United States Department of Justice

THE UNITED STATES ATTORNEY'S OFFICE
EASTERN DISTRICT of NEW YORK

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FOR IMMEDIATE RELEASE Tuesday, March 25, 2014

New York Doctor Charged In Alleged Multi-Million Medicare Fraud Scheme

BROOKLYN, NY - A criminal complaint was unsealed this morning in Brooklyn federal court charging Dr. Syed Imran Ahmed, 49, with healthcare fraud in connection with his submission of millions of dollars in false Medicare billings. Seizure warrants seeking millions of dollars of the defendant's alleged ill-gotten gains, including the contents of seven bank accounts, were also unsealed. In addition, a civil forfeiture complaint was also filed today against the defendant's residence located in Muttontown, New York, valued at approximately $4 million. Further, earlier today search warrants were executed at six locations in New York, Michigan and Nevada. The defendant's initial appearance is scheduled this afternoon before United States Magistrate Judge Marilyn Go, at the United States Courthouse, 225 Cadman Plaza East, Brooklyn, New York.

The charges were announced by Loretta E. Lynch, United States Attorney for the Eastern District of New York, David O'Neil, Acting Assistant Attorney General of the Justice Department's Criminal Division, George Venizelos, Assistant Director in Charge, Federal Bureau of Investigation, New York Field Office, and Thomas O'Donnell, Special Agent in Charge, Department of Health and Human Services-Office of Inspector General (HHS-OIG).

As alleged in the complaint, Ahmed engaged in a scheme to submit claims to Medicare for surgical procedures that were not in fact performed. The complaint cites multiple instances in which either patients told law enforcement officers that they never had the procedures that were billed, or hospital medical records did not contain any evidence that the procedures were actually

performed. From January 2011 through mid-December 2013, Medicare was billed at least $85 million for surgical procedures by Ahmed, a sole practitioner.

“As alleged, Ahmed created phantom medical procedures to steal very real taxpayer money. The defendant sought to enrich himself and fund his lifestyle through billing Medicare for services he never performed,” stated United States Attorney Lynch. “We are committed to protecting these taxpayer-funded programs and prosecuting those who steal from them.”

“The Medicare system entrusts doctors to provide patients with the care and services they need,” said Acting Assistant Attorney General O’Neil. “The charges unsealed today allege that Dr. Ahmed billed millions of dollars to Medicare for surgical procedures that he did not actually perform. These charges are yet another example of the Department of Justice’s determination to hold accountable those who abuse the trust placed in them and steal from the system for personal gain.”

FBI Assistant Director in Charge Venizelos stated, “Fraudulently billing the government defrauds every American taxpayer. We will investigate cases of graft and greed to protect important programs for those who need them.”

“For a single physician, the alleged conduct in this case is among the most serious I’ve seen in my law enforcement career,” said SAC for HHS-OIG O’Donnell. “Being a Medicare provider is a privilege, not a right. When Dr. Ahmed allegedly billed Medicare for procedures he never performed, he violated the basic trust that taxpayers extend to healthcare providers.”

The investigation has been conducted by the FBI and HHS-OIG, brought as part of the Medicare Fraud Strike Force, and supervised by the U.S. Attorney’s Office for the Eastern District of New York and the Criminal Division’s Fraud Section. The case is being prosecuted by Trial Attorney Turner Buford of the Criminal Division’s Fraud Section and Assistant United States Attorneys William Campos and Erin Argo of the U.S. Attorney’s Office for the Eastern District of New York.

The charges in the complaint are merely allegations, and the defendant is presumed innocent unless and until proven guilty. If convicted, the defendant faces a maximum sentence of ten years.

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.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to: www.stopmedicarefraud.gov.

The Defendant:

SYED IMRAN AHMED

Age: 49

Glen Head, New York

E.D.N.Y. Docket No. 14-274

Component(s):
USAO - New York, Eastern

Updated March 30, 2018