



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

August 9, 2006

Chijioke Victor Okoro, M.D.  
Registration NO. 97812-079  
FCI Forrest City Low  
P. O. Box 9000  
Forrest City, AR 72336

Dear Doctor Okoro:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Christopher B. McNeil, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on August 9, 2006, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of an original Notice of Appeal with the State Medical Board of Ohio and a copy of the Notice of Appeal with the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

Lance A. Talmage, M.D.  
Secretary

LAT:jam  
Enclosures

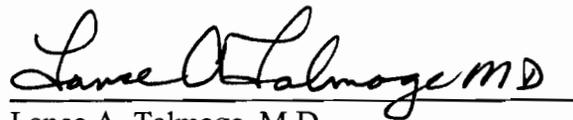
CERTIFIED MAIL NO. 7003 0500 0002 4329 9316  
RETURN RECEIPT REQUESTED

*Mailed 8-11-06*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Christopher B. McNeil, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on August 9, 2006, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Chijioke Victor Okoro, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

August 9, 2006

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

CHIJIKE VICTOR OKORO, M.D.

\*

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on August 9, 2006.

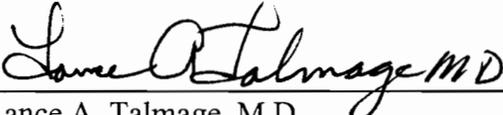
Upon the Report and Recommendation of Christopher B. McNeil, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

The certificate of Chijioke Victor Okoro, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective immediately upon the mailing of notification of approval by the Board.

(SEAL)

  
\_\_\_\_\_  
Lance A. Talmage, M.D.  
Secretary

August 9, 2006  
\_\_\_\_\_  
Date

2006 JUL 14 A 11: 03

**REPORT AND RECOMMENDATION  
IN THE MATTER OF CHIJOKE VICTOR OKORO, M.D.**

The Matter of Chijioke Victor Okoro, M.D., was heard by R. Gregory Porter, Esq., Hearing Examiner for the State Medical Board of Ohio, on April 10, 2006. On July 11, 2006, this matter was reassigned to Hearing Examiner Christopher B. McNeil, Esq.

**INTRODUCTION**

I. Basis for Hearing

- A. By letter dated December 14, 2005, the State Medical Board of Ohio [Board] notified Chijioke Victor Okoro, M.D., that it intends to determine whether to take disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board's proposed action was based on a report it received that (1) Dr. Okoro was convicted of felony criminal offenses, (2) the Texas State Board of Medical Examiners [Texas Board] revoked his license to practice medicine in Texas, and (3) the U.S. Department of Health and Human Services ordered his exclusion from participation in all Federal health care programs based upon his felonious conduct.

The Board alleged that Dr. Okoro's conviction constitutes "a judicial finding of guilt of . . . a felony," as that clause is used in Section 4731.22(B)(9), Ohio Revised Code. (State's Exhibit 1A)

The Board further alleged that the disciplinary action taken by the Texas Board constitutes the "limitation, revocation or suspension of an individual's license to practice" that has been "taken by the agency responsible for regulating the practice of medicine and surgery . . . in another jurisdiction, for any reason other than the nonpayment of fees[.]" as that clause is used in Section 4731.22(B)(22), Ohio Revised Code. (State's Exhibit 1A)

And finally, the Board alleged that the action taken by the Department of Health and Human Services constitutes a "[t]ermination or suspension from participation in the Medicare or Medicaid programs by the Department of Health and Human Services . . . for any act or acts that also would constitute a violation of division [4731.22(B)(8) of the Revised Code]" as that clause is used in Section 4731.22(B)(25), Ohio Revised Code.

Accordingly, the Board advised Dr. Okoro of his right to request a hearing in this matter. (St. Ex. 1A).

- B. On January 9, 2006 Dr. Okoro submitted a written request for a hearing on these charges. (St. Ex. 1C).

II. Appearances

- A. On behalf of the State of Ohio: Jim Petro, Attorney General, by Damion M. Clifford, Assistant Attorney General.
- B. Dr. Okoro did not appear in person at the time of the hearing, but prior to that time he did provide the Board with an unsworn written statement in support of his cause.

**EVIDENCE EXAMINED**

I. Testimony Heard

Neither the State nor Dr. Okoro presented testimony during the administrative hearing in this matter.

II. Exhibits Examined

A. Presented by the State:

1. State's Exhibits 1A-1H: Procedural exhibits.
2. State's Exhibit 2: Copy of the Amended Judgment in US v. Okoro.
3. State's Exhibit 3: Copy of the Transcript of Resentencing Hearing in US v. Okoro.
4. State's Exhibit 4: Copy of the Superseding Indictment in US v. Okoro.
5. State's Exhibit 5: Copy of the Amended Order in Texas Complaint against Victor Okoro.
6. State's Exhibit 6: Copy of the Final Order in Texas Complaint against Victor Okoro.

7. State's Exhibit 7: Copy of the Texas Complaint against Victor Okoro.
8. State's Exhibit 8: Copy of the U.S. Department of Health and Human Services Notice to Victor Okoro.
9. State's Exhibit 9: Copy of Dr. Okoro's certificate to practice medicine and surgery in Ohio.

B. Presented by the Respondent:

1. Respondent's Exhibit A: Dr. Okoro's Statement to the Board of December 29, 2005.
2. Respondent's Exhibit B: Dr. Okoro's Memorandum of January 31, 2006, with cover letter dated February 1, 2006.
3. Respondent's Exhibit C: Dr. Okoro's letter to the Attorney General's Office, Health and Human Services section, dated March 6, 2006.
4. Respondent's Exhibit D: Dr. Okoro's post-hearing letter to the Attorney General's Office, Health and Human Services section, dated May 5, 2006.
5. Respondent's Exhibit E: Dr. Okoro's post-hearing letter to the Attorney General's Office, Health and Human Services Section, dated May 16, 2006.
6. Respondent's Exhibit F: Copy of the letter from Assistant Attorney General Clifford to R. Gregory Porter, Chief Hearing Examiner for the State Medical Board of Ohio, dated May 11, 2006, with attachments from Dr. Okoro.

C. Admitted on the Hearing Examiner's Own Motion:

Board Exhibit A: July 11, 2006 entry reassigning this matter to Christopher B. McNeil, Esq.

### **SUMMARY OF THE EVIDENCE**

All exhibits and transcripts of testimony, even if not specifically mentioned, were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

1. The State Medical Board of Ohio issued a Certificate to Practice Medicine and Surgery to Chijioke Victor Okoro, M.D., the Respondent in this administrative action. The Certificate was first issued on July 14, 1982 (under Certificate No. 35-047675) and expired on April 1, 2004 for non-payment of renewal fees, and to date has not been reinstated. (State's Exhibit [St. Ex.] 9)

#### **Evidence of the Felony Criminal Convictions**

2. On October 14, 2002, in proceedings conducted before the United States District Court for the Southern District of Texas a jury found Dr. Okoro guilty of seven counts of health care fraud, three counts of filing false federal income tax returns, and fifteen counts of mail fraud. Each of these counts was a felony charge, and all charges were based on an indictment that described conduct attributed to Dr. Okoro and others operating medical clinics that specialized in physical medicine, with an emphasis on physical therapy relating to injuries sustained in automobile accidents. (St. Ex.2, p. 1)
3. The criminal charges were based on allegations that Dr. Okoro hired unlicensed foreign medical school graduates to act as doctors in these clinics, and with the aid of others devised a scheme for obtaining money by means of false and fraudulent pretenses and misrepresentations submitted to insurance companies reviewing claims for injuries claimed to have been sustained as a result of automobile accidents. The indictment alleged that Dr. Okoro, acting as the sole licensed medical doctor for these clinics, fabricated physician evaluations and provided insurance company representatives with copies of these false and fraudulent physician evaluations and told the representatives that he knew and had treated these patients, when in truth he had neither met nor treated these patients. The indictment further alleged that Dr. Okoro excluded a significant portion of his income from his tax returns in the years 1996, 1997, and 1998, approximating a total of \$1,201,870.00 of unreported gross receipts, thereby understating his tax liability in the amount of \$122,721.00. (St. Ex. 4)

4. In resentencing proceedings conducted on August 15, 2005, the United States District Court for the Southern District of Texas, Judge Lynn N. Hughes presiding, sentenced Dr. Okoro to 151 months of imprisonment with three years of supervised probation thereafter, and ordered that he pay \$525,197.47 in restitution to the United States jointly with other defendants, and a fine of \$6,500,000.00, along with costs and an assessment. (St. Ex. 2, pages 4 and 10)

#### **Evidence of Action by the Texas State Board of Medical Examiners**

5. The State of Texas through the Texas State Board of Medical Examiners authorized Dr. Okoro to practice medicine in Texas; and in proceedings conducted before that Board, the license issued to Dr. Okoro was revoked effective August 15, 2003. The Final Order revoking Dr. Okoro's license reports that the order was based upon Dr. Okoro's conviction in federal court for the offenses described above. (St. Ex. 6)
6. Through its evidentiary process, the Texas Board found cause to discipline Dr. Okoro based upon the fact that on October 15, 2002, Dr. Okoro was convicted by a federal jury on multiple felony counts of health care fraud, mail fraud, and false tax returns in the United States District Court for the Southern District of Texas. It also found that, with regard to the health care fraud offenses, the jury found Dr. Okoro employed a series of foreign graduates in his Houston clinic; that these employees were not licensed to practice medicine in Texas or in any other state; that Dr. Okoro paid them relatively low wages and claimed that he actually performed the work. It also found that Dr. Okoro entered into several agreements with twenty-one physical therapy clinics and engaged in improper billing practices using his provider number. The Texas Board found that, despite repeated notices of suspect or improper billing practices, Dr. Okoro billed more than nine million dollars to Medicare from late 1998 to early 2001, and that Medicare paid approximately four million dollars under Dr. Okoro's provider number during this period. At the conclusion of its administrative review of the charges against Dr. Okoro, and upon Dr. Okoro's default in those proceedings, the Texas Board revoked Dr. Okoro's license to practice medicine in Texas. (St. Ex. 6, p. 1-2)

#### **Evidence of Adverse Action Taken by the United States Department of Health and Human Services**

7. The United States Department of Health and Human Services has issued a notice to Dr. Okoro excluding him from participation in the Medicare, Medicaid and all federal health care programs as defined in section 1128B(f) of the Social Security Act for a minimum period of 25 years. This action was taken due to the convictions in federal court for the offenses described above. Although such

convictions require at least a five-year exclusion, the Department entered its order for greater than the minimum number of years because of the following aggravating factors: (1) the illegal acts resulted in a financial loss to one or more government programs that exceeded \$5,000 (in this case the amount was approximately \$525,000.00); (2) the illegal acts were committed over a period of more than one year (here the acts started in 1995 and continued to 2001); (3) the court ordered Dr. Okoro's incarceration (here the order was for 151 months); and (4) the licensee was convicted of other offenses (filing false federal tax returns) and was subject to disciplinary action by a state agency (i.e., the Texas State Board of Medical Examiners revoked Dr. Okoro's physician license). (St. Ex. 8)

