



# Department of Justice

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Northern District of Georgia

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**OWNER OF MEDICAL SUPPLY COMPANY  
IMPRISONED FOR DEFRAUDING MEDICARE**

***Christopher Muomah Forged Documents and  
Paid Illegal Kickbacks To Defraud Medicare Of More Than \$300,000***

Atlanta, GA - CHRISTOPHER MUOMAH, 50, of Mableton, Georgia, was sentenced today by United States District Judge Julie E. Carnes on 53 counts of health care fraud, 41 counts of paying illegal kickbacks, and 3 counts of money laundering. MUOMAH was convicted of these charges after a jury trial on June 8, 2007.

United States Attorney David E. Nahmias said, "This defendant and other medical professionals and businesses that file false claims with Medicare contribute to rising health care costs for all of us. The prison sentence imposed today, which followed convictions on all 97 counts presented to the jury, shows that these criminals face far more than monetary penalties."

MUOMAH was sentenced to serve 30 months in prison to be followed by 3 years of supervised release, and was ordered to pay \$327,925.96. The court also indicated it would enter a separate money judgment on the forfeiture provision in the indictment in the amount of \$327,925.96. MUOMAH was convicted of these charges after a jury trial on June 8, 2007.

According to United States Attorney Nahmias and the information presented in court: MUOMAH owns and runs a medical supply company known as Riverside Discount Pharmacy or Millenium Health Products. A principal part of MUOMAH's business was to supply motorized wheelchairs and accessories to Medicare-covered patients, and bill those deliveries to Medicare. The evidence showed that Muomah profited by over \$3,000 for each one of these deliveries.

The jury convicted MUOMAH of engaging in two related schemes to fraudulently bolster his Medicare claims. First, he paid over \$50,000 in illegal kickbacks from 2000-2002 to a co-conspirator, in exchange for the referral of wheelchair patients. It is a crime to pay another for referrals of business that would be repaid under the Medicare program.

Second, MUOMAH submitted over \$300,000 in false bills relating to patients, many of whom had never seen a doctor. Medicare only pays for a motorized wheelchair, which cost thousands of dollars each, to the extent a doctor certifies that the wheelchair is medically necessary for a given patient. MUOMAH evaded that rule by paying his co-conspirator to forge a doctor's name on dozens of Certificates of Medical Necessity for these patients. MUOMAH thus billed Medicare on the basis of these forged and fraudulent physician documents. In the end, Medicare paid MUOMAH for the delivery of approximately 60 wheelchairs to patients who had not seen a doctor and who had no documented medical necessity for the wheelchair.

Co-conspirator MELODY HOLMES was prosecuted separately and was sentenced to 12 months in federal prison.

As part of the defendant's sentence, the United States is also seeking the forfeiture of any and all proceeds of the fraud scheme, which includes approximately \$247,719 in cash, and may include five pieces of property in the Atlanta area to satisfy the money judgment.

This case was investigated by Special Agents of the United States Department of Health and Human Services, Office of the Inspector General, the Federal Bureau of Investigation, and the State of Georgia's Office of Community Health, Program Integrity Unit.

Assistant United States Attorneys Justin S. Anand and Evan Weitz prosecuted the case.

For further information please contact David E. Nahmias (pronounced NAH-me-us), United States Attorney, or Charysse L. Alexander, Executive Assistant United States Attorney, through Patrick Crosby, Public Affairs Officer, U.S. Attorney's Office, at (404) 581-6016. The Internet address for the HomePage for the U.S. Attorney's Office for the Northern District of Georgia is [www.usdoj.gov/usao/gan](http://www.usdoj.gov/usao/gan).