JRS/MGD:NKP/PJK
F. #2025R01141

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

- X

UNITED STATES OF AMERICA

- against -

GABR ELDIB,
also known as "Doctor Gabr,"

Defendant.

- X

TO BE FILED UNDER SEAL

COMPLAINT AND AFFIDAVIT IN SUPPORT OF APPLICATION FOR AN ARREST WARRANT

No. 26-MJ-162

(18 U.S.C. § 1347;
18 U.S.C. § 2)

EASTERN DISTRICT OF NEW YORK, SS:

HEATHER ATAMIAN, being duly sworn, deposes and states that she is a Special Agent with the United States Department of Health and Human Services, Office of Inspector General ("HHS-OIG"), duly appointed according to law and acting as such.

In or about and between January 2018 and May 2026, both dates being approximate and inclusive, within the Eastern District of New York and elsewhere, the defendant GABR ELDIB, together with others, did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud one or more health care benefit programs, as defined in Title 18, United States Code, Section 24(b), to wit: Medicare and Medicaid, and to obtain, by means of one or more materially false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and control of, Medicare and Medicaid, all in connection with the delivery of and payment for health care benefits, items and services.

On or about the date specified below, within the Eastern District of New York and elsewhere, the defendant GABR ELDIB, together with others, did submit and cause to be

submitted the following false and fraudulent claim to Medicaid in an attempt to execute, and in execution of, the scheme described above:

Approx. Date Claim Paid	Description
May 11, 2024	Claim submitted and billed to MCO-1 in the approximate amount of $500.00 for services purportedly provided to Individual 2 on or about April 3, 2024

(Title 18, United States Code, Sections 1347 and 2)

The source of your deponent's information and the grounds for her belief are as follows:

1. I have been a Special Agent with HHS-OIG for approximately two and a half years. As a Special Agent, I investigate health care fraud, including schemes to defraud federal health care benefit programs and schemes involving illegal kickbacks and bribes. During my tenure with HHS-OIG, I have participated in a variety of criminal health care fraud investigations, during the course of which I have interviewed witnesses, conducted physical surveillance, arranged consensually monitored telephone calls and video recordings, executed search warrants, and reviewed health care claims data, bank records, telephone records, medical records, invoices, and other business records. I am familiar with the records and documents maintained by health care providers and the laws and regulations related to the administration of federal health care benefit programs.

2. I have personally participated in the investigation of the offenses discussed below. I am familiar with the facts and circumstances of this investigation from, among other things: (a) my personal participation in this investigation, (b) my review of reports and other records, and (c) information obtained from witnesses and other law enforcement authorities.

3. Except as explicitly set forth below, I have not distinguished in this affidavit between facts of which I have personal knowledge and facts of which I have hearsay knowledge. Because this affidavit is being submitted for the limited purpose of establishing probable cause in support of a complaint and for the issuance of an arrest warrant, I have not set forth each and every fact learned during the course of this investigation. Instead, I have set forth only those facts, in sum and substance and in part, which I believe are necessary to establish probable cause in support of a complaint and for the issuance of the arrest warrant.

PROBABLE CAUSE

4. At all times relevant to this matter, unless otherwise indicated:

I. Medicare and Medicaid

5. Medicare was a federal health care program providing benefits to persons who were at least 65 years old or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services ("CMS"), a federal agency under the United States Department of Health and Human Services. Individuals who received benefits under Medicare were referred to as Medicare "beneficiaries."

6. Medicare was divided into multiple parts. Medicare Part A covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered outpatient hospital services and professional services provided by physicians and other providers. Medicare Part C—also known as Medicare Advantage—offered beneficiaries the opportunity to secure coverage from private insurers for many of the same services that were provided under Parts A and B, in addition to certain mandatory and optional supplemental benefits, including prescription drug coverage.

7. Medicare Part D provided prescription drug coverage to persons who were eligible for Medicare. Medicare beneficiaries obtained Part D benefits in two ways: (a) by joining a Prescription Drug Plan, which covered only prescription drugs, or (b) by joining a Medicare Advantage Plan, which covered both prescription drugs and medical services (collectively, "Part D Plans"). These Part D Plans were operated by private companies approved by Medicare, which were often referred to as drug plan "sponsors."

