

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

- - - - - X

UNITED STATES OF AMERICA :

- v. - :

SEALED INDICTMENT

ASIM HAMEEDI, :  
FAWAD HAMEEDI, :  
MICHELLE LANDOY, :  
DESIREE SCOTT, :  
EMAD SOLIMAN, and :  
ARIF HAMEEDI, :

17 Cr. ( )

**17 CRIM 137**

Defendants.

- - - - - X

COUNT ONE

(Conspiracy to Commit Health Care Fraud and Wire Fraud)

The Grand Jury charges:

THE DEFENDANTS AND RELEVANT PERSONS AND ENTITIES

1. At all times relevant to this Indictment, ASIM HAMEEDI, the defendant, was an interventional cardiologist licensed to practice medicine in New York State. Since at least approximately in or about 2008, ASIM HAMEEDI has been certified in Internal Medicine, Cardiovascular Disease and Interventional Cardiology by the American Board of Internal Medicine. At all times relevant to this Indictment, ASIM HAMEEDI was affiliated with hospitals in the New York Metropolitan area including, among others, a hospital located on Long Island, New York ("Hospital-1"), and a hospital located in New York, New York ("Hospital-2").

2. At all times relevant to this Indictment, a particular medical clinic (the "Clinic"), was a New York State professional corporation which operated a medical clinic, located in Bayside, New York, specializing primarily in the practices of cardiology and neurology. ASIM HAMEEDI, the defendant, was the President and owner of the Clinic. The patient base of the Clinic included many low income and often non-native English speakers and many patients covered by Medicaid or Medicare.

3. FAWAD HAMEEDI, the defendant, a nephew of ASIM HAMEEDI, the defendant, was, or represented himself to be, Laboratory Director and Practice Operations Manager at the Clinic. FAWAD HAMEEDI graduated from medical school in or about 2010 but has never has been licensed to practice medicine in New York State.

4. At all times relevant to this Indictment, MICHELLE LANDOY, the defendant, was employed at the Clinic as a medical biller. In this position, LANDOY was responsible for, among other things, preparing bills or claims to insurance companies for medical services. LANDOY was also responsible at the Clinic for insurance credentialing, the process through which a doctor may become an authorized provider for - and bill as an in-network provider - a health insurance company or government health care program. LANDOY also instructed and supervised other medical billers at the Clinic.

5. At all times relevant to this Indictment, DESIREE SCOTT, the defendant, was employed at the Clinic. SCOTT's duties and responsibilities included communicating with insurance companies to obtain preauthorization, or prior approval, from insurance companies, for the performance of medical tests and procedures.

6. At all times relevant to this Indictment, EMAD SOLIMAN, the defendant, was a neurologist licensed to practice medicine in New York State. From approximately in or about 2002, through in or about 2004, SOLIMAN worked as a part-time neurologist at the Clinic. Since approximately in or about 2003, SOLIMAN has been certified in Neurology by the American Board of Psychiatry and Neurology.

7. ARIF HAMEEDI, the defendant, is a brother of ASIM HAMEEDI, the defendant. At all times relevant to this Indictment, ARIF HAMEEDI was responsible for, among other things, the electronic submission of bills or claims by the Clinic to health insurance companies. ARIF HAMEEDI was paid for these services through various companies owned and controlled by ARIF HAMEEDI.

#### BACKGROUND ON MEDICAID AND MEDICARE

8. The New York State Medicaid program ("Medicaid") is a federal and state health care program providing benefits to individuals and families who meet specified financial and other

eligibility requirements and certain others who lack adequate resources to pay for medical care. The Centers for Medicare and Medicaid Services ("CMS"), a federal agency within the United States Department of Health and Human Services ("HHS"), oversees Medicaid as well as Medicaid programs in participating states. CMS provides substantial funds to New York State for the Medicaid program, including approximately \$29.5 billion in 2015 and \$32.8 billion in 2014.

9. The New York State Department of Health ("NYDOH") administers the Medicaid Program in New York State. The NYDOH contracts with approved managed care companies - networks of health care providers affiliated with or owned by health insurance companies or other health care payers - located in, among other places, New York, New York, that provide coverage directly to Medicaid beneficiaries. The managed care companies receive a fee from the NYDOH for providing such coverage. Most Medicaid beneficiaries receive their health care coverage through such third-party managed care companies.

10. The Medicare program ("Medicare") is a federal health care program providing benefits to persons who are over the age of 65 or disabled. Medicare is administered by the CMS. Many Medicare beneficiaries receive their health care coverage through third-party managed care companies.

