

## JUSTICE NEWS

### Department of Justice

#### Office of Public Affairs

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## **Texas Doctor Found Guilty for Role in \$325 Million Health Care Fraud Scheme Involving False Diagnoses of Life-Long Diseases**

A federal jury found a Texas rheumatologist guilty today for his role in a \$325 million health care fraud scheme in which he falsely diagnosed patients with life-long diseases and treated them with toxic medications on the basis of that false diagnosis.

Following a 25-day trial, Jorge Zamora-Quezada, M.D., 63, of Mission, Texas, was convicted of one count of conspiracy to commit health care fraud, seven counts of health care fraud, and one count of conspiracy to obstruct justice. Zamora-Quezada is expected to be sentenced on March 27, 2020, by U.S. District Judge Ricardo Hinojosa of the Southern District of Texas, who presided over the trial.

"The conduct in this case was heinous. Dr. Zamora-Quezada falsely diagnosed vulnerable patients, including the young, elderly, and disabled, with life-long diseases requiring invasive treatments that those patients did not in fact need," said Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division. "Today's guilty verdict shows that the Department of Justice will work tirelessly to protect the public from unscrupulous medical professionals who greedily line their own pockets at the expense of their patients' health and safety."

"As evidenced by the length of trial, this was a massive investigation into one of the worst medical fraudsters," said U.S. Attorney Ryan K. Patrick of the Southern District of Texas. "Unnecessary medical tests to create millions of dollars of false billing is as bad as it gets. Patients were put through unneeded anxiety and pain so the doctor could make millions. He won't need it where he's headed."

"The guilty verdict against Dr. Zamora-Quezada ensures he will pay a steep price for his unthinkable callous and cruel criminal conduct, committed for the sheer sake of greed," said Special Agent in Charge CJ Porter of the Office of Inspector General for the U.S. Department of Health and Human Services (HHS-OIG). "The abhorrent conduct in this case, which resulted in harm to unsuspecting patients, only serves to deepen the dedication of HHS-OIG agents and our law enforcement partners to pursue, prosecute, and exclude bad actors in the Medicare and Medicaid programs."

"Rarely do we see such an egregious case of health care fraud, where so many patients received years of unnecessary and debilitating treatments, which were rendered out of sheer greed," said Special Agent in Charge Christopher Combs of the FBI's San Antonio Field Office. "The FBI is committed to seeking justice for each and every victim who suffered immeasurable harm at the hands of these defendants. The public deserves to be able to seek medical care without fear of being falsely diagnosed and given toxic medications they don't need. We will relentlessly pursue those who would enrich themselves at the expense of those most vulnerable in our community."

According to the evidence presented at trial, Zamora-Quezada falsely diagnosed a large number of patients with rheumatoid arthritis, a life-long, incurable disease – and treated them with toxic, medically unnecessary medications like chemotherapy drugs on the basis of that false diagnosis. Many patients, including patients as young as 13, suffered physical and emotional harm as a result of the false diagnoses, chemotherapy injections, hours' long intravenous infusions, and other excessive, repetitive and profit-driven medical procedures. The evidence further showed that to obstruct and mislead a federal grand jury investigation, Zamora-Quezada falsified medical records. Zamora-Quezada operated medical practices throughout South Texas and San Antonio. He traveled to his various offices on his private jet and in his Maserati.

The Rio Grande Valley Health Care Fraud Task Force, which includes the FBI, HHS-OIG, Texas HHS-OIG and Texas Medicaid Fraud Control Unit, investigated the case with assistance from the Defense Criminal Investigative Service. Assistant Chiefs Adrienne Frazier and Jacob Foster and Trial Attorneys Rebecca Yuan and Emily Gurskis of the Criminal Division's Fraud Section are prosecuting the case along with Assistant U.S. Attorney Cynthia Villanueva of the Southern District of Texas. Trial Attorney Kevin Lowell of the Fraud Section initially handled the prosecution.

The Fraud Section leads the Medicare Fraud Strike Force. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 15 strike forces operating in 24 districts, has charged more than 4,200 defendants who have collectively billed the Medicare program for nearly \$19 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

The year 2020 marks the 150th anniversary of the Department of Justice. Learn more about the history of our agency at [www.Justice.gov/Celebrating150Years](http://www.Justice.gov/Celebrating150Years).

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