### **Evidence and Claims Made in Mitigation by Dr. Okoro**

8. Writing on his own behalf and through unsworn letters to the Board, Dr. Okoro submits that the "legitimacy of the treatment" provided in his clinics "was never in doubt." (St. Ex. 1-C, p. 2. Note: St. Ex. 1-C also appears in the record as Respondent's Exhibit [Resp. Ex.] A). In his written statement of December 29, 2005, Dr. Okoro stated:

About 1999, I had signed up with several area clinics if the clinic met the standards established by Medicare for outpatient management of physical disability. I did not sign with these clinics to enrich myself but rather to assist in providing needed healthcare for those of the 37 million poor Americans who reside in the Houston area. I was confident that with the team of physicians including Doctors Mahmood and Shah, the chiropractor – Dr. Thomas, the licensed physical therapist Anna Seqosebe, as well as other foreign medical graduates and technicians we were in a position to manage those patients that would be referred to our care. In addition to my own staff each clinic had its own staff of physicians and licensed physical therapists, this was obviously one of the requirements for the government program of physical medicine. Most of these owners would be denied the opportunity to testify as to their billing practices and the sworn affidavits by some clinic owners who were never introduced to the evidence. *Id.*

9. Beyond attributing only sound medical practices to the operation of his clinics, Dr. Okoro described his legal counsel in the criminal proceedings (Richard "Racehorse" Haynes) as either "incompetent or dishonest" and offered a page from the case of *U.S. v. Rutgard*, found at 116 F.3d 1277 (9th Cir. 1997), in which the same attorney, Richard Haynes, was unprepared to proceed in a complex criminal trial that had been set for trial. Beyond this, however, Dr. Okoro does not offer an

explanation of how the 1997 excerpt of the appeal in the Rutgard case is relevant to these administrative proceedings. (St. Ex. 1C, p. 4)

10. Dr. Okoro also provided the Board with a published news report showing that Ohio Supreme Court Justice Alice Robie Resnick was publicly reprimanded for a drunken driving conviction, but again this is offered without any explanation of its purported relevance. (St. Ex. 1C, p. 6)
11. In his narrative statement to the Board, Dr. Okoro explained in some detail his own level of commitment to meeting the medical needs of many people. He asked that the Board:

take the time [to] review my activities in the last 20 years and my wealth before you judge my intent to defraud the government and or the financial institutions. My children have suffered significantly because of the two-tier system of justice that continues to rear its ugly head in our society. My mistakes were certainly those of the heart. I HAVE NEVER contemplated aiding and abetting any illegal project by any individual, and I NEVER will. I continue to take pride in my deep feeling of obligation to serve humanity in thought and action. *Id.* at p. 3.
12. In further support of his cause, Dr. Okoro presented a series of documents to the Board, asking that these be considered when evaluating the merits of the charges against him. In a typed letter dated January 31, 2006, Dr. Okoro again seeks to revisit the facts supporting his criminal convictions, describing his efforts to present the testimony of certain witnesses in the federal criminal prosecution, challenging the adequacy of his criminal defense counsel (Mr. Haynes), and challenging the logic that supported his conviction, with a statement “Any idea to defraud the Medicare programme nor insurance companies would be immoral to me.” (Resp. Ex. B, p. 4, emphasis *sic.*) Generally, the contents of the exhibit were limited to self-serving declarations that addressed what Dr. Okoro perceived to be shortcomings or defects in the criminal prosecution.
13. The record in this administrative action was closed to new evidence at the conclusion of the evidentiary hearing conducted on April 10, 2006. On three subsequent occasions, however, the Board’s Hearing Examiner received documents presented by Dr. Okoro with the request that these be considered as evidence, notwithstanding the untimely filing of these documents. In each instance the State agreed to their introduction, and as a result each of the documents received after the record was closed has been examined as part of the review of these proceedings. Each consists of both hand-written and typed notes from Dr. Okoro, and some include documents generated from other sources (e.g., in Dr. Okoro’s letter of April 3, 2006 to the Assistant Attorney General, he provides

two pages from the Plaintiff-Appellee's brief in the appeal before the Fifth Circuit Court of Appeals case that considered the appeal from his criminal conviction). None of the submissions bear attestations and none are made under oath. Accordingly, they shall receive the evidentiary weight appropriately attributed to unsworn documents that have not been tested by any evidentiary examination. (Resp. Ex. A - E)

14. The first of these submissions, received by the Board on May 15, 2006 and dated May 5, 2006, consists of a cover letter to the Assistant Attorney General from Dr. Okoro, a copy of a letter to Attorney Richard Haynes dated April 18, 2006 from Dr. Okoro, a copy of a letter to Dr. Okoro from Sharon Levine of Haynes, Boyd & Associates, P.C., dated April 24, 2006, a four-page handwritten letter to the Board which Dr. Okoro presents to the Board in lieu of his personal appearance, and the same four-page typewritten letter from Dr. Okoro to an addressee not specified in the letter, regarding "Mail Fraud and Healthcare Fraud," dated January 31, 2006 (which is already in the record, shown as Resp. Ex. B). (Resp. Ex. D)
15. The second of these is a two-page handwritten letter from Dr. Okoro to Assistant Attorney General Clifford dated May 16, 2006, which is accompanied by another copy of the April 18, 2006 letter to Mr. Haynes and another copy of the April 24, 2006 letter from Ms. Levine. The correspondence to AAG Clifford includes Dr. Okoro's claim that his Sixth and Fourteenth Amendment rights have been violated in the past, and his claim that he has not "waived the presentation of any additional evidence" in these administrative proceedings. The same is true with respect to the first packet of documents, except that Dr. Okoro's statement to the Board bears further consideration. (Resp. Ex. E)
16. In his statement to the Board, Dr. Okoro denies that he encouraged or endorsed any illegal activity, and denied having any knowledge of illegal activity. This unsworn statement lacks the evidentiary weight that would be attributed to a statement given under oath, and must be considered of limited value in this administrative proceeding. The same is true with each of the remaining claims contained in this statement, including Dr. Okoro's claim that he violated no Medicare rule, that the evidence established no criminal intent by the doctors or employees of these clinics, and that his only goal was to try to assist in improving the health of older people. (Resp. Ex. E)
17. The third set of documents was presented first to the Assistant Attorney General and then, by correspondence dated May 11, 2006, the set was presented to the Hearing Examiner with the Assistant Attorney General's representation that the State had no objection to the Hearing Examiner accepting these documents. The

set consists of documents from the criminal appeal in Dr. Okoro's case and hand-written notes about the course of the criminal process, as well as an 8-page typewritten note, describing both Dr. Okoro's perceptions of defects in the criminal process and his arguments in mitigation of the charges now pending before the Board. (Resp. Ex. F)

### ANALYSIS

The record now before the Board establishes without contradiction that Dr. Okoro has been convicted of multiple felonies based upon his fraudulent claims in the course of his medical practice. The record also establishes Dr. Okoro's license to practice medicine in Texas has been revoked based on the criminal convictions; and it establishes he has been excluded from participating in federal health care programs, based on the criminal conduct, which included obtaining money by fraudulent misrepresentations in the course of practice. Thus, each of the charges in the Board's notice to Dr. Okoro has been proved.

The facts underlying these charges are noteworthy, particularly given the scope of Dr. Okoro's criminal enterprise and the amount of damage done to the public health system. Those best in a position to evaluate Dr. Okoro's unlawful conduct – *i.e.*, both the federal jury and the court that sentenced him – did not treat this enterprise lightly. There was both a substantial term of incarceration and a hefty fine imposed, reflecting the jury and court's assessment of just how wrong this behavior was. While the Board must independently evaluate each case on its own merits, the factors in aggravation of the Board's three charges are both clearly present and significant. While Ohio is obviously free to evaluate the evidence and make an independent determination of what sanction is appropriate, the record here suggests quite strongly the need for revocation of Dr. Okoro's license.

In mitigation, Dr. Okoro presents a long list of challenges to the underlying conviction. Nevertheless, these challenges fail as meaningful mitigation, in part because, by Board regulation, a certified copy of a judicial finding of guilt of any crime in a court of competent jurisdiction "is conclusive proof of the commission of all of the elements of that crime." See O.A.C. 4731-13-24. Beyond the import of this rule, moreover, Dr. Okoro's arguments in mitigation fail because in each instance, the claims he seeks to present to this Board could have been raised in the criminal proceeding.

The Board may wish to note Dr. Okoro's charitable giving, his love of the profession, and his otherwise unblemished and long record of service. Certainly these are attributes that are relevant and should be weighed when deciding the appropriate sanction. From the record, however, the serious and pervasive level of criminal fraud, his failure to present any meaningful response to the charges presented before the Texas Board, and the federal government's action excluding him from participating in federal health care programs, all suggest permanent revocation is the appropriate disciplinary action in this case.

### **FINDINGS OF FACT**

1. The Respondent, Chijioke Victor Okoro, M.D., holds a certificate to practice medicine and surgery in Ohio issued by the State Medical Board of Ohio under Certificate No. 35-047675 on July 14, 1982. That certificate expired on April 1, 2004 for non-payment of renewal fees, and has not been reinstated.
2. The Respondent has been convicted of twenty-five felony counts in proceedings conducted by the United States District Court for the Southern District of Texas, in the case of U.S. v. Okoro, 4:01CR00399-001. The judgment entered by that court established the Respondent was guilty of fifteen counts of mail fraud (in violation of 18 U.S.C. 2 and 18 U.S.C. 1341), three counts of filing false income tax returns (in violation of 26 U.S.C. 7206(1)), and seven counts of health care fraud (in violation of 18 U.S.C. 2 and 18 U.S.C. 1347). As a result of the conviction, the Respondent has been sentenced to 151 months of imprisonment with supervised release after imprisonment, and has been ordered to pay restitution to the United States in the amount of \$525,191.47 and a fine of \$6,250,000.00.
3. The Respondent held a license to practice medicine in Texas, and on August 15, 2003, the Texas State Board of Medical Examiners entered an order revoking that license, upon the Respondent's default in administrative proceedings before the Texas Board. That action was based upon sufficient proof having been shown of the Respondent's criminal convictions as described in the foregoing findings.
4. Acting pursuant to the authority of sections 1128(a)(1) and 1128(a)(3) of the Social Security Act, the United States Department of Health and Human Services has entered an order excluding the Respondent from participating in Medicare, Medicaid, and all federal health care programs for a minimum period of twenty-five years. The Department in its order enhanced the exclusion period, which could have been for as short a period as five years. It did so finding evidence that the acts upon which the convictions were based resulted in a financial loss to the government of approximately \$525,000.00; that the acts were committed over a period of greater than one year; that the sentencing court imposed 151 months of incarceration; and the Respondent was subject to adverse action by the State of Texas in addition to the criminal action. The Department's action was based on Dr. Okoro obtaining money by fraudulent misrepresentations in the course of his medical practice.
5. Upon finding cause to believe grounds existed to take action with respect to his certificate to practice medicine and surgery in Ohio, the Board set forth its charge against the Respondent in a notice dated December 14, 2005. In a written response

dated January 4, 2006 and received by the Board on January 9, 2006, the Respondent invoked his right to have an administrative review of the charge, and in a letter dated January 10, 2006 the Board acknowledged its receipt of the Respondent's request for a hearing. The Board then set the matter for a hearing to commence on January 23, 2006, continued the hearing, appointed an administrative hearing examiner, and provided the parties with an opportunity to be heard on the charges in an evidentiary hearing conducted on April 10, 2006.