11. For Medicaid and Medicare provided through private third-party managed care companies, health care providers generally submit claims to the managed care companies that are directly providing coverage to the beneficiaries. Those managed care companies pay the health care providers directly.

12. Medicaid, Medicare, managed care companies that contract to provide coverage to Medicaid and Medicare beneficiaries, and private health insurance companies (collectively, the "Insurance Providers") cover the costs of certain medical tests, procedures, and other medical services. Generally, the Insurance Providers cover these costs only if, among other requirements, they are medically necessary and ordered by a physician.

13. Certain medical tests covered by the Insurance Providers require "preauthorization." Preauthorization is the approval by an insurance provider for coverage of specific medical services, supplies, or drugs before they are provided to the covered patient. Preauthorization requirements vary based, among other things, upon the particular Insurance Provider and the specific medical service, supply or drug. Requests for preauthorization are sometimes determined by the managed care company itself. Several managed care companies, however, engage and rely upon a particular third-party contractor (the "Healthcare

Benefits Management Company") to review and decide upon preauthorization requests on their behalf.

BACKGROUND REGARDING CERTAIN CARDIOLOGY AND NEUROLOGY TESTS

14. Cardiology tests and procedures covered by the Insurance Providers include, among other things, the nuclear stress test ("NST") and cardiac catheterization.

15. The NST can show how well blood flows through a patient's heart muscle. The NST typically consists of two parts: an exercise "stress" component and a "resting" component. In the exercise "stress" protocol, the patient first performs exercise or, if the patient cannot exercise sufficiently, the patient receives medicine to simulate the effect of exercise on the heart. At peak exercise, the patient receives, via intravenous, a small amount of radioactive tracer. Images of the heart are then taken which depict the radioactive tracer in the patient's heart. Images showing areas of the heart with absent or decreased amounts of tracer may indicate decreased blood flow to those areas of the heart. In the "resting" component of the NST, images of the patient's heart are taken, again using a dosage of radioactive tracer, but this time after the patient has been at rest for a period of time. A separate dosage of radioactive tracer is required for each component of the NST.

16. Cardiac catheterization is an invasive procedure used to diagnose and treat cardiovascular conditions. During cardiac catheterization, which is typically performed in a hospital, a long thin tube called a catheter is inserted in an artery or vein and threaded through the blood vessels to the heart. Using this catheter, doctors can perform diagnostic tests and treatments on the heart. Cardiac catheterization may also include a procedure known as coronary angiography, in which dye is injected and pictures taken to diagnose obstructions of the arteries. Such obstructions may also be treated during cardiac catheterization. One such treatment is the placement, in the coronary artery, of a coronary stent, which is a tube-shaped device that keeps the artery open resulting in increased blood flow.

17. A neurology test that may be covered by the Insurance Providers is the nerve conduction velocity ("NCV") study. An NCV may be used to diagnose the existence and severity of peripheral nerve damage. During an NCV, two electrodes are placed on the skin over the nerve. One electrode stimulates the nerve with a mild electrical impulse and the other electrode records it. Often, the NCV involves the testing of multiple nerves and this procedure is repeated for each nerve being tested. While an NCV is not invasive, the electrical impulse may feel like an electric shock and may cause discomfort to the patient.

### BACKGROUND REGARDING INSURANCE CREDENTIALING

18. A doctor seeking to become authorized to provide and bill an Insurance Provider for medical services as an in-network provider with one or more of the Insurance Providers must generally undergo a process known as credentialing, through which the Insurance Provider establishes, among other things, the education, training, experience, and competency of the physician.

19. To become credentialed with an Insurance Provider, a doctor must generally submit a detailed credentialing application describing the doctor's background and experience as well as supporting documentation including, among other things, diplomas, letters of reference, and licensing and insurance documents. Generally, a doctor must go through a separate credentialing process for each Insurance Provider he or she seeks to bill for medical services as an in-network provider.

### OVERVIEW OF THE HEALTH CARE FRAUD SCHEME

20. From at least in or about 2003 up to and including in or about November 2015, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, and others known and unknown, participated in a massive scheme to defraud the Insurance Providers of tens of millions of dollars.



21. The scheme included, among other things: making false representations to the Insurance Providers about the medical condition of patients in order to obtain preauthorization for medical tests and procedures; submitting false claims to the Insurance Providers for tests and procedures that were not performed and/or medically unnecessary tests, as well as drug items not used or provided; paying exorbitant health care kickbacks in exchange for lucrative referrals from local primary care medical offices; and accessing, without authorization, electronic health records of patients at Hospital-1 to identify patients to be recruited to the Clinic.