8. Medicaid was a federal and state health care program providing benefits to individuals and families who met specified financial and other eligibility requirements, as well as certain other individuals who lacked adequate resources to pay for medical care. CMS was responsible for overseeing Medicaid in participating states, including New York. Individuals who received benefits under Medicaid were referred to as "recipients."

9. Medicaid covered the costs of medical services and products ranging from routine preventive medical care for children to institutional care for the elderly and disabled. In New York, Medicaid provided coverage to its recipients for prescription drugs.

10. Medicaid recipients could obtain their medical services and prescription drug benefits either through "fee-for-service" enrollment or through Medicaid Managed Care plans, which were administered by private insurance companies (Managed Care Organizations, or "MCOs") that were paid by Medicaid.

11. Medicare, Medicare Advantage, Medicaid and Medicaid Managed Care plans (collectively, the "Plans") were "health care benefit programs," as defined by Title 18, United States Code, Section 24(b).

12. CMS assigned licensed medical providers and pharmacies a national provider identification ("NPI") number. A medical provider who rendered medical services to a

Medicare beneficiary or Medicaid recipient used their assigned NPI when submitting claims for reimbursement to the Plans. A pharmacy that dispensed medications to a patient used its assigned NPI when submitting a claim for reimbursement to the Plans.

13. Licensed medical providers were required to enroll with Medicare and/or Medicaid in order to submit claims for reimbursement. Claims were typically submitted electronically and identified the service or good rendered to the beneficiary or recipient, as well as the identity of the person(s) or entity(ies) that provided the service or good. In order to be eligible for reimbursement, the services, goods, or items rendered, ordered, or prescribed were required to be medically reasonable, medically necessary, documented, provided as represented, not induced by illegal kickbacks and bribes, and otherwise eligible for reimbursement.

14. Medicare Part B paid for services "incident to" the service of a physician (or other practitioner). Under Title 42, Code of Federal Regulations, Section 410.26(b)(5), "[i]n general, [such] services . . . must be furnished under the direct supervision of the physician (or other practitioner)" to be eligible for reimbursement by Medicare. Generally, in order to be eligible for reimbursement, there must have been a direct, personal, professional service furnished by the physician to initiate the course of treatment of which the service being performed by the nonphysician practitioner is an incidental part, and there must be subsequent services by the physician of a frequency that reflects the physician's continuing active participation in and management of the course of treatment.

15. Title 42, Code of Federal Regulations, Section 410.26(b)(7) provided that services are eligible for reimbursement by Medicare only if they are "furnished in accordance with applicable State law."

16. Medicaid paid for services that were provided by qualified physicians, nurses, and other practitioners within the scope of their practice as defined by state law. Medicaid did not pay for services rendered by individuals who were practicing a profession fraudulently or beyond its authorized scope.

17. Section 6522 of the New York Education Law (the "Education Law") provided that "[o]nly a person licensed or otherwise authorized under this article shall practice medicine . . . ." Section 6521 of the Education Law defined the practice of the profession of medicine as "diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition."

18. Section 6512 of the Education Law provided that "[a]nyone not authorized to practice under this title who practices or offers to practice or holds himself out as being able to practice in any profession in which a license is a prerequisite to the practice of the acts . . . or who aids or abets an unlicensed person to practice a profession . . . shall be guilty of a class E felony."

II. The Defendant and Relevant Entities and Individuals

19. The defendant GABR ELDIB, also known as "Doctor Gabr," was a resident of Brooklyn, New York. ELDIB worked at Medical Practice 1, which was located in Brooklyn, New York. ELDIB had foreign medical training but was not licensed as a medical professional in the United States. ELDIB did not have an NPI and was not enrolled in Medicare or Medicaid.

20. Individual 1 was the owner of Medical Practice 1. Individual 1 was licensed to practice medicine in New York. Individual 1 had an NPI and was enrolled in Medicare and Medicaid.

