District of Columbia Physician Indicted for Alleged Role in $12.7 Million Health Care Fraud Scheme

(Washington, DC) – A physician with a practice in the District of Columbia was charged in an indictment unsealed today for his role in an alleged $12.7 million health care fraud scheme to submit fraudulent claims to Medicare for complicated medical procedures he never provided.

Assistant Attorney General Brian A. Benczkowski of the Justice Department's Criminal Division, U.S. Attorney Jessie K. Liu of the District of Columbia, Acting Assistant Director in Charge John P. Selleck of the FBI's Washington Field Office, Special Agent in Charge Maureen Dixon of the U.S. Department of Health and Human Services Office of Inspector General's (HHS-OIG) Philadelphia Regional Office and District of Columbia's Inspector General Daniel W. Lucas made the announcement.

Frederick Gooding, 68, of Wilmington, Delaware, was charged in an indictment filed on July 30 in the District of Columbia with 11 counts of health care fraud. He was arrested yesterday morning, and made his initial appearance today. The case is assigned to the Honorable Tanya A. Chutkan, and a trial date has not yet been set.

According to the indictment, from January 2015 to August 2018, Gooding participated in a health care fraud scheme in which he submitted Medicare claims for injections and aspirations that were not medically necessary, not provided or both. Gooding allegedly knew that he was not providing such injections, as required by Medicare, and to disguise his scheme, Gooding allegedly falsified medical documents to make it appear as if his purported medical services billed to Medicare were medically necessary and provided. Gooding submitted or caused the submission of more than $12.7 million in claims to Medicare, the indictment alleges.

An indictment is merely an allegation, and all defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

This case was investigated by the FBI, HHS-OIG and the D.C. Medicaid Fraud Control Unit. Trial Attorney Scott Armstrong of the Criminal Division's Fraud Section is prosecuting the case.
The Fraud Section leads the Medicare Fraud Strike Force, which is part of a joint initiative between the Department of Justice and HHS to focus their efforts to prevent and deter fraud and enforce current anti-fraud laws around the country. Since its inception in March 2007, the Medicare Fraud Strike Force, which maintains 14 strike forces operating in 23 districts, has charged nearly 4,000 defendants who have collectively billed the Medicare program for more than $14 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.