22. In furtherance of the scheme, and to hide from the Insurance Providers the huge volume of claims, including fraudulent claims, being submitted by the Clinic, the defendants submitted claims to the Insurance Providers falsely representing that medical tests had been ordered or performed by doctors who did not work at the Clinic and had not ordered or performed the tests. These doctors included EMAD SOLIMAN, the defendant, who agreed to allow the Clinic to submit false claims to the Insurance Providers in his name, as well as two other doctors not named herein ("Doctor-1" and "Doctor-2").

23. From approximately in or about 2008 through in or about 2015 - just a seven-year interval within the approximately

12-year period of the conspiracy - the Clinic fraudulently billed Insurance Providers under the identities of EMAD SOLIMAN, the defendant, Doctor-1, and Doctor-2 for more than approximately \$57 million.

24. In addition, the defendants used various unlawful means to obtain and maintain a high volume of patients for use in the fraudulent scheme, including, among other things, paying exorbitant kickbacks to local primary care offices and practitioners in exchange for referrals by those primary care offices or practitioners to the Clinic. Moreover, the defendants repeatedly, and without authorization, accessed information in electronic health records of patients of Hospital-1 to identify and recruit patients to the practice of ASIM HAMEEDI, the defendant, and the Clinic.

**MEANS AND METHODS OF THE HEALTH CARE FRAUD SCHEME**

25. Beginning in or about 2003, ASIM HAMEEDI, the defendant, and others at the Clinic, including FAWAD HAMEEDI, the defendant, who began working at the Clinic in or about 2010, made false statements and provided falsified medical records to the Insurance Providers to obtain preauthorization for medical tests, including NSTs and cardiac catheterizations, and made fraudulent claims to the Insurance Providers totaling millions of dollars.

26. To obtain preauthorization for NSTs, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, caused the Insurance Providers and the Healthcare Benefits Management Company to be provided with false information regarding patient symptoms and medical history. Such false patient medical histories included, among other things, false reports that the patients had undergone prior cardiology procedures such as the placement of stents or cardiac surgeries.

27. In furtherance of the scheme, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, also caused false claims to be submitted to the Insurance Providers for parts of NSTs that were not performed. In particular, the Clinic submitted claims to the Insurance Providers and received payment for both the "stress" and "resting" components of the NST while, for many patients, no resting protocol was performed. Moreover, the Clinic also submitted claims to the Insurance Providers and received payment for two dosages of radioactive tracer, corresponding to the stress and resting components of the NST when, in truth and in fact, only one dosage was used.

28. As to cardiac catheterizations, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, and others at the Clinic under the direction of ASIM HAMEEDI, caused to be submitted to the Healthcare Benefits Management Company false reports of NST results to obtain

necessary preauthorization for cardiac catheterizations to be performed by ASIM HAMEEDI.

29. In addition to making false statements to the Insurance Providers in connection with preauthorization requests and in claims for payment, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, ordered and sent patients for medically unnecessary NCVs which were performed at the Clinic. The defendants submitted claims for, and received payment from, the Insurance Providers for these medically unnecessary tests.

30. As part of the fraudulent scheme, patients at the Clinic were provided with NSTs without first obtaining necessary preauthorization. Because Insurance Providers would generally only pay for NSTs that had been preauthorized, ASIM HAMEEDI, ARIF HAMEEDI, and MICHELLE LANDOY, the defendants, directed medical billers at the Clinic to post-date the date of the NSTs on claims to the Insurance Providers to falsely appear as though the NST had been performed only after the Clinic had received preauthorization for the test.

31. In furtherance of the fraudulent scheme and, among other things, to hide from the Insurance Providers the large number of medical claims submitted by the Clinic to the Insurance Providers, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, and DESIREE SCOTT, the defendants, and other medical personnel at the

Clinic, caused claims to be submitted to the Insurance Providers for medical tests using the identities of doctors who did not work at the Clinic, including EMAD SOLIMAN, the defendant, and Doctor-1 and Doctor-2. The defendants submitted claims to the Insurance Providers falsely stating that these doctors had ordered or performed medical tests, including NSTs and NCVs when, in truth and in fact, and as the defendants, including SOLIMAN, well knew, those doctors had not seen the patients, and did not order, provide, or review the results of those tests.

32. In furtherance of the scheme, MICHELLE LANDOY, the defendant, prepared and submitted to the Insurance Providers fraudulent credentialing applications and requests for Doctor-1, Doctor-2, and EMAD SOLIMAN, the defendant. The fraudulent applications prepared by LANDOY falsely represented, among other things, that Doctor-1, Doctor-2, and SOLIMAN worked full-time at the Clinic.

