UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

| | | |
|---|---|---|
| UNITED STATES OF AMERICA | ) | |
| | ) | No. 24 CR 620 |
| v. | ) | |
| | ) | Violation: Title 18, United |
| AMIRALI BHIMANI | ) | States Code, Section 1347 |
| | ) | |

The UNITED STATES DEPARTMENT OF JUSTICE charges:

1. At times material to this Information:

**COUNTS ONE THROUGH THREE**

**The Medicare Program**

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

b. Medicare was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b), and a "Federal health care program," as defined by Title 42, United States Code, Section 1320a-7b(f).

c. Physicians, clinics, laboratories, and other health care providers (collectively, "providers") that provided services to Medicare beneficiaries were able to apply for and obtain a "provider number." A provider that received a Medicare

provider number was able to file claims with Medicare for services provided to beneficiaries.

d. To receive Medicare reimbursement, providers had to fill out an application and execute a written provider agreement, known as CMS Form 855. The application contained certifications that the provider agreed to abide by Medicare laws and regulations, and that the provider "[would] not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and [would] not submit claims with deliberate ignorance or reckless disregard of their truth or falsity."

e. To receive reimbursement for specific services or products from Medicare, a provider had to submit a claim with certain information, including information regarding the beneficiary; the type of services or products provided (typically identified by a procedure code); the billed amount for the services or products provided; and a certification that the services or products for which payment were sought were rendered by the listed provider.

**Over-the-Counter COVID-19 Test Kits**

f. In or around April 2022, the federal government announced that Medicare beneficiaries could receive up to eight over-the-counter COVID-19 test kits ("OTC test kits") per calendar month from participating pharmacies and health care providers, for the duration of the COVID-19 public health emergency, at no cost to Medicare beneficiaries.

g. Medicare would not pay for more than eight OTC test kits per calendar month, per Medicare beneficiary. CMS issued guidance instructing providers to distribute OTC test kits only to Medicare beneficiaries who requested them.

h. The public health emergency for COVID-19 ended on May 11, 2023, at which point Medicare would no longer pay for eight OTC test kits per month at no cost to beneficiaries. However, on February 9, 2023, Medicare announced that it would allow a one-year grace period for providers to bill OTC test kits that were provided to beneficiaries prior to May 11, 2023, but that the provider was unable to bill prior to the May 11, 2023, deadline.

i. To receive reimbursement from Medicare for supplying OTC test kits, providers were directed to bill Medicare using Healthcare Common Procedure Code System ("HCPCS") code K1034.

**The Defendant and Related Companies**

j. AMIRALI BHIMANI ("BHIMANI") was a resident of Illinois.

k. Laboratory 1 was a purported medical laboratory with a principal address in Chicago, Illinois.

l. Laboratory 2 was a purported medical laboratory with a principal address in Chicago, Illinois.

m. Laboratory 3 was a purported medical laboratory with a principal address in Carol Stream, Illinois.

## The Scheme

2. From in or around January 2023, and continuing through in or around June 2023, in the Northern District of Illinois, Eastern Division, and elsewhere,

AMIRALI BHIMANI,

defendant herein, together with others known and unknown to the United States, participated in a scheme and artifice to defraud a health care benefit program, namely Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare, in connection with the delivery of and payment for health care benefits, items, and services, which scheme is further described below.

3. It was part of the scheme that BHIMANI, together with others, sold Medicare beneficiary information to laboratories, including but not limited to, Laboratory 1, Laboratory 2, and Laboratory 3, and represented to the laboratories that the Medicare beneficiaries had requested or consented to the receipt of OTC test kits when BHIMANI knew the beneficiaries had not. BHIMANI knew that the laboratories would submit claims to Medicare for the purported provision of OTC test kits to the Medicare beneficiaries whose beneficiary information BHIMANI provided.

4. It was further part of the scheme that, in addition to the beneficiary information, BHIMANI at times sold billing services, as well as purported OTC test kit procurement and shipping services, to laboratories. BHIMANI sold these services to facilitate the laboratories' billing to Medicare for the purported provision of OTC test kits to the beneficiaries listed in the data BHIMANI provided to the laboratories.

5. It was further part of the scheme that BHIMANI, together with others, provided to laboratories, and caused to be provided to laboratories, fake recordings of purported phone calls with Medicare beneficiaries in which the Medicare beneficiaries purportedly consented to receive OTC test kits. BHIMANI understood from conversations with the source of these fake recordings that the recordings had been created using artificial intelligence and that the purported phone calls had not actually occurred.

6. It was further part of the scheme that BHIMANI continued to sell Medicare beneficiary information, billing services, and purported procurement and shipping services to laboratories after BHIMANI became aware that the confidential Medicare beneficiary information was not obtained through legitimate requests or consent by Medicare beneficiaries.

7. It was further part of the scheme that BHIMANI sold confidential Medicare beneficiary information to certain laboratories that BHIMANI knew billed Medicare as if the OTC test kits had been provided even though BHIMANI knew those laboratories did not actually procure the OTC test kits or ship them to the beneficiaries set forth in the data BHIMANI provided.