21. Patient A was a patient of Medical Practice 1.

22. Individual 2 held himself out to the defendant GABR ELDIB as a patient at Medical Practice 1.[1]

23. Individual 3 was a licensed pharmacist and the part owner of pharmacies located in Brooklyn, New York.

24. Individual 4 was an individual who visited Medical Practice 1.[2]

25. MCO-1 was a Medicaid MCO that insured Medicaid recipients in New York.

III. The Health Care Fraud Scheme

26. In or about and between at least January 2018 and May 2026, the defendant GABR ELDIB, together with others, submitted and caused the submission of false and fraudulent claims to the Plans, including but not limited to: (a) claims for medical services purportedly rendered by ELDIB using Individual 1's name and NPI, (b) claims for drugs prescribed by ELDIB using Individual 1's name and NPI and (c) claims that were otherwise ineligible for reimbursement.

27. In furtherance of the scheme, Individual 1 certified to Medicare that he would comply with all Medicare rules and regulations, including that he would not knowingly present or cause to be presented a false and fraudulent claim for payment by Medicare.

28. In furtherance of the scheme, the defendant GABR ELDIB held himself out to patients at Medical Practice 1, including Patient A and Individual 2, as a licensed medical

[1] Individual 2 was a law enforcement officer working in an undercover capacity.

[2] Individual 4 has signed a plea agreement in a separate matter in which he/she agreed to plead guilty to violating 18 U.S.C. § 371 (conspiracy to defraud the United States and to pay and receive health care kickbacks). Individual 4 is cooperating with law enforcement in the hope that it may lead to a more lenient sentence for him/her.

provider. ELDIB purported to diagnose, treat, and provide medical services to patients at Medical Practice 1, including, at times, without consulting Individual 1 and when Individual 1 was not at Medical Practice 1.

29. The defendant GABR ELDIB and Individual 1 submitted, and caused the submission of, claims to health care benefit programs for medical services that falsely represented that Individual 1 had provided the services, when, in fact, the purported services had been provided by ELDIB.

30. The defendant GABR ELDIB and Individual 1 submitted, and caused the submission of, claims to health care benefit programs for medical services that falsely represented that Individual 1 had provided the services, when, in fact, the purported services had been provided solely by ELDIB.

31. As discussed in detail below, the defendant GABR ELDIB issued and caused the issuance of electronic prescriptions to patients of Medical Practice 1, including to Individual 2,[3] using Individual 1's name and NPI, when Individual 1 had neither seen nor evaluated the patients.

32. The defendant GABR ELDIB, through a business entity that ELDIB controlled, received checks from Medical Practice 1. These checks, at times, falsely indicated that they were payments for "consulting fees" to conceal and disguise the fraudulent scheme.

A. Patient Interview

33. In May 2024, law enforcement interviewed Patient A.

34. Patient A was asked about Individual 3. After initially denying having a

[3] Individual 2 passed away in May 2024. All interactions between Individual 2 and ELDIB were recorded using audiovisual equipment and are in the possession of law enforcement.

relationship with Individual 3, Patient A told law enforcement that Individual 3 allows him/her to take merchandise from Individual 3's pharmacy in exchange for going to medical providers at Individual 3's direction. Patient A said Individual 3 initially allowed him/her to take $300 in merchandise per month from Individual 3's pharmacy but later allowed him/her to take $500 in merchandise.

35. Patient A also reported that he/she has been a patient of Medical Practice 1 for approximately 15 years. Patient A said that Individual 1 is his/her primary care physician. Law enforcement asked Patient A to physically describe his/her primary care physician, and the description he/she provided was more consistent with that of the defendant GABR ELDIB than of Individual 1. Law enforcement showed Patient A a photo of ELDIB. Patient A identified the man in the photo (i.e., ELDIB) as the man who treats her. Patient A told law enforcement that, approximately one year prior, he/she came to learn that he/she was not being treated by Individual 1. Patient A stated that when he/she called Medical Practice 1 to schedule an appointment with Individual 1, he/she would be seen by ELDIB during appointments.

