

Local doctor paying millions after the federal government accused him off submitting false claims

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TAMPA, Fla. — A dermatologist in Tampa has agreed to pay the federal government \$4 million dollars, after officials accused him of making false claims to get millions reimbursed in Medicare and Medicaid.

Sara Regenhard is not a patient of Dr. Robert Norman's but uses the pharmacy right next door to one of his many offices. She had actually considered using Dr. Norman, but not anymore.

"You put your faith into these people. They have a degree. You think they know what they are doing you turn round and wait a minute they are in trouble," said Regenhard. "I would not go! And I would tell other people to be aware."

Dr. Norman has been in trouble before. In December he heads to federal civil court on sexual allegations claims we first uncovered on Action News a year ago.

RECOMMENDED: [Lawsuit accuses Tampa doctor of sexually assaulting woman during a job interview.](#)

We also found the Massachusetts board revoked Norman's license after a similar sexual misconduct allegation in the late 1980s. And while he is trouble again, he is still licensed in Florida.

Late Tuesday night, Dr. Norman's attorney sent this response:

Dermatology Healthcare settled with the U.S. government for \$4 million to avoid prolonged litigation. Dermatology Healthcare fully cooperated with a government investigation involving alleged False Claims Act violations and has agreed to a settlement without any admission of wrong doing. Dermatology Healthcare believes the allegations are without merit, as intent is an essential element of a false claim and without intent there is no false claim. Dermatology Healthcare would never intend to falsely bill their government.

These allegations mostly arose from previous employees using what Dermatology Healthcare believed were correct billing codes and a reasonable understanding of the applicable billing rules. Dermatology Healthcare agreed to settle and refund several years of billing that was all medically necessary and provided a much-needed service to its patients.

The quality of care was never challenged during this government investigation. Dermatology Healthcare believed due to the overwhelming costs to litigate against the US

Government it was prudent to settle. Although it will take many years to repay, Dermatology Healthcare will continue to provide outstanding services as it has for over 25 years.

This is the press release sent from the government:

Dermatology Healthcare Agrees To Pay \$4 Million In False Claims Act Settlement

Tampa, FL – United States Attorney Maria Chapa Lopez announces a \$4 million settlement with Dermatology Healthcare, LLC; Robert A. Norman, D.O, P.A.; Robert A. Norman, D.O.; and Carol Norman (collectively, Dermatology Healthcare).

As part of the settlement, the parties resolve allegations that Dermatology Healthcare violated the False Claims Act by submitting false claims to obtain millions of dollars in Medicare and Medicaid reimbursements for the treatment of non-melanoma skin cancer with superficial radiation therapy.

According to the settlement agreement, from January 1, 2011, to December 31, 2016, the United States contended that Dermatology Healthcare: (1) failed to adequately supervise the administration of superficial radiation therapy, (2) up-coded claims for procedures related to superficial radiation therapy, and (3) over-utilized radiation simulations.

“Health care providers will be held accountable for the claims they submit to federal health care programs,” said U.S. Attorney Chapa Lopez. “As this settlement makes clear, our civil division continues to make healthcare fraud enforcement a core part of the mission of our office.”

“The rules are simple: bill government health programs only for services actually needed and provided. No more, no less,” said Shimon R. Richmond, Special Agent in Charge for the Office of Inspector General of the U.S. Department of Health and Human Services. “We will continue to protect federal health care programs and beneficiaries by holding providers accountable.”

“The FBI is committed to working closely with our federal, state, and local partners to protect federally funded healthcare programs from abuse by providers,” said Eric W. Sporre Special Agent in Charge of the FBI Tampa Division. “Protection of these important programs is a shared responsibility which can best be accomplished with the support of an engaged community willing to bring these abuses to the attention of authorities.”

This settlement resulted from a coordinated effort by the U.S. Attorney’s Office for the Middle District of Florida, the Federal Bureau of Investigation, the U.S. Department of Health and Human Services Office of Inspector General, and the Florida Medicaid Fraud Control Unit. Assistant United States Attorney Christopher Emden led the investigation.

This settlement concludes a lawsuit originally filed in the United States District Court for the Middle District of Florida by Theodore, A. Schiff, M.D, a dermatologist from Palm Beach County, Florida. Dr. Schiff filed under the *qui tam* provisions of the False Claims Act permitting a private citizen to sue on behalf of the United States for false claims and to share in the recovery. The Case is captioned *United States of America and the State of Florida ex rel. Theodore A. Schiff, M.D. v. Robert A. Norman, D.O., et al.*, Case No. 8:15-cv-1506-T-23AEP (M.D. Fla.). The claims resolved by the settlement are allegations only, and there has been no determination of liability.

The government’s action in this matter illustrates the emphasis on combating health care fraud, and one of the most powerful tools in this effort is the False Claims Act. Tips from all

sources about potential fraud, waste, abuse, and mismanagement can be reported to the Department of Health and Human Services, at 800-HHS-TIPS (800-447-8477).

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