

Amtrak OIG investigation leads to guilty plea in \$1.3 million health care fraud case

For Immediate Release

April 27, 2023

NEWARK, N.J. – A New Jersey doctor admitted Wednesday to participating in a health care fraud scheme to defraud Amtrak's health care plan, which resulted in more than \$1.3 million in Amtrak losses, according to the U.S. Attorney's Office, District of New Jersey.

Muhammad Mirza, 50, of Cedar Grove, New Jersey, pleaded guilty by videoconference before U.S. District Judge Madeline Cox Arleo to an information charging him with one count of conspiracy to commit health care fraud.

According to documents filed in this case and statements made in court, Mirza and his conspirators agreed to engage in a scheme to bill the Amtrak health care plan for fraudulent claims for services that either were never provided or were medically unnecessary. The scheme lasted from April 2017 through June 2022. They would recruit Amtrak employees to participate in the scheme by paying them to allow the conspirators to use their patient and insurance information to submit false and fraudulent claims. Mirza and his conspirators submitted false and fraudulent claims that caused Amtrak losses of more than \$1.3 million.

The charge of conspiracy to commit health care fraud carries a maximum potential penalty of 10 years in prison and a \$250,000 fine, or twice the gross gain or loss from the offense, whichever is greatest.

In addition to the Amtrak Office of Inspector General, the case was supported by the Drug Enforcement Administration and the Amtrak Police Department.

Reports of fraud, waste, or abuse; criminal or unethical acts affecting Amtrak's property or operations; or mismanagement in Amtrak programs or operations can be made 24 hours a day via the Amtrak OIG Hotline at 1-800-468-5469 or online at https://direc.to/hPAu.

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