

Orlando Cardiologist to Pay \$6.75 Million after Performing Medically Unnecessary Procedures

Florida doctor agrees to multimillion dollar settlement with the Justice Department over alleged violations of the False Claims Act. by Nadia El-Yaouti

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*Art Kalantar, California
Healthcare Attorney*

cardiologist has agreed to pay \$6.75 million to resolve allegations that he knowingly performed unnecessary medical procedures.

Dr. Ashish Pal was accused of violating the False Claims Act after he knowingly submitted false claims to federal health care programs for medically unnecessary ablations and vein stent procedures, according to the Department of Justice. The allegations stem from procedures that took place between 2013 and 2019.

According to the Justice Department, the medically unnecessary procedures were conducted on veins that did

not meet the qualifications for treatment under the standards of medical practice. Additionally, Pal was accused of falsely documenting patients' symptoms by exaggerating symptoms such as the degree of reflux and the diameter of a patient's veins. These misrepresentations were done in an effort to help justify the unnecessary medical procedures.

Authorities also share that many of the unnecessary procedures were performed by one or more ultrasound technicians who were outside the scope of their practice.

In addition to the hefty settlement, Pal has entered into a multi-year integrity agreement with the US Department of Health and Human Services and the Office of Inspector General (HHS-OIG). As part of the agreement, Pal will be required to adhere to training and reporting requirements. There will also be a quarterly claims review which will be handled by an independent review organization.

Although a settlement of \$6.75 Million might appear to be a large amount, California healthcare

law attorney [Art Kalantar](#) says it is important to understand the potential liability Dr. Pal was facing had he gone to trial and lost. "The federal False Claims Act," says Kalantar, "provides that any person who knowingly presents or causes to be presented a false or fraudulent claim to the Government for payment or approval is liable for a civil penalty of up to \$23,331 for each such claim, plus three times the amount of the damages sustained by the government, including attorney fees." Kalantar continues, "To put this into a perspective, assuming that Dr. Pal was allegedly submitting only 1 false claim per day for the 7 years identified in the complaint, the total penalty could have been as much as \$50 Million, plus damages up to three times that amount, plus the attorney fees." Given the potential liability he was facing, "\$6.75 Million appears to be a good settlement for Dr. Pal," Kalantar concludes.

The Department of Justice explains that if the terms of the contract are breached there will be provisions for stipulated penalties. Additionally, there could be possible exclusion from federally funded health programs including Medicaid and Medicare.

Dr. Pal was the second-highest-paid cardiologist in the specialty, receiving \$4.5 million. Dr. Pal has defended his billing, calling it "entirely appropriate and fair." Given his defensive protestations, one might wonder why the doctor agreed to such a large settlement. Attorney Kalantar explains that trials are always uncertain, and neither side can ever be assured of how the case will turn out. "By entering into a settlement agreement," Kalantar says, "Dr. Pal bought himself certainty and peace of mind." Kalantar explains that the doctor's potential liability was in the tens of millions of dollars. "By entering into this settlement agreement, Dr. Pal limited his liability to \$6.75 Million and most importantly concluded an expensive lawsuit and retained his physician's license."

The Department of Justice defends its stand on the settlement. "Physicians are expected to perform procedures only when they have a legitimate medical basis to do so," shared the Acting Assistant Attorney General Brian M. Boynton for the Justice Department's Civil Division. "The department will pursue those who waste taxpayer funds and subject patients to unwarranted medical care."

The Deputy Inspector General who is taking over the duties of the Inspector General Norbert E. Vint also shared, "The Office of Personnel Management's Office of the Inspector General (OPM-OIG) is dedicated to investigating providers that prioritize profits over patient well-being. We will continue to work with our law enforcement partners and colleagues at the Department of Justice to safeguard the federal health care programs from fraud."

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