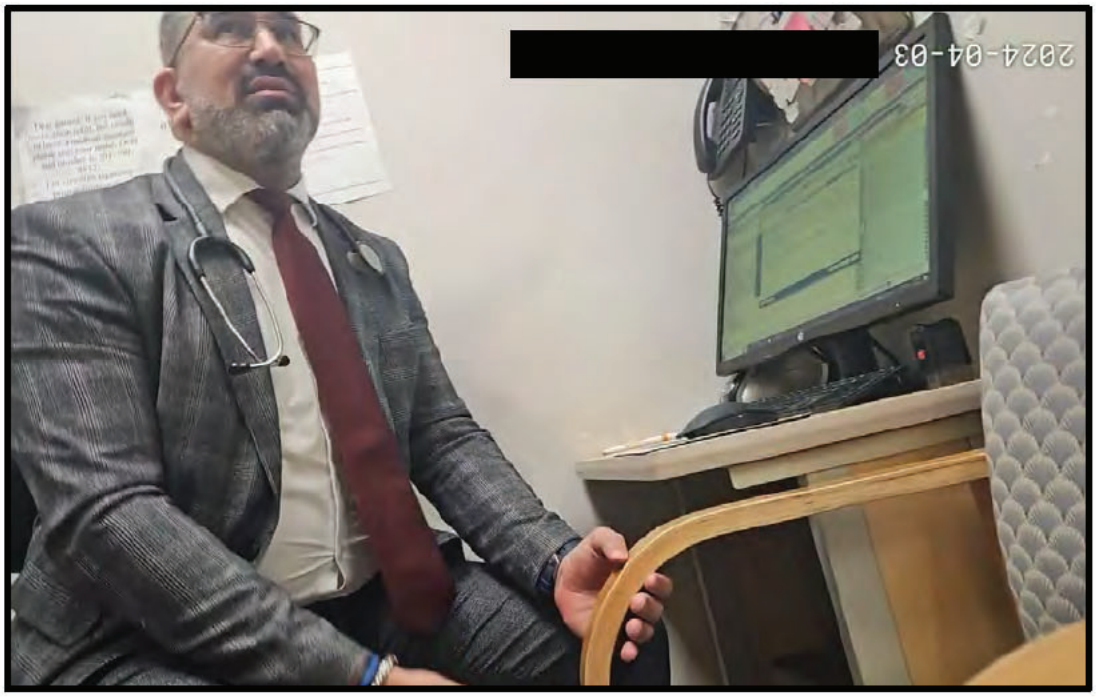
36. According to Medicare claims data, between June 2021 and September 2023, Patient A received 89 prescriptions from Individual 1 that were billed to Medicare. Medicare claims data also indicate Patient A died in October 2024.

B. The April 3, 2024 Encounter

37. On or about April 3, 2024, Individual 2 wore an audio and video recording device provided by law enforcement and at the direction of law enforcement went to Medical Practice 1 posing as a patient. Individual 2 was led to an examination room and seen by the defendant GABR ELDIB.

38. Individual 2 reported experiencing anxiety. Individual 2 told ELDIB that he always felt dizzy and tired but could not sleep. ELDIB took Individual 2's demographic information, height, and blood pressure using a sphygmomanometer. ELDIB informed Individual 2 that he had high blood pressure. ELDIB told Individual 2 that he was going to prescribe him blood pressure medication, mirtazapine, and Tylenol. At the end of the encounter, ELDIB informed Individual 2 that he could pick up the prescriptions from Individual 2's pharmacy. The encounter between ELDIB and Individual 2 lasted approximately five minutes.

39. Individual 2's video recording equipment captured an image of the defendant GABR ELDIB during the encounter, which is reproduced below:



40. Individual 2 also received electronic prescriptions after leaving Medical Practice 1. These prescriptions were for acetaminophen 500-mg, losartan potassium 50-mg, and mirtazapine 15-mg. Law enforcement filled the prescriptions, and all three were issued in Individual 1's name, not the defendant GABR ELDIB's name.

41. Law enforcement received and reviewed Medicaid claims data as part of its investigation. Medicaid claims data show that a new patient evaluation claim and a claim for evaluation and management services were submitted in Individual 1's name for the medical services the defendant GABR ELDIB rendered to Individual 2 on April 3, 2024. Both claims were paid on or about May 11, 2024, according to Medicaid claims data. Medicaid claims data also show that the prescription drugs that ELDIB prescribed to Individual 2 in Individual 1's name were billed to Medicaid.

42. Individual 2 did not meet or interact with Individual 1 at this appointment. Accordingly, based on my training and experience and understanding of Medicare and Medicaid regulations, defendant GABR ELDIB's appointment with Individual 2 could not be billed to Medicare or Medicaid as "incident to" Individual 1's purported treatment of Individual 2.

