



***United States Attorney  
District of New Jersey***

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**EAST ORANGE MEDICAL EQUIPMENT PROVIDER INDICTED FOR  
HEALTH CARE FRAUD THROUGH FALSE MEDICARE BILLINGS**

NEWARK, N.J. – A federal grand jury today indicted the manager of Rose’s Medical Supply (“RMS”) – an East Orange, N.J. durable medical equipment provider – for allegedly submitting false Medicare bills from 2007 through 2009, U.S. Attorney Paul J. Fishman announced.

The Indictment charges Roland Asemota, 49, of East Orange, with 23 counts of health care fraud in connection with RMS’s false Medicare billings, and another 23 counts of making false statements in filing false claims with Medicare. The Indictment alleges that Asemota falsely certified to Medicare that RMS had obtained medical documentation supporting the provision of motorized wheelchairs to Medicare beneficiaries when it had not. As a result of these false certifications, Medicare paid RMS for the false claims.

Asemota was previously charged by Complaint and was arrested in Newark on April 9, 2010. The Complaint charged Asemota with one count of making false statements in connection with a federal healthcare benefit program; the Indictment charges Asemota separately for each false Medicare claim submitted by RMS.

According to the Indictment and other documents filed in this case in Newark federal court:

In June 2009, a Medicare fraud agency conducted an on-site audit and random sampling of RMS’s Medicare billings for January 2007 through April 2009. The random sampling uncovered that 90 percent of RMS’s motorized wheelchair billings during that time period were deficient and fraudulent as they were not backed up by the required documentation. After learning of this deficiency, Medicare placed RMS on “pre-pay” review, which required the supporting documentation to be submitted to Medicare, as opposed to simply being kept on file.

While on “pre-pay” review, RMS continued to submit fraudulent billings for motorized wheelchairs from June 2009 through November 2009. In one instance, RMS ordered a motorized wheelchair for a beneficiary who only needed to have a wheel on a walker replaced, and did not want or need a power mobility device.

If convicted, Asemota faces a maximum potential penalty of 10 years in prison and a maximum fine of \$250,000, or twice the gross gain or loss from the offense, on each of the health care fraud counts (Counts 1-23). Asemota faces a maximum potential penalty of five

years in prison and a maximum fine of \$250,000, or twice the gross gain or loss from the offense on each of the false statement counts (Counts 24-46).

U.S. Attorney Fishman credited HHS agents, under the direction of Special Agent in Charge Tom F. O'Donnell, for their investigation leading to the Indictment. The investigation is continuing.

The case is being prosecuted by Assistant U.S. Attorney Joseph Mack of the U.S. Attorney's Office Criminal Division and Alex Kriegsman of the U.S. Attorney's Office Civil Division.

The charges and allegations made in the Indictment are merely accusations, and the defendant is considered innocent unless and until proven guilty.

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Defense counsel: Marc Garfinkel, Esq., Maplewood, N.J.