

Atlanta Doctor Sent to Prison after a False Claims

By: Grace Jones, Parent Herald

Insurance fraud can happen anywhere if not strictly regulated. It is a criminal case that can be filed when a medical practitioner makes false claims he or she did not administer. Despite constant monitoring in the States, the Atlanta court recently convicts a doctor for \$1 million worth of fraudulent transactions.

According to the Coalition Against Insurance Fraud, Fraud schemes reach more than \$80 billion in the U.S. The losses from false claims will then be passed on to the insured subscribers to allow insurance firms to continue operating.

Robert E. Windsor, 55 years old, got the verdict of the crime he committed last Monday for a total of \$1 million fraudulent claims over his 3 years of practice. It is the worst kind because in most cases, some surgeries were actually performed but not by him. They were done by his medical assistant who was not qualified to operate. The false claims happened between, July 2010 up to July 2013.

Bob Page, U.S. Attorney's Office spokesman discloses in a press release the doctor's modus operandi. The deception was aided by computer technology showing Windsor logged in to satisfy verification that he was actually doing the procedures himself. The crime is even more than just false claims.

The doctor is not guilty only of fraud, Assistant Special Agent George Crouch said. Deceit was done willfully and it endangered the patients' life. FBI in Atlanta is studying the case further if there are other charges that Windsor can be held responsible with aside from the false claims.

In estimates, Windsor profited an additional \$1.1 million revenue to the false claims for monitoring the surgeries done by his assistant. Medicare billing statistics and complaints via the HHS-OIG Hotline at 800-HHS-TIPS are vital in leading the FBI investigating team into the fraudulent doctor.

Windsor is set to be locked up for 3 years and 2 months. Another 3 years of supervised freedom is also at stake right after the prison term. 200 hours of community service is required. The fine is \$1,169,580 and forever banned from health insurers. All of these must be served for the false claims only.

In 2012, then U.S. Attorney General Eric Holder addresses a summit at Georgetown Law School officiated by the Financial Fraud Enforcement Task Force. Since awareness campaign for this type of disservice in terms of false claims has already been launched, consumers must be vigilant when seeking medical care and must report anomalies accordingly.

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