### CONCLUSIONS OF LAW

1. Because he holds a certificate to practice medicine and surgery in Ohio, the Respondent Chijioke Victor Okoro, M.D. is subject to the jurisdiction of the State Medical Board of Ohio in actions taken pursuant to R.C. Chapter 4731.
2. Upon sufficient cause to believe the holder of a certificate issued by the State Medical Board of Ohio has violated a provision of R.C. Chapter 4731 or regulations promulgated thereunder, the Board is authorized to take action with respect to that certificate. Upon his receipt of the Board's charging document, the Respondent timely requested an evidentiary hearing before the Board took any final action based upon the Board's charge. Upon its receipt of the Respondent's request for a hearing, the Board set the matter for hearing in the manner provided for by R.C. 119.07 and 119.09 (the Administrative Procedure Act), and provided the Respondent with an opportunity to be heard, all in the manner provided for by law and in accordance with all statutory and constitutional protections afforded to persons possessing such a certificate.
3. The Board may take disciplinary action against a certificate-holder upon sufficient proof that the person has been convicted of a felony. The convictions entered by the federal court in the matter of U.S. v. Okoro, as described in Finding of Fact No. 2 constitute "a judicial finding of guilt . . . of a felony" as that clause is used in Section 4731.22(B)(9), Ohio Revised Code.
4. The Board may take disciplinary action against a certificate-holder upon sufficient proof that the agency responsible for regulating the practice of medicine and surgery in another jurisdiction has (for any reason other than nonpayment of fees) denied an application for a license to practice medicine and surgery. See R.C. 4731.22(B)(22) (2005). The action taken by Texas Board against Chijioke Victor Okoro, M.D., as set forth in Finding of Fact No. 3 constitutes one of "the following actions taken by the agency responsible for regulating the practice of . . . medicine and surgery . . . in another jurisdiction, for any reason other than the nonpayment of fees: the . . . denial of a license[,]" as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

5. The Board may take disciplinary action against a certificate-holder upon sufficient proof that the agency responsible for regulating the practice of medicine and surgery in another jurisdiction has (for any reason other than nonpayment of fees) denied an application for a license to practice medicine and surgery. See R.C. 4731.22(B)(22) (2005). The action taken by Texas Board against Chijioke Victor Okoro, M.D., as set forth in Finding of Fact No. 3 constitutes one of “the following actions taken by the agency responsible for regulating the practice of . . . medicine and surgery . . . in another jurisdiction, for any reason other than the nonpayment of fees: the . . . denial of a license[.]” as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.
6. The Board may take disciplinary action against a certificate-holder upon sufficient proof that the person has been terminated from participation in Medicaid or Medicare based on the person obtaining money by fraudulent misrepresentations in the course of practice, in violation of R.C. 4731.22(B)(8). The action taken by the U.S. Department of Health and Human Services in excluding the Respondent from participating in all federal health care programs, including Medicaid and Medicare, as set forth in Finding of Fact No. 4, constitutes the Respondent’s “[t]ermination or suspension from participation in the Medicare or Medicaid programs by the Department of Health and Human Services . . . for any act or acts that also would constitute a violation of [R.C. 4731.22(B)(8)],” as that clause is used in section 4731.22(B)(25) of the Revised Code.
7. Upon sufficient proof that the Respondent has violated any provision of R.C. 4731.22(B), as has been demonstrated in the foregoing findings of fact and conclusions of law, the Board, by an affirmative vote of not fewer than six of its members, shall to the extent permitted by law limit, revoke or suspend an individual’s certificate to practice, refuse to register an individual, refuse to reinstate a certificate, or reprimand or place on probation the holder of a certificate, all pursuant to section 4731.22(B) of the Revised Code. Further, when the Board revokes an individual’s certificate to practice, it may specify that the action is permanent. An individual subject to permanent action taken by the Board is forever thereafter ineligible to hold a certificate to practice and the Board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate. See R.C. 4731.22(L) (2005).

**PROPOSED ORDER**

It is hereby ORDERED that:

The certificate of Chijioke Victor Okoro, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective immediately upon the mailing of notification of approval by the Board.

A handwritten signature in black ink, appearing to read "C. McNeil", written over a horizontal line.

Christopher B. McNeil  
Attorney Hearing Examiner



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

## EXCERPT FROM THE DRAFT MINUTES OF AUGUST 9, 2006

### REPORTS AND RECOMMENDATIONS

Dr. Kumar announced that the Board would now consider the Reports and Recommendations appearing on its agenda. He advised that the Board has been unable to achieve service in the matter of Suzanne A. Haritatos, D.P.M. The Report and Recommendation in her case will therefore be considered at a future meeting. Also, the Board has granted Terri Lynne Savage, M.D.'s request for a postponement of consideration of her case until the September meeting. Dr. Savage has signed an agreement to continue her summary suspension until such time as the Board takes final action on her case.

Dr. Kumar asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings, conclusions, and orders, and any objections filed in the matters of: Cynthia Y. Alston, M.D.; Richard C. Gause, M.D.; Jorge Arturo Martinez, M.D.; Chijioke Victor Okoro, M.D.; and Jose Raul Quintana, M.D. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Madia	- aye
	Dr. Steinbergh	- aye
	Dr. Kumar	- aye

Dr. Kumar asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Mr. Browning	- aye

Ms. Sloan	- aye
Dr. Davidson	- aye
Dr. Madia	- aye
Dr. Steinbergh	- aye
Dr. Kumar	- aye

Dr. Kumar noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. Dr. Kumar advised that Dr. Talmage and Mr. Albert were the Secretary and Supervising Member and must abstain in the matters of: Dr. Martinez, Dr. Okoro, Dr. Quintana and Dr. Savage. They may participate in the discussion and vote in the matters of Dr. Alston and Dr. Gause. The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....

CHIJOKE VICTOR OKORO, M.D.

.....

**DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MR. MCNEIL'S FINDINGS OF FACT, CONCLUSIONS, AND PROPOSED ORDER IN THE MATTER OF CHIJOKE VICTOR OKORO, M.D. MS. SLOAN SECONDED THE MOTION.**

.....

A vote was taken on Dr. Steinbergh's motion to approve and confirm:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Mr. Browning	- aye
	Ms. Sloan	- aye
	Dr. Davidson	- aye
	Dr. Madia	- aye
	Dr. Steinbergh	- aye
	Dr. Kumar	- aye

The motion carried.



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

December 14, 2005

Chijioke Victor Okoro, M.D.  
AKA Victor Okoro  
AKA Chiji V. Okoro  
11107 Meadowick Drive  
Houston, Texas 77024

Dear Doctor Okoro:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On or about September 1, 2005, the United States District Court, Southern District of Texas, Houston Division, entered an Amended Judgment in a Criminal Case, a correction of sentence on remand [Amended Judgment]. The Amended Judgment adjudicated you guilty of twenty-five felony counts, including fifteen counts of mail fraud and aiding and abetting, in violation of 18 U.S.C. §§ 1341 and 2; three counts of false federal income tax returns filed, in violation of 26 U.S.C. § 7206(1); and seven counts of health care fraud and aiding and abetting, in violation of 18 U.S.C. §§ 1347 and 2. Your underlying conduct is set forth in detail in the Superseding Indictment and Amended Judgment, copies of which are attached hereto and incorporated herein.

You were sentenced to imprisonment for a total term of 151 months, and upon release from imprisonment, to supervised release for a period of three years with special conditions to include a prohibition from the use of any tobacco, alcohol and other stimulants. You were ordered to pay criminal monetary penalties, including a fine in the amount of \$6,250,000.00 and restitution in the amount of \$525,191.47.

- (2) On or about August 15, 2003, the Texas State Board of Medical Examiners entered a Final Order [Texas Board Final Order], a default judgment revoking your license to practice medicine in Texas, which was related to the aforementioned felonious conduct. A copy of the Texas Board Final Order is attached hereto and incorporated herein.

*Mailed 12-15-05*

- (3) On or about July 29, 2005, the Office of the Inspector General, U.S. Department of Health and Human Services, issued to you a notification of your exclusion [Exclusion Notice] from participation in Medicare, Medicaid and all Federal health care programs based upon your above felonious conduct. The exclusion is for a minimum period of 25 years. A copy of the Exclusion Notice is attached hereto and incorporated herein.

The judicial findings of guilt as alleged in paragraph (1) above, individually and/or collectively constitute “[a] plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony,” as that clause is used in Section 4731.22(B)(9), Ohio Revised Code.

Further, the Texas Board Final Order as alleged in paragraph (2) above, constitutes “[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual’s license to practice; acceptance of an individual’s license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand,” as that clause is used in Section 4731.22(B)(22), Ohio Revised Code.

Further, the Exclusion Notice as alleged in paragraph (3) above, constitutes “[t]ermination or suspension from participation in the medicare or medicaid programs by the department of health and human services or other responsible agency for any act or acts that also would constitute a violation of division (B)(2), (3), (6), (8), or (19) of this section,” as that clause is used in Section 4731.22(B)(25), Ohio Revised Code, to wit: Section 4731.22(B)(8), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Chijioke Victor Okoro, M.D.  
AKA Victor Okoro  
AKA Chiji V. Okoro  
Page 3

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/blt  
Enclosures

CERTIFIED MAIL # 7003 0500 0002 4333 4208  
RETURN RECEIPT REQUESTED

Chijioke Victor Okoro, M.D.  
AKA Victor Okoro  
AKA Chiji V. Okoro  
Registration No. 97812-079  
FCI Forrest City Low  
Federal Correctional Institution  
Forrest City, Arkansas 72336

CERTIFIED MAIL # 7003 0500 0002 4333 4192  
RETURN RECEIPT REQUESTED



3. On or about August 18, 1995, the defendant CHIJOKE VICTOR OKORO, M.D. filed an Assumed Name Certificate of Ownership for Spectrum Medical Clinic, located at 9100 Southwest Freeway, #212; Houston, Texas (hereinafter referred to as "Spectrum").

