

## JUSTICE NEWS

### Department of Justice

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#### **Brooklyn Doctor Arrested and Charged with Health Care Fraud**

WASHINGTON— Boris Sachakov, M.D., was arrested today in Brooklyn, N.Y., and charged in connection with a scheme to defraud Medicare and numerous other health care benefit programs of at least \$3.5 million, announced the Departments of Justice and Health and Human Services (HHS).

According to a criminal complaint filed in the Eastern District of New York, Sachakov is charged with one count of health care fraud. He made his initial appearance today before Magistrate Judge Steven M. Gold.

According to the complaint, Sachakov is a medical doctor, specializing in colo-rectal surgery. The complaint alleges that from February 2009 to January 2010, Sachakov defrauded Medicare and other health care benefit programs by billing for services and surgeries that were never provided. According to court documents, several health care benefit programs began investigating Sachakov after receiving complaints from patients about claims submitted by Sachakov for services that they did not receive and/or suspicious billing patterns. The HHS Centers for Medicare and Medicaid Services initiated an investigation based on Sachakov's pattern of billing for multiple hemorrhoidectomies (a procedure to remove hemorrhoids), office visits and examinations on the same day for the same patient on multiple occasions. According to court documents, Sachakov consistently submitted claims for office visits, examinations and subsequent hemorrhoidectomies as if he were treating distinct, unrelated conditions, when, in fact, he was providing follow up services related to the initial procedure. The complaint also alleges that Sachakov submitted claims for services and surgeries not rendered or performed.

Sachakov faces a maximum sentence of 10 years in prison and a \$250,000 fine. A complaint merely contains charges and a defendant is presumed innocent until proven guilty.

The charges were announced by Assistant Attorney General Lanny A. Breuer of the Criminal Division; U.S. Attorney Loretta E. Lynch of the Eastern District of New York; Assistant Director-in-Charge Janice K. Fedarcyk of the FBI's New York field office; and Special Agent-in-Charge Thomas O'Donnell of the HHS Office of Inspector General (HHS-OIG).

This case is being prosecuted by Trial Attorney Steven Kim of the Criminal Division's Fraud Section and Assistant U.S. Attorney Peter Katz, on detail to the Fraud Section, and Assistant U.S. Attorney Duncan Levin of the Eastern District of New York. This case was investigated by HHS-OIG, the FBI and the New York State Insurance Department Fraud Bureau. The case was brought as part of the Medicare Fraud Strike Force.

Since their inception in March 2007, Medicare Fraud Strike Force operations in seven districts have obtained indictments of more than 810 individuals who collectively have falsely billed the Medicare program for more than \$1.85 billion. In addition, the HHS Centers for Medicare and Medicaid Services, working in

conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to:

[www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov)

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Criminal Division