



THE UNITED STATES
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United States Attorney's Office
District of Oregon

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**Two Charged in the District of Oregon as Part of the
National Health Care Fraud Takedown**

PORTLAND, Ore.— Today, U.S. Attorney Scott E. Bradford announced criminal charges against two defendants in connection with various schemes to defraud Medicare, the Department of Health and Human Services, the Veterans Health Administration, and private insurance companies. The charges filed in federal court are part of the Department of Justice's 2026 National Health Care Fraud Takedown.

“Health care fraud inflates costs, restricts access to critical services, and siphons taxpayer dollars from senior citizens, people with disabilities, low-income families, veterans, and others who rely on these federal programs,” said U.S. Attorney Scott E. Bradford. “Strong coordination among local, state, national, and international partners is essential to protecting the integrity of our health care system and ensuring those who exploit it are held accountable.”

“Every dollar saved by investigating fraud helps ensure VA programs remain sustainable for the veterans who depend on them,” said Special Agent in Charge Dimitriana Nikolov with the Department of Veterans Affairs Office of Inspector General's Western Pacific Field Office (“VA OIG”). “The VA OIG is committed to investigating those who exploit VA programs and thanks the U.S. Attorney's Office and Department of Health and Human Services Office of Inspector General for their collaboration to identify, investigate, and eliminate waste, fraud, and abuse.”

The following individuals were charged in the District of Oregon:

- **Jahangeer Ali**, 34, a citizen of Pakistan, was charged by information with health care fraud. As alleged in court documents, Ali owned Oregon Clinical Laboratory, a company that submitted fraudulent claims of genetic testing to Medicare Advantage plans resulting in a loss of over \$15 million. The beneficiaries and physicians listed on the fraudulent claims had never heard of Oregon Clinical Laboratory and the genetic testing was never provided. The case is being prosecuted by Assistant U.S. Attorneys Andrew Ho and Bryan Chinwuba.
- **Mehrdad Gerami**, 67, of Coos Bay, Oregon, was charged by information with conspiracy to commit health care fraud in connection with medical sleep study testing resulting in a loss of at least \$2,124,363.41. As alleged in the information, Gerami owned and operated Coastal Diagnostic Testing Group and Coastal Diagnostic, both of which engaged in submitting fraudulent claims to the United States Department of Health and Human Services, the Veterans Health Administration, and private insurance companies

for sleep tests allegedly conducted in office when, in fact, they were conducted either at home or not at all. The case is being prosecuted by Assistant U.S. Attorney Joseph Huynh.

The charges are part of a strategically coordinated, [nationwide law enforcement action](#) that resulted in charges against 455 defendants, including 90 doctors and other licensed medical professionals, for their alleged participation in health care fraud and opioid abuse schemes involving over \$6.5 billion in false claims and significant patient harm, including death. Today's Takedown represents a new era in federal, state, and international cooperation to combat health care fraud: cases in 56 federal districts and 45 U.S. states and territories, with 50 state Medicaid Fraud Control Units participating, the most in Department history. In addition, unprecedented international cooperation over the two-week Takedown resulted in the apprehension and return to the United States of the following health care fraudsters: one defendant in Kyrenia in connection with an over \$3.7 billion scheme; two defendants in Estonia in connection with a previously charged \$10.6 billion scheme; and, in the Philippines, one of FBI's Most Wanted Fraudsters in connection with a previously-charged \$1.2 billion telemedicine fraud scheme. The Takedown involves the cutting-edge use of data analytics to target the worst actors; the seizure of over \$182 million in cash, luxury vehicles, jewelry, and other assets; and full-spectrum accountability for all criminal actors from doctor's offices to corporate boardrooms.

Today's coordinated enforcement action involves a whole-of-government approach, including:

- Actions by the Centers for Medicare and Medicaid Services (CMS) to suspend 1,079 providers and revoke billing privileges for 1,403 providers.
- 48 Civil Monetary Payment settlements amounting to over \$73 million, over 1,400 provider exclusions, and 25 actions by the U.S. Department of Health and Human Services, Office of Inspector General ("HHS-OIG") under the Civil Monetary Penalties Law seeking more than \$10 billion in payments to the Medicare Trust Fund from payments that CMS caught and suspended before the funds were paid to the fraudulent providers.
- Civil charges against 13 defendants for \$14.8 million in health care fraud schemes, as well as civil settlements with 31 defendants totaling \$23 million.
- 928 administrative cases by the Drug Enforcement Administration (DEA) seeking the revocation of authority to handle and/or prescribe controlled substances since October 1, 2025.

The cases are being prosecuted by the Health Care Fraud Unit's National Rapid Response, Florida, Gulf Coast, Los Angeles, Midwest, New England, Northeast, Texas, and West Coast Strike Forces; U.S. Attorneys' Offices for the Middle District of Alabama, District of Arizona, Central District of California, Southern District of California, District of Colorado, District of Connecticut, District of Delaware, Middle District of Florida, Northern District of Florida, Southern District of Florida, Northern District of Georgia, District of Hawaii, District of Idaho, Northern District of Illinois, Northern District of Iowa, Southern District of Iowa, Western District of Kentucky, Eastern District of Louisiana, Middle District of Louisiana, District of Massachusetts, Eastern District of Michigan, Southern District of Mississippi, District of Montana, District of Nebraska, District of New Hampshire, District of New Jersey, District of New Mexico, Eastern District of New York, Northern District of New York, Southern District of New York, Eastern District of North Carolina, Middle District of North Carolina, Western

District of North Carolina, Northern District of Ohio, Northern District of Oklahoma, Western District of Oklahoma, District of Oregon, Eastern District of Pennsylvania, Middle District of Pennsylvania, Western District of Pennsylvania, District of Puerto Rico, District of Rhode Island, District of South Carolina, District of South Dakota, Middle District of Tennessee, Western District of Tennessee, Northern District of Texas, Southern District of Texas, Western District of Texas, District of Vermont, Eastern District of Virginia, Western District of Virginia, Northern District of West Virginia, Southern District of West Virginia, Eastern District of Wisconsin, and Western District of Wisconsin; and State Attorneys General's Offices, through their MFCUs, in Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virgin Islands, Washington, Wisconsin, and West Virginia. In addition, the MFCUs for Alabama, North Carolina, South Dakota, Texas, and Virginia participated in the investigation of federal cases announced today.

Descriptions of each case involved in today's enforcement action are available on the Department's website [here](#).

The District of Oregon worked with the Department's Health Care Fraud Unit of the Fraud Division and the following law enforcement agencies to investigate and prosecute the cases filed during the Takedown: HHS-OIG, the FBI, and the VA OIG.

On April 7, the Department of Justice announced the creation of the [National Fraud Enforcement Division](#) ("Fraud Division"). The Fraud Division is laser-focused on investigating and prosecuting those who commit fraud against the American people. The Department's work to combat fraud supports President Trump's Task Force to Eliminate Fraud, a whole-of-government effort chaired by Vice President J.D. Vance to eliminate fraud, waste, and abuse within Federal benefit programs.

An indictment, information, or complaint is merely an allegation. All defendants are presumed innocent until proven guilty beyond a reasonable doubt in a court of law.

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