33. Once Doctor-1, Doctor-2, and EMAD SOLIMAN, the defendant, had been fraudulently credentialed with the Insurance Providers to provide medical services at the Clinic, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, and DESIREE SCOTT, the defendants, falsely represented to the Insurance Providers that Doctor-1, Doctor-2, and SOLIMAN had ordered or performed medical tests. These false representations were made, among other things, in

connection with obtaining preauthorization, where necessary, for the medical tests, and in connection with the submission of claims to the Insurance Providers, for payment.

34. ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, and others, falsely represented themselves as Doctor-1 on phone calls with the Healthcare Benefits Management Company seeking preauthorization for medical tests. DESIREE SCOTT, the defendant, initiated such phone calls with the Healthcare Benefits Management Company. During those calls, SCOTT falsely represented that Doctor-1 would pick up the phone to provide medical justification for the preauthorization request when, in truth and in fact, and as SCOTT well knew, the person going to speak with the Healthcare Benefits Management Company was not Doctor-1 but rather, among others, ASIM HAMEEDI or FAWAD HAMEEDI.

35. The defendants submitted false claims to the Insurance Providers listing Doctor-1, Doctor-2 and EMAD SOLIMAN, the defendant, as doctors who ordered or performed medical tests. To facilitate the preparation of these fraudulent claims, MICHELLE LANDOY, the defendant, prepared and provided to other medical billers at the Clinic, a chart listing, among other things, insurance providers for which LANDOY had fraudulently credentialed Doctor-1, Doctor-2 and SOLIMAN. Claims submitted by the Clinic falsely listing Doctor-1, Doctor-2 and SOLIMAN as the relevant

health care providers, during just the period from in or about 2008 through in or about 2015, were for at least \$57 million in medical services or products.

36. From at least in or about 2012 through in or about November 2015, in exchange for permitting the Clinic to use the name and medical provider number of EMAD SOLIMAN, the defendant, in fraudulent health care claims submitted to the Insurance Providers, the Clinic provided health insurance coverage to SOLIMAN at no cost to SOLIMAN even though SOLIMAN was not an employee of, and did not work at the Clinic.

37. To obtain and maintain a high volume of patients at the Clinic, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, paid exorbitant kickbacks to local area primary care medical offices and practitioners to induce those offices and practitioners to refer patients to the Clinic for cardiology and neurology services. The defendants made these kickback payments by check or by cash depending on the particular kickback recipient.

38. To hide large cash withdrawals used to pay these kickbacks, some of which were made in Manhattan, New York, ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, agreed that checks would be issued from a bank account in the name of the Clinic to various business accounts owned and controlled by ARIF HAMEEDI who, in turn, provided cash to be used to pay health care

kickbacks. ARIF HAMEEDI also kept a portion of the money for himself.

39. As a further way to obtain and maintain a high volume of patients at the Clinic, from at least in or about 2014 up to and including in or about November 2015, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, accessed and reviewed without authorization, electronic health records for multiple patients at Hospital-1, which were maintained by Hospital-1 at a computer system located in Yonkers, New York, for the purpose of identifying and recruiting Hospital-1 patients to the Clinic. The defendants had not received permission from these patients to access or review their health information, which was in violation of the written policy of Hospital-1.

#### STATUTORY ALLEGATIONS

40. From at least in or about 2003 up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, and others known and unknown, willfully and knowingly combined, conspired, confederated and agreed together and with others to violate Title 18, United States Code, Sections 1347 and 1343.

41. It was a part and an object of the conspiracy that ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD



SOLIMAN, and ARIF HAMEEDI, the defendants, and others known and unknown, willfully and knowingly would and did execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program and to obtain, by means of false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, a health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1347.

42. It was a further part and object of the conspiracy that ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, and others known and unknown, willfully and knowingly, having devised and intending to devise a scheme and artifice to defraud, and for obtaining money and property by means of false and fraudulent pretenses, representations and promises, would and did transmit and cause to be transmitted by means of wire, radio, and television communication in interstate and foreign commerce, writings, signs, signals, pictures, and sounds for the purpose of executing such scheme and artifice, in violation of Title 18, United States Code, Section 1343.

(Title 18, United States Code, Section 1349.)

COUNT TWO  
(Health Care Fraud)

The Grand Jury further charges:

43. The allegations contained in paragraphs 1 through 39 of this Indictment are repeated and realleged as if fully set forth herein.