8. It was further part of the scheme that BHIMANI was aware fraudulent tracking numbers were sent to certain laboratory owners, and that fact was concealed from those laboratory owners, intending to cause those laboratory owners to believe that OTC test kits had been provided to Medicare beneficiaries on behalf of the

laboratories, when in fact no such OTC test kits were procured or shipped to the beneficiaries.

9. Through the scheme, BHIMANI and others caused laboratories to submit claims to Medicare seeking a total amount of approximately $342 million for the purported provision of OTC test kits to beneficiaries who did not request or consent to receiving them and/or did not receive the OTC test kits as represented to Medicare. Medicare paid the laboratories a total amount of approximately $240,142,473 based on the fraudulent claims submitted on behalf of the laboratories.

10. On or about the dates enumerated below under "date billed," in the Northern District of Illinois and elsewhere,

AMIRALI BHIMANI,

defendant herein, did knowingly and willfully execute, and attempt to execute, the above-described scheme by submitting, and causing to be submitted, claims to a health care benefit program, namely Medicare, for over-the-counter COVID-19 test kits that were not actually provided and/or requested, each submission constituting a separate count:

| Count | Purported Patient | Purported Date of Service | Approx. Submission Date | Lab | Approx. Amt. Billed | Approx. Amt. Paid |
|---|---|---|---|---|---|---|
| 1 | S.D. | 7/5/2022 | 5/11/2023 | Lab 1 | $120.00 | $94.08 |
| 2 | L.P. | 7/4/2022 | 5/12/2023 | Lab 2 | $120.00 | $94.08 |
| 3 | L.P. | 9/1/2022 | 5/8/2023 | Lab 3 | $120.00 | $94.08 |

In violation of Title 18, United States Code, Section 1347.

## FORFEITURE ALLEGATION

The UNITED STATES DEPARTMENT OF JUSTICE further alleges:

1. Upon conviction of an offense in violation of Title 18, United States Code, Section 1347, as set forth in this Information,

AMIRALI BHIMANI,

defendant herein, shall forfeit to the United States of America any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

2. The property to be forfeited includes, but is not limited to the following:

a. Approximately $27,414,554.61 in funds seized on or about June 21, 2023, from JPMorgan Chase account number xxxxxxxx9668;

b. Approximately $553,732.58 in funds seized on or about April 30, 2025, from JPMorgan Chase account number xxxxxxxx9668;

c. Approximately $8,837,267.28 in funds seized on or about June 23, 2023, from BMO Harris account number xxxxxxxx0975;

d. Approximately $2,550,587.58 in funds seized on or about June 23, 2023, from BMO Harris account number xxxxxxxx4595;

e. Approximately $251,361.95 in funds seized on or about September 21, 2023, from Wells Fargo account number xxxxxxxx3659;

f. Approximately $785,203.00 in funds seized on or about September 21, 2023, from Wells Fargo account number xxxxxxxx3675;

g. Approximately $291,480.68 in funds seized on or about June 21, 2023, from Bank of America account number xxxxxxxx3095;

h. Approximately $182,227.90 in funds seized on or about June 21, 2023, from Bank of America account number xxxxxxxx3417;

i. Approximately $571,500.60 in funds seized on or about June 21, 2023, from BMO Harris account number xxxxxxxx5304;

j. Approximately $2,557,953.51 in funds seized on or about June 21, 2023, from JPMorgan Chase account number xxxxxxxx1880;

k. Approximately $499,080.08 in funds seized on or about September 21, 2023, from BMO Harris account number xxxxxxxx5452;

l. Approximately $82,085.28 in funds seized on or about June 23, 2023, from JPMorgan Chase account number xxxxxxxx8671;

m. Approximately $243,859.89 in funds seized on or about June 23, 2023, from Bank of America account number xxxxxxxx7593;

n. Approximately $82,192.72 in funds seized on or about June 23, 2023, from JPMorgan Chase accounts number xxxxxxxx2382;

o. Approximately $109,763.00 in funds seized on or about June 23, 2023, from JPMorgan Chase account number xxxxxxxx7126;

p. Approximately $370,712.50 in funds seized on or about June 23, 2023, from JPMorgan Chase account number xxxxxxxx3338;

q. Approximately $150,000.00 in funds seized on or about June 23, 2023, from JPMorgan Chase account number xxxxxxxx5859;

r. Approximately $53,675.89 in funds seized on or about June 23, 2023, from JPMorgan Chase account number xxxxxxxx1623;

s. Approximately $4,240.52 in funds seized on or about June 23, 2023, form JPMorgan Chase account number xxxxxxxx7792;

t. Approximately $150,000.00 in funds seized on or about June 23, 2023, from JPMorgan Chase account number xxxxxxxx9518.

3. If any of the property described above, as a result of any act or omission of the defendant: cannot be located upon the exercise of due diligence; has been transferred or sold to, or deposited with, a third party; has been placed beyond the jurisdiction of the Court; has been substantially diminished in value; or has been commingled with other property that cannot be subdivided without difficulty; the United States of America shall be entitled to forfeiture of substitute property, as provided in Title 21, United States Code, Section 853(p).

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UNITED STATES ATTORNEY

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U.S. DEPARTMENT OF JUSTICE
CRIMINAL DIVISION, FRAUD SECTION
CHIEF