

## JUSTICE NEWS

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#### **Brooklyn, N.Y., Physician and Clinic President Pleads Guilty to Medicare Fraud Scheme**

WASHINGTON – A medical doctor and the president of two Brooklyn, N.Y., medical clinics pleaded guilty today for his role in a scheme resulting in more than \$11.7 million in fraudulent Medicare claims, announced Assistant Attorney General Lanny A. Breuer of the Justice Department's Criminal Division.

According to court documents, Ho Yon Kim, 86, of Flushing, N.Y., was the president of URI Medical Service PC and Sarang Medical PC, both doing business in Flushing, and purportedly providing physical therapy and electric stimulation treatment. He was also a rendering physician at both clinics. Kim pleaded guilty in Brooklyn federal court before U.S. Magistrate Judge Marilyn D. Go to a superseding information charging him with conspiracy to commit health care fraud.

During today's plea hearing, Kim admitted that, from approximately March 2007 to October 2011, he conspired with others to induce Medicare beneficiaries to allow their Medicare numbers to be billed for medical services that were never provided or were not medically necessary. In exchange, the conspirators provided the beneficiaries with a variety of spa services such as massages, facials, lunches and dancing classes.

At sentencing, Kim faces a maximum penalty of 10 years in prison. A sentencing date has not yet been set.

Also charged by indictment in the scheme were medical doctors Hoi Yat Kam and Peter Lu, who await trial. The charges and allegations against them are merely accusations and they are considered innocent unless and until proven guilty.

The case is being prosecuted by Trial Attorneys Nicholas S. Acker and Bryan D. Fields of the Criminal Division's Fraud section. The case was investigated by the FBI and the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG), and brought as part of the Medicare Fraud Strike Force, supervised by the Criminal Division's Fraud Section and the U.S. Attorney's Office for the Eastern District of New York.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged more than 1,480 defendants who have collectively billed the Medicare program for more than \$4.8 billion. In addition, HHS's Centers for Medicare and Medicaid Services, working in conjunction with HHS-OIG, is taking steps to increase accountability and decrease the presence of fraudulent providers.

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Criminal Division