4. During relevant time periods, defendants ERNEST NDA AKPAN, CLAUDIA RAMON, also known as Claudia Gaytan and Claudia Velasquez, and ANA LILIA GARCIA were employed by defendant CHIJOKE VICTOR OKORO, M.D., doing business as Spectrum. Defendant ERNEST NDA AKPAN was responsible for overall administration of the office and he maintained signatory authority on the Spectrum bank account. Defendants CLAUDIA RAMON and ANA LILIA GARCIA were responsible for receptionist and other administrative duties.

5. On or about May 6, 1996 the defendant CHIJOKE VICTOR OKORO, M.D. moved his clinic from the 9100 Southwest Freeway to 7100 Clarewood Drive near Sharpstown Mall.

6. On or about July 3, 1996 at 11:08 a.m., defendant CHIJOKE VICTOR OKORO, M.D. filed a Withdrawal Notice of Assumed Name for Spectrum and also filed the Assumed Name Certificate of Ownership for Houston MedCare, located at 7100 Clarewood Drive; Houston, Texas. Houston MedCare is also referred to as MedCare.

7. During relevant time periods, defendants ERNEST NDA AKPAN, CLAUDIA RAMON, GUADALUPE CASTRO, also known as Lupy Castro, and ANA LILIA GARCIA were employed by the defendant CHIJOKE VICTOR OKORO, M.D., doing business as Houston Medicare located at 7100 Clarewood Drive. Defendant ERNEST NDA AKPAN was the first office manager at 7100 Clarewood Drive.

Defendant GÚADALUPE CASTRO was responsible for administering physical therapy and maintaining medical records at Houston MedCare. Defendant ANA LILIA GARCIA was responsible for receptionist, administrative and physical therapy duties at Houston MedCare.

8. During all relevant times, the defendant CHIJOKE VICTOR OKORO, M.D. was the only licensed medical doctor practicing at either Spectrum or Houston MedCare. The defendant CHIJOKE VICTOR OKORO, M.D. hired unlicensed foreign medical school graduates to act as doctors, but paid them relatively low wages.

#### B. Purpose of the Scheme to Defraud

9. From on or about August 18, 1995 and continuing to on or about the date of this indictment, the defendants devised and intended to devise a scheme and artifice for obtaining money by means of false and fraudulent pretenses and representations submitted to insurance companies reviewing claims for injuries claimed to have been sustained as a result of automobile accidents.

#### C. The Scheme to Defraud

10. It was a part of the scheme to defraud that attorneys and others would refer persons claiming to be injured as a result of an automobile accident to one of these two clinics.

11. It was part of the scheme to defraud that many of the "patients" were not evaluated for physical therapy by a licensed physician, nor did a licensed physician evaluate their progress and discharge them from therapy as claimed on the Itemized

bill. While some patients believed they were being evaluated by a medical doctor on their first visit, this person was often not a licensed physician. On a regular basis, defendant CHIJOKE VICTOR OKORO, M.D. fabricated physician evaluations in their entirety.

12. It was a part of the scheme to defraud that the defendants ERNEST NDA AKPAN, CLAUDIA RAMON, GUADALUPE CASTRO and ANA LILIA GARCIA knowingly and intentionally created false and fictitious medical records reflecting physician evaluations and physical therapy sessions that never occurred and/or directed "patients" to create false and fictitious records which were used to inflate the medical services used.

13. It was a part of the scheme to defraud that undercover law enforcement officers, acting as automobile accident claimants, were told by defendants ERNEST NDA AKPAN and CLAUDIA RAMON that they did not need to actually receive the physical therapy for which the insurance company would be billed.

14. It was a part of the scheme to defraud that neither undercover law enforcement officer was seen by defendant CHIJOKE VICTOR OKORO, M.D. One officer visited the clinics a total of five days and the other officer on only two days, yet the clinic prepared medical records and itemized bills reflecting 4 physician evaluations and 26 days of therapy services for each undercover officer.

15. It was a part of the scheme to defraud that in July, 1996, the defendant CHIJOKE VICTOR OKORO, M.D. provided an insurance company representative with copies of the eight false and fraudulent physician evaluations and told the representative that he knew the patients and had treated them when in truth

and fact, as he there and then knew, the defendant had never met nor evaluated either of the undercover officers.

16. It was part of the scheme to defraud that defendants created and submitted medical records and bills through the patient's attorney to health benefit plans reflecting that Defendant CHIJIKE VICTOR OKORO, M.D. had performed physician evaluations on patients, including at least one follow-up evaluation and five initial evaluations, on days when the defendant CHIJIKE VICTOR OKORO, M.D. could not have performed such evaluations because he had traveled to England and Nigeria from October 25, 1997 to November 7, 1997 and had not yet returned to the United States.

17. It was part of the scheme to defraud that defendants created and provided medical records and bills to health benefit plans, through the patient's attorney, reflecting that defendant CHIJIKE VICTOR OKORO, M.D. had performed physician evaluations on patients, including at least six initial or follow up evaluations on days when the defendant CHIJIKE VICTOR OKORO, M.D. could not have performed such evaluations because he had traveled to England and Nigeria from May 26, 1999 to June 8, 1999 and had not yet returned to the United States.

18. It was part of the scheme to defraud that the clinics would prepare a false and fictitious itemized bill for physician evaluations and numerous physical therapy treatments based on the false and fictitious medical records. The itemized bill was to be forwarded to an insurance company as evidence of the seriousness of the injuries suffered in the automobile accident.

19. It was part of the scheme to defraud that the insurance companies

relied on these false and fictitious bills and sent checks through the United States Mail to the attorney representing the person claiming injury, to the person claiming injury or to the clinic directly. Generally, if an attorney received payment, the attorney forwarded one third to the clinic, one third to the client and retained one third as attorneys fees.

C. Mail Fraud – The Mailing

20. On or about the dates listed below, in the Southern District of Texas and elsewhere, the defendants,

**CHIJIJOKE VICTOR OKORO, M.D.  
ERNEST NDA AKPAN  
CLAUDIA RAMON  
GUADÁLUPE CASTRO  
ANA LILIA GARCIA**

aided and abetted by each other, knowingly and intentionally and for the purpose of executing and attempting to execute the scheme and artifice to defraud did cause checks or medical information to be delivered by United States mail at Houston, Texas area addresses, that is, the defendants as identified below: a) As to Count One: caused false and fraudulent medical information to be mailed to USAA for payment of two claims and b) As to Counts Two through Fifteen: caused the insurance company to send payment for auto accident claims to the claimant or his/her representative.

Ct.	Defendants	Date of Mailing	\$ Check	Claimant	Dates of Service	Insurance Company
1	Chijioke Victor Okoro, M.D., Ernest Nda Akpan, Claudia Ramon	6/14/96	\$7,580	U/C #1	3/20/96-5/8/96 (27 visits)	USAA
			----- \$4,300	U/C #2	3/20/96-5/8/96 (27 visits)	
2	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	4/21/98	\$1405	"SM"	9/9/97 - 10/31/97 (23 visits)	GEICO
3	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	12/19/97	\$1678	"YC"	10/9/97-11/28/97 (24 visits)	Allstate
			----- \$860	"ER"	----- (12 visits)	
			----- \$279	"AC"	----- (3 visits)	
			----- \$540	"LC"	----- (10 visits)	
4	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	4/24/98	\$3500	"YC"	10/9/97-11/28/97 (24 visits)	Allstate
			----- \$2300	"ER"	----- (12 visits)	
			----- \$1300	"AC"	----- (3 visits)	
			----- \$2600	"LC"	----- (10 visits)	
5	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	9/8/99	\$2500	"MN"	3/2/98 - 5/6/98 (27 visits)	USAA
6	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	9/14/99	\$5200	"MN"	3/2/98 - 5/6/98 (27 visits)	USAA
7	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	3/26/99	\$8500	"AS"	3/2/98 - 5/6/98 (23 visits)	USAA

<b>Ct.</b>	<b>Defendants</b>	<b>Date of Mailing</b>	<b>\$ Check</b>	<b>Claimant</b>	<b>Dates of Service</b>	<b>Insurance Company</b>
8	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	4/17/99	\$2500	"AS"	3/2/98 - 5/6/98 (23 visits)	USAA
9	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	1/20/99	\$13,000	"RW"	6/5/98 - 9/11/98 (36 visits)	Progressive Insurance
10	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	5/24/00	1,290.97	"RW"	4/6/99 - 5/29/99 (24 visits)	Progressive Insurance
11	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	5/18/00	\$5,000	"DH"	5/13/99 - 7/2/99 (24 visits)	GEICO
12	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	9/21/00	\$1500	"IL"	5/17/99 - 7/1/99 (26 visits)	GEICO
13	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	9/18/00	\$900	"LG"	6/7/99 - 7/16/99 (22 visits)	State Farm
14	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	1/17/01	\$7000	"HD"	4/17/00 - 6/7/00 (27visits)	Allstate
15	Chijioke Victor Okoro, M.D., Guadalupe Castro, Ana Lilia Garcia	10/26/00	\$1676	"MR"	6/13/00 - 7/12/00 (19 visits)	Allstate

ALL IN VIOLATION OF TITLE 18, UNITED STATES CODE, SECTIONS 1341 AND 2.

**COUNT SIXTEEN**

**(1996 False Federal Income Tax Return Filed – 26 U.S.C. §7206 (1))**

21. The grand jury re-alleges and incorporates paragraphs 1 through 8 of this Indictment as if alleged herein.

22. In or about 1996 through 1999, the defendant CHIJOKE VICTOR OKORO alone maintained and controlled his own business record-keeping. There were no formal books and records or internal controls.

23. Only income which was independently reported to the IRS by submission of an IRS Form 1099-MISC was reported as gross business receipts on Schedule C of the defendant's federal income tax return in each of the three years 1996, 1997 and 1998.

24. Inasmuch as a significant portion of defendant's income was obtained from personal injury (auto accident) attorneys who were not required to submit Forms 1099-MISC to the IRS, the defendant excluded a significant portion of his income from his tax returns in the years 1996, 1997 and 1998.

25. In each of 1997 and 1998, the amounts of gross receipts reported was less than the unreported amounts. During the years 1996, 1997 and 1998, the total unreported gross receipts comprised approximately 51% of the total gross receipts or \$1,201,870.00 of unreported gross receipts.

26. The unreported gross receipts significantly influences the ability of the Internal Revenue Service to determine defendant Okoro's correct tax liability. Based on the adjusted Schedule C gross receipts, the defendant understated his tax liability by \$19,923 in 1996; \$49,380 in 1997; and \$53,418 in 1998 for a total of \$122,721 in

additional taxes due and owing to the United States.

27. For each of the years 1996, 1997 and 1998, the defendant prepared and caused to be prepared his U.S. individual income tax returns in or near Houston, Texas.

