

**Department of Justice**

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**Houston Medical Equipment Company Owner Sentenced to 84 Months in Prison for Health Care Fraud Scheme Involving More Than \$2 Million in False Billings**

WASHINGTON – The owner of a Houston-area durable medical equipment (DME) company was sentenced to 84 months in prison for her role in a Medicare fraud scheme, the Departments of Justice and Health and Human Services (HHS) announced.

Doris Vinitski, a Houston-area resident, was sentenced yesterday by U.S. District Court Judge Nancy F. Atlas in the Southern District of Texas. Vinitski pleaded guilty in April 2010 to one count of conspiracy to commit health care fraud.

According to court documents, Vinitski, 46, was the owner of Onward Medical Supply, a Houston-area DME company. Onward began billing Medicare for fraudulent DME in 2003. In pleading guilty, Vinitski admitted she paid kickbacks, sometimes \$1,000 per patient, to recruiters who brought patients to Onward. Vinitski and her co-conspirator and estranged husband, John Lachman, then billed Medicare for DME that these patients either did not need or never received, including power wheelchairs and orthotic devices. Lachman also pleaded guilty in April 2010 to one count of conspiracy to commit health care fraud and was sentenced to 26 months in prison. According to court documents, the fraud scheme at Onward resulted in more than \$2 million in fraudulent billing to Medicare.

Nine additional defendants involved in the Onward fraud scheme are currently serving prison sentences. One remaining defendant is awaiting sentencing in the Eastern District of Texas.

The sentence was announced by Assistant Attorney General Lanny A. Breuer of the Criminal Division; U.S. Attorney José Angel Moreno of the Southern District of Texas; Russell D. Robinson, Acting Special Agent-in-Charge of the FBI's Houston Office; Special Agent-in-Charge Mike Fields of the Dallas Regional Office of the HHS Office of Inspector General (OIG), Office of Investigations; and Texas Attorney General Greg Abbott on behalf of the Texas Attorney General's Medicaid Fraud Control Unit (MFCU).

The cases were prosecuted by Trial Attorney Jennifer L. Saulino and Acting Assistant Chief O. Benton Curtis III of the Criminal Division's Fraud Section. The cases were investigated by the FBI, HHS-OIG and MFCU.

The case was brought as part of the Medicare Fraud Strike Force, supervised by the U.S. Attorney's Office for the Southern District of Texas and the Criminal Division's Fraud Section. Since March 2007, Medicare Fraud Strike Force operations in nine locations have charged more than 1,000 defendants who collectively have billed the Medicare program for more than \$2.3 billion. In addition, HHS's Centers for Medicare and Medicaid Services, working in conjunction with the HHS-OIG are taking steps to increase accountability and decrease the presence of fraudulent providers.

To learn more about the Health Care Fraud Prevention and Enforcement Action Team (HEAT), go to: [www.stopmedicarefraud.gov](http://www.stopmedicarefraud.gov) .