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**UNITED STATES SUES DOCTOR AND CLINICAL PRACTICE
SPECIALIZING IN ALZHEIMER'S DISEASE
FOR DEFRAUDING MEDICARE**

MICHAEL J. GARCIA, the United States Attorney for the Southern District of New York, filed a civil suit today against MANHATTAN-WESTCHESTER MEDICAL SERVICES, P.C., also known as PARK AVENUE MEDICAL CENTER, and DR. TURAN M. ITIL, the owner and operator of MANHATTAN-WESTCHESTER MEDICAL, for defrauding the Medicare program by submitting claims and receiving payment for services that were not covered by the Medicare program and were not reasonable and necessary, and by basing their claims on false diagnoses.

The Complaint alleges that MANHATTAN-WESTCHESTER MEDICAL, a clinical practice located at 41 Park Avenue in Manhattan, solicited elderly persons, many of them non-English speaking, to receive "free" screenings for Alzheimer's disease. According to the Complaint, the defendants' staff would examine persons who were enrolled in the Medicare program, perform certain tests, ask the beneficiary to complete certain self-administered tests, and then prepare a report concerning the beneficiary. The defendants, according to the Complaint, then issued a diagnosis of Alzheimer's disease, submitted claims for payment to the Medicare program for the services and were paid on their claims.

The Complaint contends that these examinations and tests were not reasonable or necessary in light of the beneficiaries' reported symptoms. The Complaint alleges that defendants performed psychological, neuropsychological, and psychiatric testing for many of the beneficiaries even though the beneficiaries reported no symptoms warranting such testing. Similarly, the defendants allegedly conducted unwarranted quantitative electroencephalography (QEEG) tests on many of the beneficiaries. In addition, the Complaint alleges that defendants routinely diagnosed each of the Medicare beneficiaries

with Alzheimer's disease even though examinations and testing did not support that diagnosis. Finally, the Complaint asserts that none of the services that the defendants provided was covered by the Medicare program because the program does not reimburse providers for screening beneficiaries for Alzheimer's disease.

For example, a 78-year old Spanish-speaking beneficiary was screened by the defendants for Alzheimer's disease and given a battery of tests, including a digital electroencephalography (EEG) and psychological tests, according to the Complaint. The medical history of the beneficiary at the time indicated that his only medical problem was high blood pressure and that he had no neurological or psychological complaints. The Complaint alleges that there was no indication from any of the testing that the beneficiary suffered from Alzheimer's disease. Nevertheless, it is charged that the defendants diagnosed the beneficiary with the "highest degree of certainty" as having Alzheimer's disease and billed Medicare. There are hundreds of other instances, according to the Complaint, in which the defendants submitted false claims for payment from the Medicare program for similar services under similar circumstances.

The Complaint, brought under the federal False Claims Act, alleges the fraud occurred from January 15, 2003 through August 5, 2005. The case has been assigned to United States District Judge WILLIAM H. PAULEY III.

The United States is seeking relief against the defendants to recover the monies paid and requests that a judgment be entered in its favor by an amount to be determined at trial, including treble the United States' damages, plus a \$11,000 penalty for each false claim, together with costs and interests.

Mr. GARCIA stated: "Medical care providers who defraud programs such as Medicare are depleting our limited federal health care dollars. Schemes like that described in today's complaint victimize not only the programs, but also the patients-- in this case elderly individuals, many of whom did not speak English."

Assistant United States Attorney HEIDI A. WENDEL is in charge of the case.

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