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**FORMER MEDICAL DIRECTOR AT ROCK CREEK PSYCHIATRIC FACILITY  
INDICTED IN ALLEGED \$875,000 HEALTH CARE FRAUD SCHEME**

CHICAGO – A suburban psychiatrist who was the medical director at the shuttered Rock Creek Center in Lemont was indicted for allegedly defrauding Medicare of more than \$875,000 by falsely claiming to have provided services that he never performed and billing for more complex services than he actually provided. The defendant, **Dr. Naseem Chaudhry**, allegedly admitted patients to the privately-owned Rock Creek psychiatric facility, routinely kept them in the facility for long periods of time, and billed for services when there were no medically necessary reasons for either their admission or the services he claimed to have provided. On certain days, Chaudhry billed Medicare for more than 16 or 24 hours of services he allegedly provided in a single day, and in some instances, he was not even in the United States on the dates he falsely claimed to have personally provided medical services, according to the charges.

Chaudhry, 49, of Downers Grove, was charged with 14 counts of health care fraud in an indictment returned by a federal grand jury, announced Patrick J. Fitzgerald, United States Attorney for the Northern District of Illinois. The indictment also seeks forfeiture of \$875,881. Chaudhry will be ordered to appear for arraignment at a later date in U.S. District Court.

Chaudhry was the medical director at Rock Creek from 1998 through late 1999, and he was the assistant medical director from late 1999 until the facility, with approximately 120 patients beds, closed

in September 2002. In addition to Rock Creek, Chaudhry treated patients at nursing facilities and hospitals in the Chicago area, and he owned Nehal Psychiatric Group in Downers Grove and practiced psychiatry at Integrated Health Center in Romeoville.

The indictment alleges that between at least January 1999 and November 2001, Chaudhry defrauded Medicare by submitting false claims for reimbursement, claiming either that he provided more complex evaluation and management and psychotherapy services than were actually provided, or that he provided services that he never performed. By claiming to have provided more complex services, or “up-coding” claims, Medicare reimbursed Chaudhry at a higher rate than if he had properly billed for the services he actually provided.

Mr. Fitzgerald announced the charges with David Krupnick, Special Agent-in-Charge of Investigations for the U.S. Department of Health and Human Services Office of Inspector General in Chicago, and Robert D. Grant, Special Agent-in-Charge of the Chicago Office of the Federal Bureau of Investigation. The government is being represented by Assistant U.S. Attorneys Lisa Noller and Jeffrey Cramer. The investigation is continuing, they said.

Each count of health care fraud carries a maximum penalty of 10 years in prison and a \$250,000 fine. As an alternative fine, the Court may order a fine totaling twice the gross loss to any victim or twice the gain to the defendant, whichever is greater. The Court, which also must order restitution, would determine the appropriate sentence to be imposed.

The public is reminded that an indictment contains only charges and is not evidence of guilt. The defendant is presumed innocent and is entitled to a fair trial at which the United States has the burden of proving guilt beyond a reasonable doubt.

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