28. On or about August 13, 1997, in the Southern District of Texas, the defendant, CHIJOKE VICTOR OKORO, did willfully make and subscribe a United States Individual Income Tax Return – Form 1040, which was verified by a written declaration that it was made under the penalties of perjury and was filed with the Internal Revenue Service, which 1996 income tax return the defendant CHIJOKE VICTOR OKORO did not believe to be true and correct as to every material matter in that the said 1996 federal income tax return reported Schedule C Gross Receipts of \$354,541.00 whereas, the defendant then and there well knew and believed, that defendant's 1996 Schedule C Gross Receipts were false, that is, that the Schedule C Gross Receipts were actually approximately \$532,379.00 during 1996, that is, the defendant omitted gross receipts of approximately \$177, 838.00.

**ALL IN VIOLATION OF TITLE 26, UNITED STATES CODE, SECTION 7206(1).**

**COUNT SEVENTEEN**  
**(1997 False Federal Income Tax Return Filed –26 U.S.C. §7206 (1))**

29. The grand jury re-alleges and incorporates paragraphs 1 through 8 and paragraphs 21 through 27 of this Indictment as if alleged herein.

30. On or about October 15, 1998, in the Southern District of Texas, the defendant, CHIJIKE VICTOR OKORO, did willfully make and subscribe a United States Individual Income Tax Return – Form 1040, which was verified by a written declaration that it was made under the penalties of perjury and was filed with the Internal Revenue Service, which 1997 income tax return the defendant CHIJIKE VICTOR OKORO did not believe to be true and correct as to every material matter in that the said 1997 federal income tax return reported Schedule C Gross Receipts of \$423,446.00 whereas, the defendant then and there well knew and believed, that defendant's 1997 Schedule C Gross Receipts were false, that is, that the Schedule C Gross Receipts were actually approximately \$955,230.00 during 1997, that is, the defendant omitted gross receipts of approximately \$531,784.

**ALL IN VIOLATION OF TITLE 26, UNITED STATES CODE, SECTION 7206(1).**

**COUNT EIGHTEEN**  
**(1998 False Federal Income Tax Return Filed --26 U.S.C. §7206 (1))**

31. The grand jury re-alleges and incorporates paragraphs 1 through 8 and paragraphs 21 through 28 of this Indictment as if alleged herein.

32. On or about July 23, 1999, in the Southern District of Texas, the defendant, CHIJOKE VICTOR OKORO, did willfully make and subscribe a United States Individual Income Tax Return -- Form 1040, which was verified by a written declaration that it was made under the penalties of perjury and was filed with the Internal Revenue Service, which 1998 income tax return the defendant CHIJOKE VICTOR OKORO did not believe to be true and correct as to every material matter in that the said 1998 federal income tax return reported Schedule C Gross Receipts of \$367,701.00 whereas, the defendant then and there well knew and believed, that defendant's 1998 Schedule C Gross Receipts were false, that is, that the Schedule C Gross Receipts were actually approximately \$859,949.00 during 1998, that is, the defendant omitted gross receipts of approximately \$492,248.00.

**ALL IN VIOLATION OF TITLE 26, UNITED STATES CODE, SECTION 7206(1).**

**COUNTS NINETEEN THROUGH TWENTY-FIVE**

**(Health Care Fraud)**

**18 U.S.C. § 1347**

33. The Grand Jury re-alleges and incorporates paragraphs 1 through 8 of this Indictment as if alleged herein.

34. Medicare is a health care benefit program designed primarily to provide medical benefits to the elderly.

35. In October 1998, the defendant CHIJOKE VICTOR OKORO, M.D. signed the Medicare enrollment application for a physical therapy clinic with which defendant ERNEST NDA AKPAN was also associated. By at least October, 1998, and at an accelerating pace, the defendant CHIJOKE VICTOR OKORO, M.D. began to sign on as Medical Director to numerous physical therapy clinics catering to Medicare patients. From October 1998 through November 2000, the defendant CHIJOKE VICTOR OKORO, M.D. served as Medical Director of more than 20 physical therapy clinics in the Houston area. Defendant OKORO signed the Medicare enrollment applications, reassigned his Medicare benefits (permitting direct payment to the clinic for work performed by the defendant), entered into contracts with these clinics and was financially enriched by these clinics.

36. As Medical Director, defendant CHIJOKE VICTOR OKORO, M.D. was responsible for the overall medical supervision in each clinic. Duties of a Medical Director include evaluating patients for physical therapy, monitoring the progress of the patients, and supervising the physical therapy provided by the clinic staff.

37. On January 14, 2000, the defendant CHIJOKE VICTOR OKORO,

M.D.<sup>fr</sup> entered into (and re-entered into) contracts with at least 14 physical therapy clinics to act as their Medical Director. At the same time the defendant maintained his own medical clinic, Houston MedCare, and worked full time in an hospital emergency room.

38. The defendant CHIJOKE VICTOR OKORO, M.D. well knew that he could not provide the required Medical Director services to 14 clinics and maintain two additional full time jobs.

39. During the first six months of the year 2000, the clinics with whom the defendant had associated himself and reassigned his Medicare benefits submitted bills in excess of three million dollars (\$3,000,000) to Medicare for physician evaluations by the defendant or physical therapy supervised by him. In order to bill for physical therapy under the defendant's billing number, the defendant must be physically present while the therapy is being administered – whether in the clinic or in the patient's home.

40. The defendant was out of the United States on the following days: May 26, 1999 through June 8, 1999; November 18, 1999 through November 24, 1999; and May 18, 2000 through May 25, 2000. The defendant CHIJOKE OKORO, M.D. signed evaluations and physical therapy treatment forms as if he had provided a service to patients, even though he was out of the country.

41. The defendant worked at the emergency room from 6:00 a.m. to 4:30 p.m. on October 27, 1999; 6:00 a.m. - 5:30 p.m. on April 13, 2000; 6:00 a.m. to 5:00 p.m. on June 9, 2000 and 6:00 a.m. to 5:30 p.m. on July 21, 2000. The defendant CHIJOKE VICTOR OKORO, M.S. signed evaluations and physical therapy treatment forms as if he had provided a service to patients, even though he was working at the emergency room.

42. Beginning in or about October 1998 and continuing until the present, in Houston, Texas in the Southern District of Texas and elsewhere, the defendant

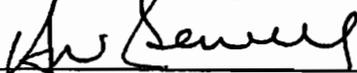
**CHIJOKE VICTOR OKORO, M.D.**

did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare, a health care plan, in connection with the delivery of or payment for health care benefits, items, or services, that is, the defendant defrauded Medicare by fraudulently representing that he would act as Medical Director for numerous physical therapy clinics and thereafter allowing physical therapy clinics to bill for services that he could not possibly have provided including the following services billed to Medicare for dates of service when the defendant was either out of the United States or working at the hospital emergency room as follows:

Count	Dates of Service	Number of Clinics	Number of Patients	Amount Billed
19	5/26/99 - 6/8/99	3	30	\$103,554
20	10/27/99	7	55	\$24,353
21	11/18/99 - 11/24/99	10	113	\$143,763
22	4/13/00	7	37	\$17,449
23	5/18/00 - 5/25/00	11	108	\$109,784
24	6/9/00	11	90	\$31,036
25	7/21/00	8	85	\$19,844

**All IN VIOLATION OF TITLE 18, UNITED STATES CODE, SECTIONS 1347 and 2.**

A TRUE BILL

  
FOREPERSON

MICHAEL T. SHELBY  
UNITED STATES ATTORNEY

By   
Amy M. Lecocq  
Assistant United States Attorney

STATE MEDICAL BOARD OF OHIO

UNITED STATES DISTRICT COURT Southern District of Texas

SEP 01 2005

2005 NOV -8 A 11: 00

Holding Session in Houston

Michael N. Milby, Clerk of Court

UNITED STATES OF AMERICA v. CHIJOKE VICTOR OKORO, M.D.

AMENDED JUDGMENT IN A CRIMINAL CASE

A/K/A Victor Okoro and Chiji V. Okoro

CASE NUMBER: 4:01CR00399-001

See Additional Aliases. Date of Original Judgment: September 2, 2003 (or Date of Last Amended Judgment)

USM NUMBER: 97812-079 Timothy A. Meche Defendant's Attorney

- Reason for Amendment: Correction of Sentence on Remand, Reduction of Sentence for Changed Circumstances, Correction of Sentence by Sentencing Court, Correction for Clerical Mistake

- Modification of Supervision Conditions, Modification of Imposed Term of Imprisonment for Extraordinary and Compelling Reasons, Modification of Imposed Term of Imprisonment for Retroactive Amendment(s) to the Sentencing Guidelines, Direct Motion to District Court Pursuant to 18 U.S.C. § 2255 or 18 U.S.C. § 3559(c)(7), Modification of Restitution Order

THE DEFENDANT:

- pleaded guilty to count(s), pleaded nolo contendere to count(s) which was accepted by the court, was found guilty on count(s) 1SS-25SS on October 14, 2002 after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Table with 4 columns: Title & Section, Nature of Offense, Offense Ended, Count. Rows include 18 U.S.C. §§ 1341 and 2 Mail fraud and aiding and abetting with counts 1SS, 2SS, and 3SS.

See Additional Counts of Conviction.

The defendant is sentenced as provided in pages 2 through 9 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

- The defendant has been found not guilty on count(s), Count(s) remaining, is/are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

TRUE COPY I CERTIFY ATTEST NOV 07 2005 MICHAEL N. MILEY, Clerk of Court By Deputy Clerk

August 15, 2005 Date of Imposition of Judgment

Signature of Judge

LYNN N. HUGHES UNITED STATES DISTRICT JUDGE Name and Title of Judge

8.30.5 Date

Handwritten initials

DEFENDANT: CHIJOKE VICTOR OKORO, M.D.  
CASE NUMBER: 4:01CR00399-001

**ADDITIONAL COUNTS OF CONVICTION**

<u>Title &amp; Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	04/24/1998	4SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	09/08/1999	5SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	09/14/1999	6SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	03/26/1999	7SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	04/17/1999	8SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	01/20/1999	9SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	05/24/2000	10SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	05/18/2000	11SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	09/21/2000	12SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	09/18/2000	13SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	01/17/2001	14SS
18 U.S.C. §§ 1341 and 2	Mail fraud and aiding and abetting	10/26/2000	15SS
26 U.S.C. § 7206(1)	1996 False federal income tax returns filed	08/13/1997	16SS
26 U.S.C. § 7206(1)	1997 False federal income tax returns filed	10/15/1998	17SS
26 U.S.C. § 7206(1)	1998 False federal income tax returns filed	07/23/1999	18SS
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	06/08/1999	19SS

DEFENDANT: CHIJOKE VICTOR OKORO, M.D.  
CASE NUMBER: 4:01CR00399-001

### ADDITIONAL COUNTS OF CONVICTION

<u>Title &amp; Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	10/27/1999	20SS
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	11/24/1999	21SS
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	04/13/2000	22SS
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	05/25/2000	23SS
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	06/09/2000	24SS
18 U.S.C. §§ 1347 and 2	Health care fraud and aiding and abetting	07/21/2000	25SS

DEFENDANT: **CHIJOKE VICTOR OKORO, M.D.**  
CASE NUMBER: **4:01CR00399-001**

### IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 151 months.

\*This term consists of SIXTY (60) MONTHS as to each of Counts 1SS through 15SS, to run concurrently; THIRTY-ONE (31) MONTHS as to each of Counts 16SS through 18SS to run concurrently; and, ONE HUNDRED-TWENTY (120) MONTHS as to each of Counts 19SS through 25SS to run concurrently to each other and concurrently with Counts 1SS through 15SS. Counts 16SS through 18SS to run consecutively to Counts 1SS through 15SS and 19SS through 25SS, for a total term of ONE HUNDRED FIFTY-ONE (151) MONTHS.