44. From at least in or about 2003 up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, knowingly and willfully executed, and attempted to execute, a scheme and artifice to defraud a health care benefit program and to obtain, by means of false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, a health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services, to wit, ASIM HAMEEDI, FAWAD HAMEEDI, LANDOY, SCOTT, SOLIMAN, and ARIF HAMEEDI participated in a scheme to defraud the Insurance Providers by making materially false statements in requests for preauthorization for medical tests and procedures and in claims for payment for the provision of medical services and drug items.

(Title 18, United States Code, Sections 1347 & 2.)

COUNT THREE  
(Wire Fraud)

The Grand Jury further charges:

45. The allegations set forth in paragraphs 1 through 39 of this Indictment are repeated and realleged as if fully set forth herein.

46. From at least in or about 2003 up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, willfully and knowingly, having devised and intending to devise a scheme and artifice to defraud, and for obtaining money and property by means of false and fraudulent pretenses, representations and promises, and attempting to do so, transmitted and caused to be transmitted by means of wire, radio, and television communication in interstate and foreign commerce, writings, signs, signals, pictures, and sounds for the purpose of executing such scheme and artifice, to wit, ASIM HAMEEDI, FAWAD HAMEEDI, LANDOY, SCOTT, SOLIMAN, and ARIF HAMEEDI participated in a scheme to defraud the Insurance Providers by making materially false statements in requests for preauthorization for medical tests and procedures and in claims for payment for the provision of medical services and drug items, and in furtherance thereof,

ASIM HAMEEDI, FAWAD HAMEEDI, LANDOY, SCOTT, SOLIMAN, and ARIF HAMEEDI caused wire communications to be sent in interstate commerce.

(Title 18, United States Code, Sections 1343 & 2.)

COUNT FOUR  
(False Statements Relating to Health Care Matters)

The Grand Jury further charges:

47. The allegations contained in paragraphs 1 through 39 of this Indictment are repeated and realleged as if fully set forth herein.

48. From at least in or about 2003 up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, in matters involving health care benefit programs, and in connection with the delivery of and payment for health care benefits, items, and services, willfully and knowingly did falsify, conceal, and cover up by trick, scheme, and device, material facts, and make materially false, fictitious, and fraudulent statements and representations, and did make and use materially false writings and documents knowing the same to contain materially false, fictitious, and fraudulent statements and entries, to wit, ASIM HAMEEDI, FAWAD HAMEEDI, LANDOY, SCOTT, SOLIMAN, and ARIF HAMEEDI

made materially false statements to the Insurance Providers in requests for preauthorization for medical tests and procedures and in claims for payment for the provision of medical services and drug items.

(Title 18, United States Code, Sections 1035 & 2.)

**COUNT FIVE**  
**(Conspiracy to Violate the Anti-Kickback Statute)**

The Grand Jury further charges:

49. The allegations contained in paragraphs 1 through 39 of this Indictment are repeated and realleged as if fully set forth herein.

50. From at least in or about 2003 up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, and others known and unknown, willfully and knowingly did combine, conspire, confederate, and agree together and with each other to commit an offense against the United States, to wit, to violate Title 42, United States Code, Section 1320a-7b(b) (2) (A).

51. It was a part and object of the conspiracy that ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, and others known and unknown, willfully and knowingly would and did offer and pay remuneration (including kickbacks, bribes, and

rebates), directly and indirectly, overtly and covertly, in cash and in kind, to a person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of items and services for which payment may be made in whole and in part under a Federal health care program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

Overt Acts

52. In furtherance of this conspiracy, and to effect the illegal object thereof, the following overt acts, among others, were committed in the Southern District of New York and elsewhere:

a. On or about November 5, 2014, ASIM HAMEEDI, the defendant, sent a text messages to a co-conspirator not named herein ("CC-1"), directing CC-1, in substance and in part, to "count" the number of patients referred to the Clinic by a particular doctor with a medical practice in Woodside, Queens ("CC-2") for the purpose of determining the amount of the kickback payment to be paid to CC-2.

b. On or about December 22, 2014, ASIM HAMEEDI sent text messages to CC-1 directing CC-1, in substance and in part, that the office manager of a particular primary care doctor ("CC-3") "needs to be taken care of[]" and that "[i]f we dont [sic] make her happy - she will not let this work out."

c. On or about January 5, 2015, ASIM HAMEEDI sent text messages to CC-1 asking if CC-1 had "seen" CC-3 for a "visit" and directing CC-1 to "[t]ake care of the staff as well."

d. On or about January 9, 2015, FAWAD HAMEEDI, the defendant, sent a text message to an employee of the Clinic stating "[n]eed you to go through the [Clinic's] book and count up the number of [a primary care doctor's ("CC-4")] patient[s] since December 20th."

e. On or about September 10, 2014, CC-1 wrote a check in the amount of \$4,000 to a company controlled by ARIF HAMEEDI, the defendant ("Arif Company-1"), for the purpose of obtaining cash to pay health care kickbacks.

f. On or about September 11, 2014, ARIF HAMEEDI withdrew \$3,500 in cash from a bank account in the name of a company controlled by ARIF HAMEEDI, which company was different from Arif Company-1, and ARIF HAMEEDI provided that cash to CC-1.