43. Based on my training and experience and understanding of Medicare and Medicaid regulations, defendant GABR ELDIB's appointment with Individual 2 also could not be billed to Medicare or Medicaid because ELDIB engaged in the unauthorized practice of medicine, and services rendered in violation of state law are ineligible for reimbursement.

C. The April 7, 2024 Encounter

44. On or about May 7, 2024, Individual 2 wore an audio and video recording device provided by law enforcement and at the direction of law enforcement returned to Medical Practice 1 posing as a patient. Individual 2 was again led to an examination room and seen by the defendant GABR ELDIB. Individual 2 presented with the same issues and reported that he continued to have issues sleeping and was experiencing headaches. ELDIB suggested Individual 2 see a psychiatrist. Individual 2 specifically requested Ambien, a controlled substance used for the short-term treatment of insomnia. ELDIB said he could not prescribe Ambien because it is a

controlled substance. ELDIB also said, "I can write anything not controlled. Anything." Individual 2 asked if there was anything he could take right now that would provide relief. ELDIB offered to prescribe the Individual 2 trazadone, which ELDIB said Individual 2 could take with the mirtazapine ELDIB previously prescribed. Individual 2 asked if there was another doctor he could see at Medical Practice 1. ELDIB said Individual 1 would be in the office on Thursday (i.e., May 9, 2024). The encounter between ELDIB and Individual 2 lasted approximately 6.5 minutes.

45. Medicaid claims data show that a claim was submitted in Individual 1's name for the medical services the defendant GABR ELDIB rendered to Individual 2 on May 7, 2024. The claim was paid on or about June 29, 2024, according to Medicaid claims data.

46. Individual 1 received an electronic prescription for trazodone hydrochloride 50-mg after leaving Medical Practice 1. Law enforcement filled the prescription, and it was issued in Individual 1's name, not the defendant GABR ELDIB's name. Medicaid claims data also show that the trazodone ELDIB prescribed to Individual 2 in Individual 1's name was billed to Medicaid.

47. As part of this investigation, law enforcement used a publicly available drug interaction tool on the website "Drugs.com" to see whether there were any adverse drug interactions associated with concurrently taking mirtazapine and trazadone. As noted above, the defendant GABR ELDIB prescribed both drugs to Individual 2 and recommended that he take them concurrently. According to Drugs.com, these drugs are potentially dangerous in combination as they can cause "serotonin syndrome," which can be fatal in severe cases.

48. Individual 2 did not meet or interact with Individual 1 at this appointment. Accordingly, based on my training and experience and understanding of Medicare and Medicaid

regulations, defendant GABR ELDIB's appointment with Individual 2 could not be billed to Medicare or Medicaid as "incident to" Individual 1's purported treatment of Individual 2.

49. Based on my training and experience and understanding of Medicare and Medicaid regulations, defendant GABR ELDIB's appointment with Individual 2 also could not be billed to Medicare or Medicaid because ELDIB engaged in the unauthorized practice of medicine, and services rendered in violation of state law are ineligible for reimbursement.

D. Individual 3's Text Messages

50. Law enforcement obtained text messages that Individual 3 sent and received using his cellular phones pursuant to search warrants. See 23-MJ-737 (E.D.N.Y.); 24-MC-1912 (E.D.N.Y.).

51. Individual 3's text messages with the defendant GABR ELDIB indicate that ELDIB issued electronic prescriptions in Individual 1's name. In April and May 2024, Individual 3 sent ELDIB several lists that included (a) Individual 1's name followed by (b) patients' names, dates of birth, and the names of prescription drugs. ELDIB's responses to these messages indicate that he had issued the prescriptions or intended to do so. For example, on May 10, 2024, Individual 3 sent ELDIB a text message with (a) Individual 1's name followed by (b) two patients' names, dates of births, and the names of two prescription drugs. Individual 3 then texted ELDIB, "Good morning Boss" followed by the name of a pharmacy Individual 3 owned. ELDIB responded, "Good morning doctor done[.]"

