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FORMER AREA PHYSICIAN SENTENCED TO FIVE YEARS IN PRISON FOR \$13 MILLION HEALTH CARE FRAUD

CHICAGO — A Chicago area physician who surrendered his medical license was sentenced to five years in federal prison for stealing approximately \$13 million from Medicare and more than 30 other public and private health care insurance programs over roughly five years, federal law enforcement officials announced today. **Sushil Sheth**, a cardiologist who had privileges at three unnamed area hospitals, lied thousands of times to Medicare and other insurers in order to receive millions of dollars he did not earn for patients he never treated. Sheth used the fraud proceeds to live a lavish lifestyle, purchasing a suburban mansion, property in Arizona, luxury automobiles, and investing in various venture capital opportunities.

Sheth, 50, of Burr Ridge and whose business office was in Flossmoor, was sentenced yesterday by U.S. District Judge Rebecca Pallmeyer and ordered to begin serving the 60-month prison term in two months. He pleaded guilty a year ago to one count of health care fraud after being charged in January 2009. Sheth was also ordered to pay restitution totaling approximately \$13 million and he agreed to forfeit property and funds totaling more than \$11.3 million that the government seized from him.

Sheth admitted that he obtained approximately \$13 million between January 2002 and July 2007, including approximately \$8.3 million from Medicare and some \$5 million from other public and private health care insurers — in fraudulent reimbursement for the highest level of cardiac care when those services were not performed — and then used the proceeds for his own benefit.

Sheth used his hospital privileges to access and obtain information about patients without their knowledge or consent. He then hired individuals to bill Medicare and other insurance providers for medical services that he purportedly rendered to patients whom he knew he never treated. Typically waiting almost a year after the treatment was purportedly provided, Sheth submitted more than 14,800 false claims for reimbursement for providing the highest level of cardiac care — requiring hands-on treatment in an intensive care unit — on multiple days during patients' hospital stays. Sheth regularly submitted claims seeking payment that, when added together, had him providing more than 24 hours of medical services and treatment in a single day.

Federal agents searched Sheth's Burr Ridge home in June 2007 and seized more than 600 uncashed checks from various insurers totaling more than \$6.7 million.

“Health care fraud is one of the highest priorities of federal law enforcement. We will make every effort to recover any fraudulently obtained funds and to ensure that dishonest physicians and other medical providers do not profit from cheating Medicare and private insurers,” said Patrick J. Fitzgerald, United States Attorney for the Northern District of Illinois.

Mr. Fitzgerald announced the sentence with Lamont Pugh, Special Agent-in-Charge of the U.S. Department of Health and Human Services Office of Inspector General in Chicago; Robert D. Grant, Special Agent-in-Charge of the Chicago Office of Federal Bureau of Investigation; James Vanderberg, Special Agent-in-Charge of the U.S. Department of Labor Office of Inspector General

in Chicago; and Steven L. Haugen, Regional Director, Chicago Regional Office of the U.S. Department of Labor Employee Benefits Security Administration. The Inspector General's Offices of the Railroad Retirement Board and Amtrak also participated in the investigation.

The government was represented by Assistant U.S. Attorney Steven J. Dollear.

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