(Title 18, United States Code, Section 371.)

COUNT SIX

(Conspiracy to Wrongfully Obtain and Disclose Individually  
Identifiable Health Information)

The Grand Jury further charges:

53. The allegations contained in paragraphs 1 through 39 and 52 of this Indictment are repeated and realleged as if fully set forth herein.

54. From at least in or about 2014 up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, and others known and unknown, willfully and knowingly did combine, conspire, confederate, and agree together and with each other to commit an offense against the United States, to wit, to violate Title 42, United States Code, Section 1320d-6.

55. It was a part and object of the conspiracy that ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, and others known and unknown, willfully and knowingly would and did, without authorization, under false pretenses, and with intent to sell, transfer, and use individually identifiable health information for commercial advantage and personal gain, obtain individually identifiable health information relating to individuals, and disclose individually identifiable health information to another person, which information was maintained by a covered entity as defined in Title 42, United States Code, Section 1320d-9(b)(3), in violation of Title 42, United States Code, Section 1320d-6.

#### Overt Acts

56. In furtherance of this conspiracy, and to effect the illegal objects thereof, the following overt acts, among others, were committed in the Southern District of New York and elsewhere:



a. In or about 2014 and 2015, ASIM HAMEEDI and FAWAD HAMEEDI, the defendants, accessed electronic medical records of patients with whom they had no prior relationship for the purpose of getting these patients to use the Clinic's medical services.

b. On or about March 31, 2014, an account belonging to ASIM HAMEEDI, the defendant, for a Hospital-1 computer database containing patients' electronic medical records was used to access the electronic medical record of a particular patient of Hospital-1 ("Patient-1").

c. On or about March 31, 2014, an individual identifying himself as ASIM HAMEEDI, the defendant, called a doctor employed by Hospital-1 ("Doctor-3") and falsely told Doctor-3 that Patient-1's father had called ASIM HAMEEDI and asked ASIM HAMEEDI to take care of Patient-1.

(Title 18, United States Code, Section 371.)

**COUNT SEVEN**  
**(Conspiracy to Commit Fraud in Connection  
with Identification Information)**

The Grand Jury further charges:

57. The allegations contained in paragraphs 1 through 39, 52, and 56 of this Indictment are repeated and realleged as if fully set forth herein.

58. From at least in or about 2004, up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, and EMAD SOLIMAN, the defendants, and others known and unknown, willfully and knowingly did combine, conspire, confederate, and agree together and with each other to violate Title 18, United States Code, Section 1028(a)(7).

59. It was a part and an object of the conspiracy that ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, and EMAD SOLIMAN, the defendants, knowingly would and did transfer, possess, and use, without lawful authority, in and affecting interstate and foreign commerce, one and more means of identification of another person, to wit, names and medical provider numbers of medical doctors, with the intent to commit, and to aid and abet, and in connection with, an unlawful activity that constitutes a violation of Federal law, to wit, the activity described in Counts One through Six of this Indictment, and as a result of the offense, would and did obtain things of value aggregating \$1,000 and more during a one-year period, in violation of Title 18, United States Code, Section 1028(a)(7).

#### Overt Acts

60. In furtherance of the conspiracy and to effect the illegal object thereof, the following overt acts, among others,

were committed and caused to be committed in the Southern District of New York and elsewhere:

a. On or about January 9, 2012, MICHELLE LANDOY, the defendant, completed a credentialing application on behalf of Doctor-1 for a particular managed care company ("MCC-1") falsely stating, among other things, that Doctor-1 had office hours at the Clinic each day from Monday through Friday from 9:00 a.m. to 5:00 p.m.

b. On or about October 20, 2012, LANDOY completed a credentialing application on behalf of Doctor-2 for a particular managed care company ("MCC-2") falsely stating, among other things, that Doctor-2 had office hours at the Clinic each day from Monday through Friday from 9:00 a.m. to 5:00 p.m.