- See Additional Imprisonment Terms.
- The court makes the following recommendations to the Bureau of Prisons:
- The defendant is remanded to the custody of the United States Marshal.
- The defendant shall surrender to the United States Marshal for this district:
  - at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_.
  - as notified by the United States Marshal.
- The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:
  - before 2 p.m. on \_\_\_\_\_.
  - as notified by the United States Marshal.
  - as notified by the Probation or Pretrial Services Office.

### RETURN

I have executed this judgment as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_  
at \_\_\_\_\_, with a certified copy of this judgment.

\_\_\_\_\_  
UNITED STATES MARSHAL

By \_\_\_\_\_  
DEPUTY UNITED STATES MARSHAL

DEFENDANT: CHIJOKE VICTOR OKORO, M.D.

CASE NUMBER: 4:01CR00399-001

## SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of: 3 year(s).

This term consists of THREE (3) YEARS as to each of Counts 1SS through 15SS and 19SS through 25SS, and ONE (1) YEAR as to Counts 16SS through 18SS, to run concurrently, for a total of THREE (3) YEARS.

See Additional Supervised Release Terms

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court. (*for offenses committed on or after September 13, 1994*)

The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. (Check, if applicable.)

The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. (Check, if applicable.)

The defendant shall cooperate in the collection of DNA as directed by the probation officer. (Check, if applicable.)

The defendant shall register with the state sex offender registration agency in the state where the defendant resides, works, or is a student, as directed by the probation officer. (Check, if applicable.)

The defendant shall participate in an approved program for domestic violence. (Check, if applicable.)

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

## STANDARD CONDITIONS OF SUPERVISION

See Special Conditions of Supervision.

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: **CHIJOKE VICTOR OKORO, M.D.**  
CASE NUMBER: **4:01CR00399-001**

### **SPECIAL CONDITIONS OF SUPERVISION**

The defendant is required to provide the probation officer access to any requested financial information. If a fine or restitution amount has been imposed, the defendant is prohibited from incurring new credit charges or opening additional lines of credit without approval of the probation officer, unless the defendant is in compliance with the fine or restitution payment schedule.

The defendant is required to disclose all financial arrangements for himself and his spouse to the United States Probation Officer.

The defendant is required to provide the United States Probation Officer with copies of all of his Income Tax returns.

The defendant is prohibited from the use of any tobacco, alcohol, and other stimulants.

DEFENDANT: **CHIJOKE VICTOR OKORO, M.D.**  
 CASE NUMBER: **4:01CR00399-001**

### CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
<b>TOTALS</b>	\$2,500	\$6,250,000	\$525,191.47

A \$100 special assessment is ordered as to each of Counts 1SS through 25SS, for a total of \$2,500.

- See Additional Terms for Criminal Monetary Penalties.
- The determination of restitution is deferred until \_\_\_\_\_. An Amended Judgment in a Criminal Case (AO 245C) will be entered after such determination.
- The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal payees must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
Allstate Insurance Company		\$21,733.00	
State Farm Insurance Company		\$900.00	
USAA		\$30,580.00	
Progressive Insurance Company		\$14,290.47	
Geico Direct		\$7,905.00	
DHHS/Center for Medicare/Medicaid		\$449,783.00	

- See Additional Restitution Payees.

**TOTALS** \$ \_\_\_\_\_ 0.00 \$ \_\_\_\_\_ 525,191.47

- Restitution amount ordered pursuant to plea agreement \$ \_\_\_\_\_
- The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).
- The court determined that the defendant does not have the ability to pay interest and it is ordered that:
  - the interest requirement is waived for the  fine  restitution.
  - the interest requirement for the  fine  restitution is modified as follows:
- Based on the Government's motion, the Court finds that reasonable efforts to collect the special assessment are not likely to be effective. Therefore, the assessment is hereby remitted.

\* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: **CHIJOKE VICTOR OKORO, M.D.**  
 CASE NUMBER: **4:01CR00399-001**

### SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties are due as follows:

- A  Lump sum payment of \$ 10,000 due immediately, balance due
  - not later than \_\_\_\_\_, or
  - in accordance with  C,  D,  E, or  F below; or
- B  Payment to begin immediately (may be combined with  C,  D, or  F below); or
- C  Payment in equal \_\_\_\_\_ installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_, to commence \_\_\_\_\_ days after the date of this judgment; or
- D  Payment in equal \_\_\_\_\_ installments of \$ \_\_\_\_\_ over a period of \_\_\_\_\_, to commence \_\_\_\_\_ days after release from imprisonment to a term of supervision; or
- E  Payment during the term of supervised release will commence within \_\_\_\_\_ days after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F  Special instructions regarding the payment of criminal monetary penalties:  
 The defendant is required to pay \$5,000 in monthly criminal monetary payments.

Make all payments payable to: U.S. District Clerk, Attn: Finance, P.O. Box 61010, Houston, TX 77208.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

Joint and Several

<u>Case Number</u> <u>Defendant and Co-Defendant Names</u> <u>(including defendant number)</u>	<u>Total Amount</u>	<u>Joint and Several</u> <u>Amount</u>	<u>Corresponding Payee,</u> <u>if appropriate</u>
4:01CR00399-002 Ernest Nda Akpan		\$11,880	
4:01CR00399-003 Claudia Ramon		\$1,500	
4:01CR00399-004 Guadalupe Castro		\$61,852.97	

See Additional Defendants and Co-Defendants Held Joint and Several.

The defendant shall pay the cost of prosecution.

The defendant shall pay the following court cost(s):

The defendant shall forfeit the defendant's interest in the following property to the United States:

See Additional Forfeited Property

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

DEFENDANT: CHIJOKE VICTOR OKORO, M.D.  
CASE NUMBER: 4:01CR00399-001

**ADDITIONAL DEFENDANTS AND CO-DEFENDANTS HELD JOINT AND SEVERAL**

<u>Case Number</u> <u>Defendant and Co-Defendant Names</u> <u>(including defendant number)</u>	<u>Total Amount</u>	<u>Joint and Several</u> <u>Amount</u>	<u>Corresponding Payee,</u> <u>if appropriate</u>
4:01CR00399-005 Ana Lilia Garcia		\$1,600	

AUG 15 2005

JUDGE: Lynn N. Hughes  
CASE MANAGER: Dawna Kelly  
REPORTER ERO INTERPRETER \_\_\_\_\_ USPO V. Monita  
TOTAL TIME: 1 HOUR 36 MIN.

Michael N. Milby, Clerk

DATE: August 15, 2005

CR. NO. H-01-399 DEFT. NO. 01

UNITED STATES OF AMERICA

§  
§  
§  
§  
§

Al Balboni AUSA

vs.

Chijioke Victor Okoro

Tim Meche  CJA

**Resentencing**

- Resentencing held.
- Sentencing held **with contested issues.**
- Sentence:** Cts 1ss-15ss: 60 months imprisonment, each ct to run concurrently. Cts 19ss-25ss: 120 months imprisonment, each ct to run concurrently. Cts 1ss-15ss to run concurrently with cts. 19ss-25ss. Cts 16ss-18ss: 31 months imprisonment to run consecutively to cts. 1ss-15ss & 19ss-25ss. Cts. 1ss-15ss, 19ss-25ss: 3 years supervised release. Cts. 16ss-18ss: 1 year supervised release. All supv. release to run concurrently.
  - Restitution \$ 525,197.47 joint and several  Fine \$ 6,250,000
  - \$100 spec. assess. on each ct.  Special Assessment remitted on govt. mtn.
  - The Restitution is due first.
- Remaining counts dismissed on govt. motion.
- Deft to surrender to  institution when designated  US Marshal on \_\_\_\_\_
- Jury trial set for \_\_\_\_\_ at \_\_\_\_\_.
- Deft remanded to custody.
- Deft bond:  continued.  forfeited.
- Deft bond:  set at  reduced to \$ \_\_\_\_\_  Cash  Surety  10%  PR.
- Deft failed to appear, bench warrant to issue.
- Terminate other motions and settings for this deft.
- Standard conditions of supervised release plus special conditions as stated on the record.
- Other Rulings: \_\_\_\_\_

TRUE COPY I CERTIFY  
ATTEST: NOV 04 2005  
MICHAEL N. MILBY, Clerk of Court  
By Ben A. Walsh  
Deputy Clerk

Copy to: USPO

SOAH DOCKET NO. 503-03-3438  
LICENSE NO. H-5598

IN THE MATTER OF  
THE COMPLAINT AGAINST  
CHIJIOKE VICTOR OKORO, M.D.

BEFORE THE  
TEXAS STATE BOARD  
OF MEDICAL EXAMINERS

FINAL ORDER

During open meeting at Austin, Texas, the Texas State Board of Medical Examiners (the "Board") finds that after proper and timely notice was given to CHIJIOKE VICTOR OKORO, M.D., ("Respondent"), this default Final Order of the Board should be entered against the Respondent.

The Board, after review and due consideration of the Board Staff's Amended Motion for Default Judgment, grants the motion and issues this Final Order. All proposed findings of fact and conclusion of law not specifically adopted herein are hereby denied.

FINDINGS OF FACT

1. Respondent holds Texas medical license number H-5598.
2. The Board has jurisdiction over the subject matter and Respondent. Respondent received all notice that may be required by law and by the rules of the Board. All jurisdictional requirements have been satisfied under TEX. OCC. CODE ANN. Title 3, Subtitle B (Vernon's 2002) (the "Act").
3. On June 6, 2003, Board Staff filed the Complaint in this matter with the State Office of Administrative Hearings on June 6, 2003. Exhibit A.
4. On the same day, as shown by the Certificate of Service attached to the Complaint, Board Staff sent by certified mail a copy of the Complaint to Respondent's last known address, 11107 Meadowick Dr., Houston, Texas 77024. Respondent's wife resides at this address. Since his conviction, Respondent has been in custody of the Harris County Jail and recently was transferred to a federal detention center in Houston.
5. The Complaint included the language required by 22 TEX. ADMIN. CODE §187.27(b), including "if you do not file a written answer to this notice with the State Office of

Administrative Hearing within 20 days of the date notice of service was mailed, a default judgment may be entered against you..."