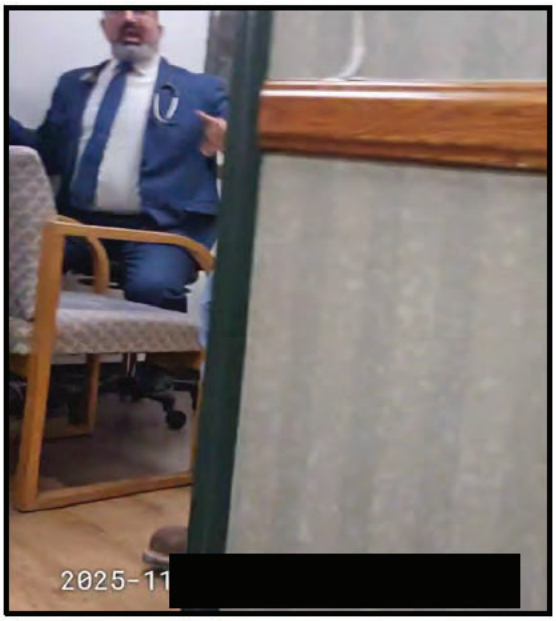
52. Additionally, Individual 3's text messages with pharmacy employees indicate that the defendant GABR ELDIB issued prescriptions in Individual 1's name. For example, on April 5, 2024, Individual 3 sent an employee an encrypted text message via WhatsApp asking, "Has gabr [ELDIB] sent u all [Individual 1] refills for last week[?]" Similarly, on April

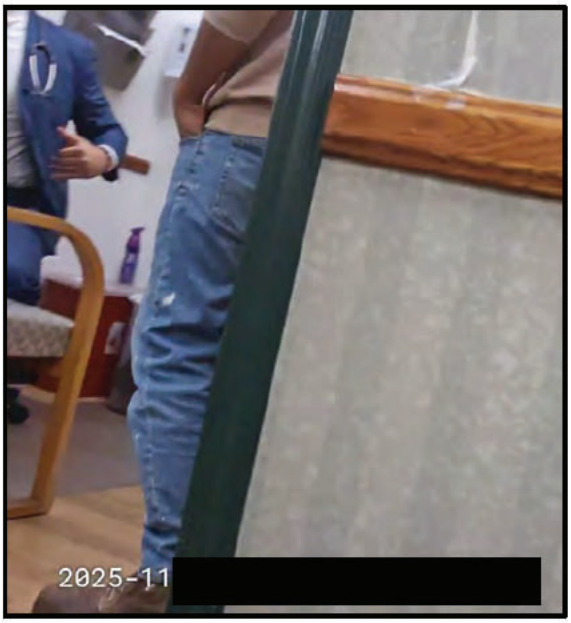
22, 2024, Individual 3 sent the same employee an encrypted text message stating, "Any refills from [Individual 1] get from.Gabr [ELDIB] directly and call the patients as well as other mds[.]"

E. November 2025 Recording of defendant GABR ELDIB and Individual 1

53. In or about November 2025, Individual 4 wore an audio and video recording device provided by law enforcement and at the direction of law enforcement went to Medical Practice 1. The recording device worn by Individual 4 captured conversations occurring in Medical Practice 1, including portions of Individual 1's and the defendant GABR ELDIB's conversations. Individual 1 was recorded stating that he is busy and that he has a clinic in Staten Island. ELDIB was also recorded stating, in English, that he works at Medical Practice 1 six days a week.

54. Individual 4's video recording equipment also captured images of the defendant GABR ELDIB wearing a stethoscope and apparently meeting with an individual in an examination room, which is reproduced below:





F. Government Records

55. Law enforcement reviewed various records to determine whether the defendant GABR ELDIB was ever licensed as a medical provider in the United States. To date, law enforcement has found no evidence of ELDIB being licensed as a medical provider in the United States.

56. For example, there is no record of the defendant GABR ELDIB ever submitting an application to the U.S. Department of Health and Human Services for an NPI number.

57. There is no record of the defendant GABR ELDIB ever submitting an application for or possessing a U.S. Drug Enforcement Administration Registration.

58. On or about April 29, 2024, the New York State Division of Licensing Services certified that they were "unable to locate any record of licensure or application for licensure in the profession of Medicine or any profession for a person by the name GABR M. ELDIB."

