

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

UNITED STATES OF AMERICA)
)
 v.) Violations: Title 18, United States
) Code, Sections 1028A(a)(1),
 PRANAV PATEL) 1035(a)(2) and 1347
)

COUNT ONE

The SPECIAL DECEMBER 2017 GRAND JURY charges:

1. At times material to this Indictment:

a. Defendant PRANAV PATEL was a physician licensed to practice medicine in Illinois. Defendant PATEL owned and operated Palos Medical Care, S.C., a medical clinic located in Palos Heights, Illinois.

b. Blue Cross and Blue Shield of Illinois offered and administered a health care benefit program within the meaning of Title 18, United States Code, Section 24(b). Blue Cross and Blue Shield of Illinois provided coverage for patients who sought treatment at Palos Medical Care, S.C., for services that were actually rendered.

c. Medicare was a health care benefit program within the meaning of Title 18, United States Code, Section 24(b) that provided free or below-cost health care benefits to certain eligible beneficiaries, primarily persons who were sixty-five years of age and older. Medicare provided coverage for patients who sought treatment at Palos Medical Care, S.C., for services that were actually rendered.

d. Defendant PRANAV PATEL, as well as Palos Medical Care, S.C., were required to submit certain claim information to Blue Cross and Blue Shield of Illinois and Medicare for reimbursement for covered services provided to patients. Required claim information included the claimant's name; his/her insurance number; his/her date of birth; the health care services provided; the location where the health care services were provided; the name and National Provider Identifier of the doctor or technician providing the health care services; and the charge for each health care service provided.

e. Health care benefit programs paid for services that were covered by a patient's insurance policy and for which a representation had been made that the services were actually provided to patients.

f. A duplex scan was a non-invasive exam that studied the structure of organs and the arterial inflow and venous outflow of blood.

2. Beginning in or about 2008, and continuing through in or about June 2013, at Chicago, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, participated in a scheme to defraud a health care benefit program, namely Blue Cross and Blue Shield of Illinois and Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control a health care benefit program, in connection with the delivery of and payment for health care benefits and services, which scheme is further described below.

3. It was part of the scheme that defendant PATEL knowingly submitted, and caused to be submitted, fraudulent claims to Blue Cross and Blue Shield of Illinois and Medicare for tests

that were not actually rendered, including tests that PATEL claimed were done on days that patients did not come to his practice.

4. It was further part of the scheme that defendant PATEL knowingly submitted, and caused to be submitted, fraudulent claims to Blue Cross and Blue Shield of Illinois and Medicare for services that were not actually rendered, including claims for office visits when PATEL did not see the patient.

5. It was further part of the scheme that defendant PATEL knowingly created, and caused the creation of, false medical records at Palos Medical Care, S.C. to substantiate the fraudulent claims submitted to Blue Cross and Blue Shield of Illinois and Medicare.

6. It was further part of the scheme that defendant PATEL knowingly submitted, and caused to be submitted, false medical records to Blue Cross and Blue Shield of Illinois in response to an audit of PATEL and Palos Medical Care, S.C.

7. As a result of this scheme, PATEL, fraudulently obtained, or caused Palos Medical Care, S.C. to obtain, and converted to his own use in excess of at least approximately \$950,000 in payments from Blue Cross and Blue Shield of Illinois and Medicare.

8. It was further part of the scheme that defendant PATEL did misrepresent, conceal and hide, and cause to be misrepresented, concealed and hidden, the acts done and the purposes of acts done in furtherance of the scheme.

9. On or about April 26, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient SM on April 15, 2013, when, in fact, no such test was performed on that date;

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

COUNT TWO

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraphs 1 through 8 of Count One are incorporated here.
2. On or about May 2, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient TZ on April 23, 2013, when, in fact, no such test was performed on that date;

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

COUNT THREE

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraphs 1 through 8 of Count One are incorporated here.
2. On or about May 3, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient SW on April 16, 2013, when, in fact, no such test was performed on that date;

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

COUNT FOUR

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraphs 1 through 8 of Count One are incorporated here.
2. On or about May 9, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient WK on February 20, 2013, when, in fact, no such test was performed on that date;

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

COUNT FIVE

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraphs 1 through 8 of Count One are incorporated here.
2. On or about May 28, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient HG on April 20, 2013, when, in fact, no such test was performed on that date;

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

COUNT SIX

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraphs 1 through 8 of Count One are incorporated here.
2. On or about May 31, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient JU on November 2, 2012, when, in fact, no such test was performed on that date;

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

COUNT SEVEN

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraphs 1 through 8 of Count One are incorporated here.
2. On or about June 10, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to a health care benefit program, namely Blue Cross and Blue Shield of Illinois, a claim for a duplex scan purportedly performed on Patient AM on May 6, 2013, when, in fact, no such test was performed on that date;

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

COUNT EIGHT

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

On or about April 26, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, did knowingly use without lawful authority a means of identification of another person, namely, the name and date of birth of Patient SM, during and in relation to a felony, namely a violation of Title 18, United States Code, Section 1347, as alleged in Count One of the Indictment;

In violation of Title 18, United States Code, Section 1028A(a)(1).

COUNT NINE

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

On or about June 10, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, did knowingly use without lawful authority a means of identification of another person, namely the name and date of birth of Patient AM, during and in relation to a felony, namely a violation of Title 18, United States Code, Section 1347, as alleged in Count Seven of the Indictment;

In violation of Title 18, United States Code, Section 1028A(a)(1).

COUNT TEN

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraph 1 of Count One is incorporated here.
2. On or about May 21, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, did knowingly and willfully make and cause to be made a materially false, fictitious, and fraudulent statement and representation, and make and cause to be made a materially false writing and document, knowing the same to contain a materially false, fictitious, and fraudulent statement and entry, in a matter involving a health care benefit program in connection with the payment for health care benefits and services, namely, a seven-page electronic medical record indicating that Patient CJ had come to the office on June 2, 2012 for a follow-up visit regarding various medical conditions and that a review of systems had been taken, when PATEL knew that Patient CJ had come to the office on that date to receive a refill on a prescription;

In violation of Title 18, United States Code, Section 1035(a)(2).

COUNT ELEVEN

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraph 1 of Count One is incorporated here.
2. In or about June 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, did knowingly and willfully make and cause to be made a materially false, fictitious, and fraudulent statement and representation, and make and cause to be made a materially false writing and document, knowing the same to contain a materially false, fictitious, and fraudulent statement and entry, in a matter involving a health care benefit program in connection with the payment for health care benefits and services, namely, a report that falsely indicated that a urinary bladder ultrasound had been done on Patient CJ on September 3, 2012;

In violation of Title 18, United States Code, Section 1035(a)(2).

COUNT TWELVE

The SPECIAL DECEMBER 2017 GRAND JURY further charges:

1. Paragraph 1 of Count One is incorporated here.
2. On or about June 5, 2013, in the Northern District of Illinois, Eastern Division, and elsewhere,

PRANAV PATEL,

defendant herein, did knowingly and willfully make and cause to be made a materially false, fictitious, and fraudulent statement and representation, and make and cause to be made a materially false writing and document, knowing the same to contain a materially false, fictitious, and fraudulent statement and entry, in a matter involving a health care benefit program in connection with the payment for health care benefits and services, namely, an eight-page record indicating that Patient JU had come to the office on June 25, 2012 for a follow-up visit regarding various medical conditions and that a review of systems had been taken, when PATEL knew that Patient JU had come to the office on that date to receive a written script for a prescription;

In violation of Title 18, United States Code, Section 1035(a)(2).

A TRUE BILL:

FOREPERSON

UNITED STATES ATTORNEY