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Northern District of California**

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THREE DEFENDANTS CONVICTED IN \$3.2M MEDICARE FRAUD SCHEME

Husband and Wife Submitted Fraudulent Power Wheelchair Bills to Medicare for Medicare Beneficiaries Identified by Street-Level Recruiters

SAN FRANCISCO - Patrick Adebowale Sogbein, his wife, Adebola Adefunke Adebimpe, and Eduardo Abad were convicted today by a federal jury, following a 13-day trial, of Conspiracy to Commit Health Care Fraud and Health Care Fraud, announced United States Attorney Melinda Haag; David Johnson, Special Agent in Charge of the Federal Bureau of Investigation in San Francisco; and Glenn R. Ferry, the Special Agent in Charge for the Los Angeles Regional Office of Inspector General of the Department of Health and Human Services. Sogbein and Abad were also convicted of Conspiracy to Pay and Receive Kickbacks involving the Medicare Program,

The jury found that from December 2006 through July 2011, Sogbein and Adebimpe, through two Los Angeles area durable medical equipment companies, submitted over \$3.2 million in fraudulent claims to Medicare for power wheelchairs and power wheelchair accessories based on bogus prescriptions for Medicare beneficiaries who had been identified by Abad and other street-level recruiters. The jury also found that Sogbein paid and Abad received cash kickbacks in exchange for referral of the Medicare beneficiaries. Sogbein and Adebimpe were paid more than \$1.6 million by Medicare.

Prior to trial, on September 30, 2013 and October 21, 2013, respectively, co-defendants Edna Calauastro and Mele Saavedra, both of San Francisco, pled guilty to Conspiracy to Commit Health Care Fraud, Conspiracy to Receive Kickbacks involving the Medicare Program, and Health Care Fraud.

Sogbein and Adebimpe were remanded into custody today following conviction. Abad, Calauastro, and Saavedra remain out of custody.

The evidence at trial showed that in approximately December 2006, Sogbein, the owner of Debs Medical Distributors, a Van Nuys durable medical equipment company, began working with Calauastro, a physician, to obtain bogus prescriptions for power wheelchairs. In 2008, after Sogbein had increasing difficulties with Medicare scrutinizing the claims that he submitted, Sogbein and Adebimpe began submitting claims through a separate company in Adebimpe's name, Dignity Medical Supply, a Santa Clarita durable medical equipment company. Sogbein and Calauastro worked with Abad, Saavedra, and others to identify Medicare beneficiaries. The evidence showed that Abad and Saavedra recruited beneficiaries at locations in the Tenderloin and South of Market neighborhoods in San Francisco, including a fast food restaurant at the Powell Street cable car turnaround and a Tenderloin neighborhood senior center. After identifying beneficiaries, Calauastro, with Abad or Saavedra, went to

the beneficiaries' homes with a portable copy machine, copied their Medicare cards, and conducted sham examinations to obtain background information for the required Medicare paperwork. Calauastro gave the fraudulent paperwork and bogus prescriptions to Sogbein and Adebimpe. Sogbein and Adebimpe, in turn, created additional fraudulent paperwork in the names of their respective companies and submitted the claims to Medicare. Sogbein paid Calauastro \$100 for each power wheelchair prescription. Sogbein paid Abad and Saavedra \$100 and \$50, respectively, for each beneficiary they identified. Over the five-year period, Sogbein and Adebimpe billed Medicare for over 400 power wheelchairs using the bogus prescriptions written by Calauastro.

"Health Care Fraud is particularly pernicious because it not only defrauds the government but it inhibits Medicare's ability to help those in need. The verdict today reaffirms this office's commitment to prosecuting those who intentionally engage in schemes to defraud Medicare," said United States Attorney Melinda Haag.

"The result of this case represents the FBI's commitment to aggressively identify and investigate health care fraud crimes," said FBI Special Agent in Charge David J. Johnson. "Our outstanding partnership with HHS-OIG nationwide allowed us to successfully work with their office in Los Angeles in order to bring down this egregious health care fraud scheme operating throughout California."

A sentencing hearing for Sogbein, Adebimpe, and Abad is scheduled for March 20, 2013 at 2:00 p.m. before Judge Jeffrey S. White. The maximum statutory penalties for each count of Conspiracy to Engage in Health Care Fraud, in violation of Title 18, United States Code, Section 1349, and Health Care Fraud, in violation of Title 18, United States Code, Section 1347, are 10 years imprisonment and a fine of \$250,000, or twice the amount gained in the course of the fraud, whichever is greater, plus restitution. The maximum statutory penalty for Conspiracy to Pay and Receive Kickbacks involving the Medicare program, in violation of Title 18, United States Code, Section 371, is 5 years imprisonment, and a fine of \$250,000. However, any sentence following conviction would be imposed by the court after consideration of the U.S. Sentencing Guidelines and the federal statute governing the imposition of a sentence, 18 U.S.C. § 3553.

Denise Marie Barton and Randy Luskey are the Assistant U.S. Attorneys who are prosecuting the case with the assistance of Assistant U.S. Attorney David Countryman, Paralegal Specialist Beth Margen, and Legal Assistant Bridget Kilkenny. The prosecution is the result of ten-month investigation by the Federal Bureau of Investigation in San Francisco and Office of Inspector General, Department of Health and Human Services in Los Angeles.

A copy of this press release may be found on the U.S. Attorney's Office's website at www.usdoj.gov/usao/can.

Electronic court filings and further procedural and docket information are available at <https://ecf.cand.uscourts.gov/cgi-bin/login.pl>.

Judges' calendars with schedules for upcoming court hearings can be viewed on the court's website at www.cand.uscourts.gov.

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