c. On or about July 11, 2013, ASIM HAMEEDI falsely represented himself as Doctor-1 on a phone call ("Phone Call-1") seeking preauthorization from the Healthcare Benefits Management Company for an NST on behalf of a particular patient ("Patient-2").

d. During Phone Call-1, ASIM HAMEEDI falsely told the Healthcare Benefits Management Company that Patient-2 had a previous coronary angioplasty and the placement of a coronary stent.

e. During Phone Call-1, which was initiated by DESIREE SCOTT, the defendant, SCOTT falsely told a representative of the Healthcare Benefits Management Company that she was calling on behalf of, and would be transferring the call to, Doctor-1.

f. On or about November 19, 2013, FAWAD HAMEEDI, the defendant, falsely represented himself as Doctor-1 on a phone call ("Phone Call-2") seeking preauthorization from the Healthcare Benefits Management Company for an NST on behalf of a particular patient ("Patient-3").

g. During Phone Call-2, FAWAD HAMEEDI falsely told the Healthcare Benefits Management Company that Patient-3 had two previous coronary stents and a recent hospitalization.

h. During Phone Call-2, which was initiated by SCOTT, SCOTT falsely told a representative of the Healthcare Benefits Management Company that she was calling on behalf of, and would be transferring the call to, Doctor-1.

i. In or about September 2012, EMAD SOLIMAN, the defendant, agreed with CC-1 to allow the Clinic to use SOLIMAN's identity to submit claims to the Insurance Providers falsely stating that SOLIMAN ordered or provided certain medical services.

j. On or about September 18, 2012, an employee from the medical office of SOLIMAN, which was based in Yonkers,

New York, sent a fax to the Clinic containing information on how "to obtain all credentialing info on Dr[.] Emad Soliman."

(Title 18, United States Code, Sections 1028(a)(7),  
1028(b)(1)(D) & 1028(f).)

**COUNT EIGHT**  
**(Conspiracy to Commit Money Laundering)**

The Grand Jury further charges:

61. The allegations contained in paragraphs 1 through 39, 52, 56, and 60 of this Indictment are repeated and realleged as if fully set forth herein.

62. From at least in or about 2003, up to and including in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, and others known and unknown, willfully and knowingly did combine, conspire, confederate and agree together and with each other to violate Title 18, United States Code, Sections 1956(a)(1)(A)(i) and 1956(a)(1)(B)(i), to wit, ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, participated in a scheme to conduct financial transactions, including transactions in Manhattan, New York, to conceal the use of large sums of cash used to pay unlawful health care kickbacks as charged in Count Six of this Indictment and to promote the offenses charged in Counts One through Seven of this Indictment.

63. It was a part and an object of the conspiracy that ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, and others known and unknown, in an offense involving and affecting interstate and foreign commerce, knowing that the property involved in certain financial transactions, to wit, the deposit of checks, represented the proceeds of some form of unlawful activity, willfully and knowingly would and did conduct and attempt to conduct such financial transactions which in fact involved the proceeds of specified unlawful activity, to wit, proceeds of the offenses charged in Counts One through Seven of this Indictment, with the intent to promote the carrying on of specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(A)(i).

64. It was a further part and an object of the conspiracy that ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, and others known and unknown, in an offense involving and affecting interstate and foreign commerce, knowing that the property involved in certain financial transactions, to wit, the deposit of checks, represented the proceeds of some form of unlawful activity, willfully and knowingly would and did conduct and attempt to conduct such financial transactions which in fact involved the proceeds of specified unlawful activity, to wit, proceeds of the offenses charged in Counts One through Five and

Count Eight of this Indictment, knowing that the transactions were designed in whole and in part to conceal and disguise the nature, the location, the source, the ownership and the control of the proceeds of specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B).

(Title 18, United States Code, Section 1956(h).)

**COUNT NINE**  
**(Aggravated Identity Theft)**

The Grand Jury further charges:

65. The allegations contained in paragraphs 1 through 39, 52, 56, and 60 of this Indictment are repeated and realleged as if fully set forth herein.

66. From at least in or about 2004, up to and including at least in or about November 2015, in the Southern District of New York and elsewhere, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, and DESIREE SCOTT, the defendants, knowingly did transfer, possess, and use, without lawful authority, a means of identification of another person, during and in relation to a felony violation enumerated in Title 18, United States Code, Section 1028A(c), to wit, ASIM HAMEEDI, FAWAD HAMEEDI, LANDOY, and SCOTT used, without lawful authority, the names, medical provider numbers, and other means of identification of medical doctors in

connection with the offenses charged in Counts One through Three of this Information.