G. Bank Records

59. Law enforcement received and reviewed bank records as part of its investigation.

60. Bank records show that the defendant GABR ELDIB received checks from Medical Practice 1. These checks were made out to "Gabr Eldib Royal Consulting Group LLC." The records indicate ELDIB opened the bank account in 2013. ELDIB received regular payments from Medical Practice 1 through this entity from at least January 2018 through at least June 2026. Notably, the checks typically indicated they were for "consulting fees" rather than for the services ELDIB was actually performing at Medical Practice 1.

H. Controlled Call

61. On August 12, 2026, law enforcement called Medical Practice 1 under the guise of scheduling an appointment for a prospective patient. Law enforcement asked for an appointment with Individual 1. The receptionist said that Individual 1 is available for appointments on Mondays, Thursdays, and Saturdays. As noted above, the defendant GABR ELDIB was recorded stating that he works at Medical Practice 1 six days per week, indicating that there are days he works at Medical Practice 1 without Individual 1's supervision.

* * *

62. Based on the foregoing, there is probable cause to believe that the defendant GABR ELDIB has committed health care fraud, in violation of Title 18, United States Code, Section 1347, based on, among other things, evidence indicating ELDIB submitted and caused the submission of false and fraudulent claims to health care benefit programs for (a) claims for medical services purportedly rendered by ELDIB using Individual 1's name and NPI, (b) claims for drugs prescribed by ELDIB using Individual 1's name and NPI and (c) claims that were otherwise ineligible for reimbursement.

WHEREFORE, your deponent respectfully requests that an arrest warrant be issued for the defendant GABR ELDIB so that he may be dealt with according to law.

IT IS FURTHER REQUESTED that, because public filing of this document at this time could result in a risk of flight by the defendant, as well as jeopardize the government's

investigation, all papers submitted in support of this application, including the complaint and arrest warrant, be sealed until further order of the Court.

Respectfully submitted,

Heather Atamian
Special Agent
U.S. Department of Health and Human Services, Office of the Inspector General

Sworn to before me by telephone on August 13, 2026.

[redacted]
PEGGY KUO
UNITED STATES MAGISTRATE JUDGE
EASTERN DISTRICT OF NEW YORK

TO: Clerk's Office
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

APPLICATION FOR LEAVE
TO FILE DOCUMENT UNDER SEAL

****

UNITED STATES OF AMERICA

-V-

GABR ELDIB
also known as "Doctor Gabr,"
Defendant.

****

26-MJ-162
Docket Number

A) If pursuant to a prior Court Order:
Docket Number: _____
Judge: _____
Date Entered: _____

B) If a new application, the statute, regulation, or other legal basis that authorizes filing under seal

Ongoing criminal investigation; risk of flight and destruction of evidence

SUBMITTED BY: ☐ Plaintiff ☐ Defendant ☒ DOJ
Name: Nicholas K. Peone
Firm Name: U.S. Attorney's Office - EDNY
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Phone Number: (202) 923-7818
Email Address: Nicholas.Peone@usdoj.gov
Return To: Nicholas.Peone@usdoj.gov

ORDERED SEALED AND PLACED IN THE CLERK'S OFFICE, AND MAY NOT BE UNSEALED UNLESS ORDERED BY THE COURT

(Check off only one)
☒ Sealed Docket Entry and Document (*Entry and Document can only be seen by persons with sealed access. No NEF will be generated.*)
☐ Sealed Document only (*Document text is viewable but the document can only be seen by persons with sealed access. An NEF will be generated.*)
Other Restrictions: ☐ court users only ☒ ex parte ☐ attorneys for the applicable party ☐ case participants

DESCRIPTION OF DOCUMENT (*MANDATORY*)
Description of document to be entered on docket sheet

Application for a Search Warrant Pursuant to Fed. R. Crim. P. 41

[redacted]
U.S. DISTRICT/ MAGISTRATE JUDGE

08/13/2026
DATED: BROOKLYN , NEW YORK
RECEIVED IN CLERK'S OFFICE ON

CERTIFICATION OF SERVICE: (Check one)
A.) ☐ A copy of this application either has been or will be promptly served upon all parties to this action;
B.) ☐ Service is excused by 31 U.S.C. 3730(b), or by the following other statute or regulation_____; or
C.) ☒ This is a criminal document submitted, and flight, public safety, or security are significant concerns.

8/13/26
Date

/s/ Nicholas K. Peone
Signature