

JUSTICE NEWS

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Orlando Cardiologist Pays \$6.75 Million to Resolve Allegations of Performing Unnecessary Medical Procedures

Dr. Ashish Pal, a cardiologist based in Orlando, Florida, has paid \$6.75 million to resolve allegations that he violated the False Claims Act by performing medically unnecessary ablations and vein stent procedures.

The settlement resolves allegations that, from Jan. 1, 2013 to Dec. 31, 2019, Dr. Pal knowingly submitted false claims to federal health care programs for medically unnecessary ablations and vein stent procedures. The government alleged that Dr. Pal performed the ablations and stent procedures on veins that did not qualify for treatment under accepted standards of medical practice. Additionally, the government alleged that Dr. Pal made misrepresentations in patient medical records to justify the procedures, including overstating the degree of reflux and diameter of veins, and falsely documenting patient symptoms. The United States also alleged that, in many instances, the ablations were performed either exclusively or primarily by one or more ultrasound technicians outside their scope of practice.

"Physicians are expected to perform procedures only when they have a legitimate medical basis to do so," said Acting Assistant Attorney General Brian M. Boynton for Justice Department's Civil Division. "The department will pursue those who waste taxpayer funds and subject patients to unwarranted medical care."

"Our office is committed to protecting vulnerable patients from those who put financial gain ahead of patients' needs," said Acting U.S. Attorney Karin Hoppmann of the Middle District of Florida. "We will continue to hold accountable those who abuse the nation's healthcare programs at the expense of the taxpayers."

"The Department of Defense Office of Inspector General, Defense Criminal Investigative Service (DCIS) will continue to lead the way in the dogged pursuit of unethical providers who risk patient health for profit," said Acting Inspector General Sean O'Donnell for the Department of Defense Office of Inspector General. "Ensuring Force readiness and proper care of our military members and their families are among our top priorities."

"When physicians enrich themselves by performing medically unnecessary procedures on Medicare and Medicaid beneficiaries, they threaten their patients' health and divert taxpayer funds meant to pay for necessary care," said Special Agent in Charge Omar Pérez Aybar of U.S. Department of Health & Human Services Office of Inspector General (HHS-OIG). "We will continue to work hard with our law enforcement partners to ensure that health care providers who engage in such abusive behavior are held accountable."

"The healthcare providers within the Military Health System are committed to patient satisfaction and take seriously their obligation to ensure great outcomes by providing the highest-quality care," said Director Lt. Gen. Ronald J. Place, M.D. of the Defense Health Agency (DHA). "We are grateful to the U.S. Department of Justice for working to maintain that trust by ensuring medical providers continue to put their patients' needs and safety first."

"The Office of Personnel Management's Office of the Inspector General (OPM-OIG) is dedicated to investigating providers that prioritize profits over patient well-being," said Deputy Inspector General Performing the Duties of the Inspector General Norbert E. Vint for the OPM-OIG. "We will continue to work with our law enforcement partners and colleagues at the Department of Justice to safeguard the federal health care programs from fraud."

To help ensure the alleged abuses outlined in this case do not reoccur, Dr. Pal and Interventional Cardiology & Vascular Consultants, PLC entered a detailed, multi-year integrity agreement with HHS-OIG. This integrity agreement contains training and reporting requirements as well as a quarterly claims review conducted by an Independent Review Organization, with the requirement that the review team includes at least one interventional cardiologist who is board certified. It also contains provisions for stipulated penalties and, possibly, the exclusion from federal health programs such as Medicare and Medicaid in the event of a breach of its terms.

The resolution obtained in this matter was the result of a coordinated effort between the Civil Division's Commercial Litigation Branch, Fraud Section and the U.S. Attorney's Office for the Middle District of Florida, with assistance from the Department of Defense Office of Inspector General - DCIS, the FBI, the U.S. Department of Health & Human Services Office of Inspector General and the Office of Personnel Management Office of Inspector General.

The government's pursuit of this matter illustrates its emphasis on combating health care fraud. One of the most powerful tools in this effort is the False Claims Act. Tips and complaints from all sources about potential fraud, waste, abuse and mismanagement can be reported to the Department of Health and Human Services, at 800-HHS-TIPS (800-447-8477).

This matter was handled by Nicholas C. Perros of the Civil Division's Commercial Litigation Branch, Fraud Section, and Assistant U.S. Attorney Michael R. Kenneth of the U.S. Attorney's Office for the Middle District of Florida.

The claims resolved by the settlement are allegations only, and there has been no determination of liability.

Attachment(s):

[Download Dr.Pal Settlement Agreement.pdf](#)

Topic(s):

False Claims Act

Component(s):

[Civil Division](#)

[USAO - Florida, Middle](#)