6. On June 18, 2003, Board Staff sent to Respondent by certified mail a Notice of Adjudicative Hearing also to Respondent's last known address. The notice also had a copy of the Complaint as an attachment.

7. The Notice of the Adjudicative Hearing included the language required by 22 TEX. ADMIN. CODE §187.27(b), including "if you do not file a written answer to this notice with the State Office of Administrative Hearing within 20 days of the date notice of service was mailed, a default judgment may be entered against you..."

8. Board Staff also mailed a copy of the Complaint and the Notice of Adjudicative Hearing to Respondent's attorney, Mr. Tim Miche, located in New Orleans, Louisiana. While Mr. Miche has informed Board Staff that he does not represent before in this administrative proceeding, he does represent Respondent in his federal criminal appeal and has previously forwarded Board Staff notices to Respondent.

9. On June 9, 2003, Respondent's attorney received the Complaint.

10. On June 19, 2003, an agent for Respondent, presumably Respondent's wife or family member, signed and received the Notice of Adjudicative Hearing at his home of record.

11. On the same day, Respondent's attorney also received the Notice of Adjudicative Hearing.

12. On July 10, Respondent's 20-day deadline to answer the Complaint had expired.

13. More than twenty days have passed since the date on which the Complaint and Notice of Adjudicative Hearing was served on Respondent and his agents and Respondent has failed to file any response to the Complaint. Board Staff has attempted to serve Respondent at all known locations including his home of record, his attorney office, and the Harris County Jail.

14. Accordingly, all facts alleged in the Complaint are deemed to be admitted as true.

15. Specifically, on October 15, 2002, Respondent was convicted by a federal jury on twenty-two (22) felony counts of healthcare fraud, mail fraud, and false tax returns in the United States District Court for the Southern District of Texas, Houston Division.

16. The federal jury found Respondent guilty of defrauding three different groups of victims: auto insurance companies, Medicare, and the Internal Revenue Service. With regard to the healthcare fraud offenses, Respondent was found to have employed a series of foreign

medical graduates in his Houston clinic, Medicare. The employees were unlicensed to practice medicine in Texas or any other state. Respondent paid them relatively low wages and claimed the he had actually performed the work.

17. Respondent further entered into several agreements with twenty-one (21) physical therapy clinics and engaged in improper billing practices using his provider number. Despite repeated notices of suspect or improper billing practices, Respondent billed more than nine (9) million dollars to Medicare from late 1998 to early 2001 and Medicare paid approximately four million dollars (\$4,000,000) under Respondent's provider number during this same period.

#### CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes the following:

1. 22 TEX. ADMIN. CODE §187.26(a) authorizes service of process by mailing, by regular, registered, or certified mail, to the person entitled to notice at the address of record provided by such individual.

2. Pursuant to Tex. Gov't Code §2001.056(4) and 22 TEX. ADMIN. §187.27(c), Board Staff is entitled to a default judgment.

3. Pursuant to §164.003 of the Act and 1 TEX. ADMIN. §155.55(f), the Board may informally dispose of this matter by default.

4. Section 164.001(a)(1) of the Act authorizes the Board to REVOKE Respondent's license to practice medicine in Texas for committing prohibited acts, "including initial convictions or the initial finding of the trier of fact of guilt of a felony."

5. Section 164.051(a)(2) of the Act further specifies that the Board may take such disciplinary action against a Texas licensed physician who is convicted of a felony.

6. Sections 164.052(a)(5) and 164.053(a)(1) of the Act prohibits a physician from violating any laws that are connected with Respondent's practice of medicine, to wit: 18 U.S.C. § 1347 (false claims to federal health plan). In accordance with Section 164.053(b), a complaint, indictment, or conviction of a violation of law is not necessary for the enforcement of this section. Proof of the commission of the act while in the practice of medicine or under the guise of the practice of medicine is sufficient for the Board's action.

7. Respondent's alleged violation of the Act, as described above is grounds for the Board to enter an Order in regard to Respondent and revoke Respondent's medical license pursuant to Section 164.001 of the Act.

8. Pursuant to Tex. Gov't Code 2001.144(a)(3) and 22 TEX. ADMIN. § 187.37(c) and (f)(1) this Order may become final on the date the decision is rendered.

ORDER

Based on the above Findings of Fact and Conclusions of Law, the Board GRANTS Board Staff's Motion for Default Judgment and ORDERS that Respondent's Texas license to practice medicine is hereby REVOKED. This Order is final on the date rendered.

SIGNED AND ENTERED by the presiding officer of the Texas State Board of Medical Examiners on this 15 day of August, 2003.

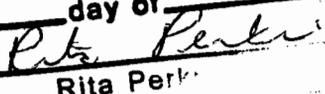


Lee S. Anderson, M.D., President  
Texas State Board of Medical Examiners

STATE OF TEXAS  
COUNTY OF TRAVIS

I, Rita Perkins, certify that I am an official assistant custodian of records for the Texas State Board of Medical Examiners, and that this is a true and correct copy of the original, as it appears on file in this office.

Witness my official hand and seal of the Board, this 08 day of March, 2005



Rita Perkins  
Public

HEARING CONDUCTED BY THE  
TEXAS STATE OFFICE OF ADMINISTRATIVE HEARINGS  
SOAH DOCKET NO. \_\_\_\_\_  
LICENSE NO. H-5598

IN THE MATTER OF THE  
COMPLAINT AGAINST:  
CHIJOKE VICTOR OKORO, M.D.

BEFORE THE  
TEXAS STATE BOARD OF  
MEDICAL EXAMINERS

COMPLAINT

TO THE HONORABLE TEXAS STATE BOARD OF MEDICAL EXAMINERS AND THE  
HONORABLE ADMINISTRATIVE LAW JUDGE TO BE ASSIGNED:

COMES NOW, the Staff of the Texas State Board of Medical Examiners ("the Board"), and files this Complaint against CHIJOKE VICTOR OKORO, M.D., ("Respondent"), based on Respondent's alleged violations of the Medical Practice Act ("the Act"), TEX. OCC. CODE ANN., Title 3, Subtitle B, Chapters 151 - 165 (Vernon's 2002), and would show the following:

I. Introduction

The filing of this Complaint and the relief requested are necessary to protect the health and public interest of the citizens of the State of Texas, as provided in Section 151.003 of the Act.

II. Legal Authority and Jurisdiction

Respondent is a Texas Physician and holds Texas Medical License Number H-5598, issued by the Board on June 13, 1989, which was in full force and effect at all times material and relevant to this Complaint. All jurisdictional requirements have been satisfied.

III. Procedural Background

1. The Board received information that Respondent may have violated the Act and, based on that information, conducted an investigation. The investigation compiled evidence that

support allegations of a violation.

2. Respondent was invited to attend an Informal Show Compliance Proceeding and Settlement Conference ("ISC"), which was conducted in accordance with §2001.054(e), GOV'T CODE and §164.004 of the Act. The Board representatives ("Panel"), including at least one physician, reviewed and considered evidence from the investigation, as well as any information presented by Respondent. The Panel determined that Respondent had violated the Act.

3. In an attempt to resolve this matter informally, the Panel offered Respondent a proposed Agreed Order, setting forth certain terms and conditions. Respondent failed and/or refused to agree to the proposed settlement offer and no agreement to settle this matter has been reached by the parties.

#### IV. Factual Allegations

Board Staff has received information and on that information believes that Respondent has violated the Act. Based on such information and belief, Board Staff alleges:

1. On October 15, 2002, Respondent was convicted by a federal jury on twenty-two (22) felony counts of healthcare fraud, mail fraud, and false tax returns in the United States District Court for the Southern District of Texas, Houston Division.

2. The federal jury found Respondent guilty of defrauding three different groups of victims: auto insurance companies, Medicare, and the Internal Revenue Service. With regard to the healthcare fraud offenses, Respondent was found to have employed a series of foreign medical graduates in his Houston clinic, Medicare. The employees were unlicensed to practice medicine in Texas or any other state. Respondent paid them relatively low wages and claimed he had actually performed the work.

3. Respondent further entered into several agreements with twenty-one (21) physical therapy clinics and engaged in improper billing practices using his provider number. Despite repeated notices of suspect or improper billing practices, Respondent billed more than nine (9) million dollars to Medicare from late 1998 to early 2001 and Medicare paid approximately four (4) million dollars under Respondent's provider number during this same period.

#### V. Applicable Statutes, Rules, and Agency Policy

Respondent's conduct, as described above, constitutes grounds for the Board to revoke or suspend Respondent's Texas medical license or to impose any other authorized means of discipline upon the Respondent. The following Statutes, Rules, and Agency Policy are applicable to this matter:

##### **A. PROCEDURES FOR THE CONDUCT OF THIS HEARING:**

1. Section 165.007(a) of the Act requires that the Board adopt procedures governing formal disposition of a contested case before the State Office of Administrative Hearings.
2. 22 TEX. ADMIN. CODE, Chapter 187 provides the procedures adopted by the Board under the requirement of Section 165.007(a) of the Act.
3. 1 TEX. ADMIN. CODE §155.3(c) provides that the procedural rules of the state agency on behalf of which the hearing is conducted govern procedural matters that relate to the hearing as required by law, to wit: Section 165.007(a) of the Act, as cited above.
4. 1 TEX. ADMIN. CODE, CHAPTER 155 provides the rules of procedure adopted by SOAH for contested case proceedings.

##### **B. VIOLATIONS WARRANTING DISCIPLINARY ACTION:**

1. Section 164.058 of the Act directs that a physician's license shall be suspended while serving a prison term
2. Section 164.001(a)(1) of the Act authorizes the Board to REVOKE Respondent's license to practice medicine in Texas for committing prohibited acts, "including initial convictions or the initial finding of the trier of fact of guilt of a felony."
3. Section 164.051(a)(2) of the Act further specifies that the Board may take such disciplinary action against a Texas licensed physician who is convicted of a felony.
4. Sections 164.052(a)(5) and 164.053(a)(1) of the Act prohibits a physician from violating any laws that are connected with Respondent's practice of medicine, to wit: 18 U.S.C. § 1347 (false claims to federal health plan). In accordance with Section 164.053(b), a complaint, indictment, or conviction of a violation of law is not necessary for the enforcement of this section. Proof of the commission of the act while in the practice of medicine or under the guise

of the practice of medicine is sufficient for the Board's action.

**C. SANCTIONS THAT MAY BE IMPOSED:**

1. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule. Such sanctions include: revocation, suspension, probation, public reprimand, limitation or restriction on practice, counseling or treatment, required educational or counseling programs, monitored practice, public service, and an administrative penalty.

2. 22 TEX. ADMIN. CODE § 187.39 authorizes the Board to assess, in addition to any that may be penalty imposed, costs of the investigation and administrative hearing in the case of a default judgment or upon adjudication that Respondent is in violation of the Act after a trial on the merits.

3. 22 TEX. ADMIN. CODE Chapter 190 provides disciplinary guidelines intended to provide guidance and a framework of analysis for administrative law judges in the making of recommendations in contested licensure and disciplinary matters and to provide guidance as to the types of conduct that constitute violations of the Act or board rules.

