the claims.

### ***U.S. v. Iyer***

Dr. Jayam Krishna Iyer, a Clearwater physician, was charged with health care fraud for submitting approximately \$457,000 in claims to Medicare for services she did not render, but were purportedly rendered by another physician, who himself was excluded from the Medicare program due to a prior felony conviction involving health care fraud.

### ***U.S. v. Mehta***

Harsh Mehta, the owner of a pharmacy, was charged with conspiracy to commit health care fraud in connection with a scheme to defraud Tricare, the Department of Defense health benefits program. The indictment alleges that Mehta and his co-conspirators billed the Tricare program for pharmaceutical products they did not dispense.

The results of the nationwide takedown were announced by Attorney General Eric Holder, HHS Secretary Kathleen Sebelius, FBI Executive Assistant Director Shawn Henry, Assistant Attorney General Lanny A. Breuer and HHS Inspector General Daniel Levinson. The Tampa indictments were announced by U.S. Attorney Robert E. O'Neill of the Middle District of Florida; Special Agent-in-Charge Steven E. Ibison of the FBI's Tampa field office; Special Agent-in-Charge Christopher Dennis of the Miami Regional Office of HHS-OIG, Special Agent-in-Charge John F. Khin of the Southeast Field Office, Defense Criminal Investigative Service (DCIS); Florida Attorney General Pam Bondi, Florida Attorney General's Medicaid Fraud Control Unit (MFCU) and Special Agent-in-Charge Jim Madden of the Florida Department of Law Enforcement, Tampa.

"Our office will be vigilant in ferreting out and bringing to justice those individuals who perpetrate fraud on Medicare, Medicaid and other government health care benefit programs," said U.S. Attorney O'Neill.

“Alleged prescription drug diversion, aggravated identity theft, and fraudulent billing are but a few of the schemes we are breaking up today,” said Christopher Dennis, Special Agent-in-Charge for HHS-OIG ‘s Miami Region, which includes Tampa. “The actions we are announcing today are part of a coordinated, nationwide sweep in our continuing battle against the scourge of health care fraud.”

"The alleged fraud in these cases undermines the health care programs that provide an important benefit to individuals who depend on these services. Today’s announcement should send a clear message to anyone involved in fraudulent health care practices that we have the expertise, the commitment and the resources to tackle these emerging fraudulent schemes” said FBI Special Agent-in-Charge Steven E. Ibison.

"The DCIS is proud to participate in the DOJ-HHS Medicare Fraud Tampa Strike Force, to combat health care fraud in concert with our federal, state and local law enforcement partners. Although DCIS focuses on the DoD Tricare system serving DoD's military and civilian personnel, our coordinated efforts target any health care fraud scheme which violates the integrity of Government-sponsored programs. This Strike Force is an effective tool in stopping the unconscionable waste of our precious taxpayer dollars caused by these greed driven crimes," stated DCIS Special Agent-in-Charge John F. Khin.

"We are proud to work with our federal and state partners to stop Medicaid fraud. By working with other law enforcement agencies, we can uphold the law and protect our taxpayers," stated Attorney General Pam Bondi.

“Today’s sweeps show that we are serious about stopping health care fraud in our state,” said FDLE Tampa Special Agent-in-Charge Jim Madden. “FDLE will continue to work with our law enforcement partners on the MDFL Strike Force to put a halt to the illegal

distribution of prescription drugs.”

An indictment is merely a charge and defendants are presumed innocent until proven guilty.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to: [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov).

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