



U. S. Department of Justice

United States Attorney
Northern District of Illinois

Patrick J. Fitzgerald
United States Attorney

Dirksen Federal Courthouse
219 South Dearborn Street, Fifth Floor
Chicago, Illinois 60604
(312) 353-5300

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PRESS CONTACTS:
AUSA Joel Hammerman 312-353-8881
Randall Samborn 312-353-5318

PHYSICIAN WHO OPERATED SOUTH SIDE MEDICAL CLINIC CONVICTED OF HEALTH CARE FRAUD INVOLVING UNNECESSARY PATIENT TESTS

CHICAGO— A federal jury yesterday convicted **Dr. Jaswinder Rai Chhibber**, a physician who operated a south side medical clinic, of engaging in a health care fraud scheme between 2007 and July 2010, federal law enforcement officials announced today. Chhibber, who operated the former Cottage Grove Community Medical Clinic, located at 642 East 79th St., Chicago, was convicted of defrauding Medicare and Blue Cross Blue Shield of Illinois by submitting false insurance claims for medically unnecessary tests and using false diagnosis codes to justify the tests he had ordered.

Chhibber, 43, of Schaumburg, was found guilty of five counts of healthcare fraud and four counts of making false statements involving a health care benefits program after less than two full days of deliberations following a week-long trial in U.S. District Court. The jury found him not guilty of seven additional counts.

Chhibber remains free on bond pending sentencing, which U.S. District Judge Suzanne Conlon scheduled for May 10. He faces a maximum penalty of 10 years in prison on each count of

health care fraud, and five years in prison on each false statements count, and a \$250,000 fine on each count.

The evidence at trial showed that Chhibber ordered medically unnecessary tests, falsified patients' medical records, and used false diagnosis codes on insurance claim forms in various fashions for at least five patients who testified at trial, including two undercover federal agents who posed as patients. Evidence also showed that Chhibber administered echocardiograms, electrocardiograms, nerve conduction studies, and carotid doppler and abdominal ultrasounds for an unusually high percentage of his Medicare and Blue Cross patients.

The conviction was announced by Patrick J. Fitzgerald, United States Attorney for the Northern District of Illinois, together with Lamont Pugh III, Special Agent-in-Charge of the Chicago Region of the U.S. Department of Health and Human Services Office of Inspector General, and Robert D. Grant, Special Agent-in-Charge of the Chicago Office of Federal Bureau of Investigation. The U.S. Department of Labor Office of Inspector General and the U.S. Railroad Retirement Board Office of Inspector General also participated in the investigation.

The investigation was conducted by the Medicare Fraud Strike Force, which expanded to Chicago in 2011, and is part of the Health Care Fraud Prevention & Enforcement Action Team (HEAT), a joint initiative between the Justice Department and HHS to focus their efforts to prevent and deter fraud and enforce anti-fraud laws around the country.

The government is being represented by Assistant U.S. Attorneys Joel Hammerman and Samuel B. Cole.

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