**V. NOTICE TO RESPONDENT**

**IF YOU DO NOT FILE A WRITTEN ANSWER TO THIS NOTICE WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS WITHING 20 DAYS OF THE DATE NOTICE OF SERVICE WAS MAILED, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU, WHICH MAY INCLUDE THE DENIAL OF LICENSURE OR ANY OR ALL OF THE REQUESTED SANCTIONS INCLUDING THE REVOCATION OF YOUR LICENSE. IF YOU FILE A WRITTEN ANSWER, BUT THEN FAIL TO ATTEND THE HEARING, A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU, WHICH MAY INCLUDE THE DENIAL OF LICENSURE OR ANY OR ALL OF THE REQUESTED SANCTIONS INCLUDING THE REVOCATION OF YOUR LICENSE. A COPY OF ANY RESPONSE YOU FILE WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS SHALL ALSO BE PROVIDED TO THE HEARINGS COORDINATOR OF THE TEXAS STATE BOARD OF MEDICAL EXAMINERS.**

**PURSUANT TO 22 TEX. ADMIN. CODE § 187.27(2), A WRITTEN ANSWER SHALL SPECIFICALLY ADMIT OR DENY EACH FACTUAL ALLEGATION MADE AGAINST THE RESPONDENT.**

WHEREFORE, PREMISES CONSIDERED, Board Staff requests that an administrative law judge employed by the State Office of Administrative Hearings conduct a contested case hearing on the merits of the Complaint, in accordance with Section 164.007(a) of the Act. Upon final hearing, Board Staff requests that the Honorable Administrative Law Judge issue a Proposal for Decision ("PFD") to REVOKE Respondent's license. Following issuance of the PFD, Board Staff requests that the Board enter an Order to REVOKE Respondent's Texas medical license.

Board Staff further requests that the Board assess, in addition to the administrative penalty imposed, the costs of the Administrative hearing.

Respectfully submitted,

TEXAS STATE BOARD OF MEDICAL EXAMINERS

By:



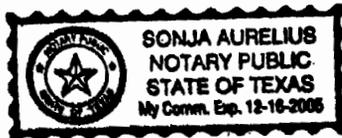
Walter G. Mosher, Staff Attorney  
Texas State Bar No. 24032885  
Telephone: (512) 305-7102  
FAX: (512) 305-7007  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

THE STATE OF TEXAS

§  
§  
§

COUNTY OF TRAVIS

SUBSCRIBED AND SWORN to before me by Walter G. Mosher on June 4, 2003.



  
Notary Public, State of Texas

Filed with the Texas State Board of Medical Examiners on June 5<sup>th</sup>, 2003



Donald W. Patrick, M.D., J.D.  
Executive Director  
Texas State Board of Medical Examiners

**CERTIFICATE OF SERVICE**

I certify that on June 5<sup>th</sup>, 2003 a true and correct copy of the foregoing Complaint has been served in compliance with Section 155.25 of the State Office of Administrative Hearings Rules of Procedures on the following individuals at the locations and in the manner indicated below:

**BY CERTIFIED MAIL RETURN RECEIPT REQUESTED**

Chijioke Okoro, MD  
11107 Medowick Drive  
Houston, Texas 77024  
(LAST KNOWN ADDRESS ON RECORD)

**BY CERTIFIED MAIL RETURN RECEIPT REQUESTED**

Tim A. Miche, Esq.  
700 Camp Street  
New Orleans, Louisiana 70130

**BY FAX TRANSMISSION TO: 512-475-4994**

Docket Clerk  
State Office of Administrative Hearings  
William P. Clements Bldg.  
300 W. 15th Street, Suite 504  
Austin, Texas 78701-1649

**BY HAND DELIVERY:**

Hearings Coordinator  
Texas State Board of Medical Examiners  
333 Guadalupe, Tower 3, Suite 610  
Austin, Texas 78701

SEARCHED  
SERIALIZED  
INDEXED  
FILED



Walter G. Mosher, JD, MHA  
Staff Attorney

**STATE OF TEXAS  
COUNTY OF TRAVIS**

**I, Rita Perkins, certify that I am an official assistant custodian of records for the Texas State Board of Medical Examiners, and that this is a true and correct Copy of the original, as it appears on file in this office.**

**Witness my official hand and seal of the Board, this**

24 day of March, 2005  
Rita Perkins

Rita Perkins  
Public Information



JUL 29 2005

Chijioke Victor Okoro, #97812-079  
Forrest City FCI  
P. O. Box 7000  
Forrest City, Arkansas 72336-9998

Dear Chijioke Victor Okoro:

RE: OI File Number 6-01-40329-9

This is to notify you that you are being excluded from participation in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act) for a minimum period of 25 years. The Act defines a Federal health care program as any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government (other than the Federal Employees Health Benefits Program). State health care programs are defined in section 1128(h) and include plans and programs under titles XIX, V, XX, and XXI of the Act. The scope of this exclusion is broad and will have a significant effect on your ability to work in the health care field.

This action is being taken under sections 1128(a)(1) and 1128(a)(3) of the Act and is effective 20 days from the date of this letter. See 42 U.S.C. 1320a-7(a), 42 C.F.R. 1001.101(a). The section 1128(a)(1) exclusion is due to your conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)) in the United States District Court, Southern District of Texas, of a criminal offense related to the delivery of an item or service under the Medicare or a State health care program, including the performance of management or administrative services relating to the delivery of items or services, under any such program. The section 1128(a)(3) exclusion is due to your felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)) in the same court, of a criminal offense related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of a health care item or service, including the performance of management or administrative services relating to the delivery of such items or services, or with respect to any act or omission in a health care program (other than Medicare and a State health care program) operated by, or financed in whole or in part, by any Federal, State or local Government agency.

Section 1128(c)(3)(B) of the Act provides that the minimum period of exclusion shall be not less than 5 years. Your period of exclusion is greater than that because our records contain evidence of the following circumstances:

OHIO STATE MEDICAL BOARD

AUG 29 2005

1. The acts resulting in the conviction, or similar acts, resulted in financial loss to a government program or one or more entities of \$5,000 or more. (The entire amount of financial loss to such programs, including any amounts resulting from similar acts not adjudicated, will be considered regardless of whether full or partial restitution has been made.) You were ordered to pay, jointly and severally, approximately \$525,000 in restitution.
2. The acts that resulted in the conviction or similar acts, were committed over a period of one year or more. The acts began on or about August 1995 and continued through on or about January 2001.
3. The sentence imposed by the court included incarceration. You were sentenced to 151 months of incarceration.
4. The individual or entity was convicted of other offenses besides those which formed the basis for the exclusion, or has been the subject of any other adverse action by any Federal, State or local government agency or board, if the adverse action is based on the same set of circumstances that serves as the basis for imposition of the exclusion. You were also convicted of filing false Federal income tax returns. In addition, your physician license is revoked by the Texas State Board of Medical Examiners.

A detailed explanation of the authority for this exclusion, its effect, and your appeal rights is enclosed and is incorporated as part of this notice by specific reference. You should read this document carefully, act upon it as necessary, and retain it for future reference.

**YOUR REINSTATEMENT IS NOT AUTOMATIC. You must apply to the Office of Inspector General (OIG) and be granted reinstatement by the OIG. Obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not reinstate your eligibility to participate in those programs.**

Sincerely,



William J. Hughes  
Reviewing Official  
Health Care Program Exclusions  
Office of Counsel to the Inspector General

Enclosure

cc: Special Agent in Charge  
Dallas Regional Office

TEXAS STATE MEDICAL BOARD

AUG 29 2005



**Please read carefully and retain; it contains important information about your exclusion**

You are excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) (42 U.S.C. 1320a-7b) of the Social Security Act.

This exclusion significantly limits your ability to work in any capacity in the health care field in the United States. No payment will be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, etc.) for any items or services furnished, ordered, or prescribed by you in any capacity. For example, you are prohibited from submitting or causing claims to be submitted to Federal health care programs for items or services which you provide, and you are also prohibited from being employed to provide items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services.

An excluded person cannot be employed by a provider to perform functions paid for, in whole or in part, by any Federal health care program. Generally speaking, with rare exceptions, you may not be employed by a hospital, nursing home, or any other institutional provider that participates in Federal health care programs.

In addition, this exclusion may make you ineligible for Federally-insured loans, Federally-funded research grants, and other program administered by other Federal agencies. This is because Federal government agencies are required by law not to contract with a person excluded or debarred by another Federal agency. (See Section 2455 of the Federal Acquisition Streamlining Act of 1994, P.L. 103-355.)

This exclusion does not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security.

Under 42 U.S.C. 1320a-7(a)(1)(D), the Office of Inspector General (OIG) is required to notify all applicable State agencies of your exclusion, and they are required to exclude you for the same period of time. The OIG's exclusion is in addition to any sanction an individual State or other Federal agency may impose under its own authority. Notice will be provided to the public and other parties in accordance with 42 U.S.C. 1320a-7.

Any services you provide is a non-covered service. Therefore, notwithstanding 42 U.S.C. 1395w-4(g)(4), you cannot submit claims or cause claims to be submitted for payment under any Federal health care program. Violations of the conditions of your exclusion may subject you to criminal prosecution and/or the imposition of civil monetary penalties and the denial of your reinstatement to the programs. (See 42 U.S.C. 1320a-7a(a)(1)(D) and 42 CFR 1001.3002(a)(2).)

If you disagree with this action, you may request a hearing before an administrative law judge in accordance with 42 CFR 1001.2007. Such a request must be made in writing within 60 days of your receiving the OIG's letter of exclusion and sent to Chief, Civil Remedies Division, Departmental Appeals Board, MS-6132, 330 Independence Avenue, SW, Cohen Building, Room G-644, Washington, D.C. 20201. Your request must be accompanied by a copy of the OIG's letter, a statement as to the specific issues or findings with which you disagree, along with the basis for your contention that the specific issues and/or findings are incorrect.

**YOUR REINSTATEMENT IS NOT AUTOMATIC.** You are not eligible to be reinstated (1) **UNTIL YOU MEET THE CRITERIA DEFINED IN YOUR NOTICE OF EXCLUSION,** (2) **UNLESS YOU APPLY TO THE OIG,** AND (3) **ARE GRANTED REINSTATEMENT BY THE OIG** to the Medicare and Federal health care programs under the provisions of 42 CFR 1001.3001-3005. If you were excluded because you lost your license, you may not apply for reinstatement until your license has been restored by the licensing board or agency which originally took the disciplinary action against you. The reinstatement request must be made in writing and sent to the Director, Exclusions Staff, Office of Investigations, Room N2-01-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Upon receipt of the request, the OIG will notify you about the information and documentation it requires to reach a decision on your reinstatement.

**Obtaining another license, moving to another State, or obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not reinstate your eligibility to participate in those programs.**