(Title 18, United States Code, Sections 1028A & 2.)

COUNT TEN

(False Statements to a Federal Agent)

The Grand Jury further charges:

67. The allegations contained in paragraphs 1 through 39, 52, 56, and 60 of this Indictment are repeated and realleged as if fully set forth herein.

68. On or about June 28, 2016, in the Southern District of New York, EMAD SOLIMAN, the defendant, willfully and knowingly, in a matter within the jurisdiction of the executive branch of the Government of the United States, did falsify, conceal, and cover up by trick, scheme, and device a material fact, and did make a materially false, fictitious, and fraudulent statement and representation, to wit, SOLIMAN falsely told a Special Agent of the Federal Bureau of Investigation, in New York, New York, among other things that, following the end of SOLIMAN's employment at the Clinic in 2004, SOLIMAN had no dealings with the Clinic and did not request or receive health insurance coverage through the Clinic.

(Title 18, United States Code, Section 1001(a).)



### FIRST FORFEITURE ALLEGATION

69. As a result of committing the offenses alleged in Counts One, Two, Three, and Four, of this Indictment, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, EMAD SOLIMAN, and ARIF HAMEEDI, the defendants, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offenses alleged in Counts One, Two, Three, and Four of this Indictment, including but not limited to a sum of money in United States currency representing the amount of proceeds traceable to the commission of said offenses.

### SECOND FORFEITURE ALLEGATION

70. As a result of committing the offense alleged in Count Five of this Indictment, ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense alleged in Count Five of this Indictment, including but not limited to a sum of money in United States currency representing the amount of proceeds traceable to the commission of said offense.

**THIRD FORFEITURE ALLEGATION**

71. As a result of committing the offense alleged in Count Seven of this Indictment, ASIM HAMEEDI, FAWAD HAMEEDI, MICHELLE LANDOY, DESIREE SCOTT, and EMAD SOLIMAN, the defendants, shall forfeit to the United States, pursuant to Title 18, United States Code, Sections 982(a)(2)(B) and 1028(b), any and all property constituting, or derived from, proceeds obtained directly or indirectly as a result of said offense and any and all personal property used or intended to be used to commit said offense, including but not limited to a sum of money in United States currency representing the amount of proceeds traceable to the commission of said offense.

**FOURTH FORFEITURE ALLEGATION**

72. As a result of committing the offense alleged in Count Eight of this Indictment, ASIM HAMEEDI, FAWAD HAMEEDI, and ARIF HAMEEDI, the defendants, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(1), any and all property, real and personal, involved in said offense, or any property traceable to such property, including but not limited to a sum of money in United States currency representing the amount of property involved in Count Eight of this Indictment.

FIFTH FORFEITURE ALLEGATION

73. As a result of committing the offense alleged in Count Ten of this Indictment, EMAD SOLIMAN, the defendant, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense alleged in Count Ten of this Indictment, including but not limited to a sum of money in United States currency representing the amount of proceeds traceable to the commission of said offense.

Substitute Assets Provision

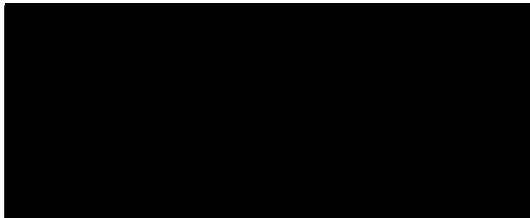
74. If any of the above described forfeitable property, as a result of any act or omission of the defendants:


- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with, a third person;
- (c) has been placed beyond the jurisdiction of the Court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 18, United States Code, Sections 981(a)(1)(C) and 982, Title 21, United States Code, Section 853(p), and Title 28, United States Code, Section

2461(c), to seek forfeiture of any other property of said defendants up to the value of the above forfeitable property described above.

(Title 18, United States Code, Sections 981 and 982;  
Title 28, United States Code, Section 2461; and  
Title 21, United States Code, Section 853.)



  
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PREET BHARARA  
United States Attorney

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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UNITED STATES OF AMERICA

- v. -

ASIM HAMEEDI,  
FAWAD HAMEEDI,  
MICHELLE LANDOY,  
DESIREE SCOTT,  
EMAD SOLIMAN, and  
ARIF HAMEEDI,

Defendants.

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SEALED INDICTMENT

17 Cr. \_\_\_\_ (\_\_\_\_)

(Title 18, United States Code,  
Sections 371, 1001, 1028, 1028A, 1035,  
1347, 1349, 1956 & 2)

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PREET BHARARA  
United States Attorney.

