



Department of Justice

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FOR IMMEDIATE RELEASE

05/05/09

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CONSPIRATOR IN \$12 MILLION MEDICARE FRAUD RING SENTENCED TO PRISON

Atlanta, GA - ALAIN AMADOR, 31, of Miami, Florida, was sentenced today by Senior United States District Judge Jack T. Camp to serve over 4 years in prison on a charge of conspiracy to commit health care fraud.

United States Attorney David E. Nahmias said, "This was a bold crime in which the defendant and his conspirators made up phony medical companies and billed Medicare for millions of dollars of fake medical services. This defendant, who was a key part of the scheme, will now spend several years in federal prison. The good news is that most of the money the conspirators attempted to get was either not paid or was seized by law enforcement. The crime was identified early because several Medicare patients carefully reviewed and reported discrepancies in the paperwork they received. We thank those citizens, who with many others are on the front lines in our battle against health care fraud."

"We are proud to be part of the Federal team that brought AMADOR to justice," said Melody Jackson, Special Agent in Charge of the Office of Inspector General's Atlanta Regional Office, who also warned, "Criminals can rest assured that if they attempt to defraud federal health care programs and their patients, they will be held accountable."

AMADOR was sentenced to 4 years, 3 months in prison to be followed by 3 years of supervised release, ordered to pay restitution in the amount of \$3.9 million, and ordered to perform 200 hours of community service. AMADOR pleaded guilty to the charges on March 3, 2009.

According to United States Attorney Nahmias and the information presented in court: AMADOR and his conspirators set up a series of fake medical clinics in the Atlanta area. They leased space in the names of the companies, opened bank accounts, filed corporate documents in the names of the companies, and ultimately applied for and received Medicare billing numbers. However, the companies existed in name only. They maintained no operations, employees, or equipment. Using improperly obtained identity

information of actual doctors and Medicare patients, the conspirators filed more than \$12 million in Medicare claims for phony services in less than a year.

Of the amount billed, Medicare paid approximately \$3 million before the scheme was uncovered and the payments were halted. As part of this criminal case, the United States seized approximately \$2 million of this money, some of which was still present in bank accounts when the scheme was identified, and some of which was in the form of checks that were sitting in the fake offices waiting to be picked up and deposited. Most of the remainder of the money was transferred to or deposited in foreign bank accounts.

AMADOR, who has a nursing degree, helped set up and maintain the fake companies. He assisted in incorporating the companies and opening the bank accounts. He periodically traveled from Miami, where most of the conspirators were based, to Atlanta, to keep up appearances at the office space, check the mail (including picking up outstanding Medicare checks), and pay rent.

The investigation is still ongoing. One named co-defendant remains a fugitive. JESUS LLOSA, a Cuban national, was last known to live in Miami, Florida.

This case was investigated by Special Agents of the Federal Bureau of Investigation and the Department of Health and Human Services, Office of the Inspector General.

Assistant United States Attorneys Justin S. Anand and Gerald S. Sachs 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.