

CEO and Medical Director Charged in \$500M COVID-19 Test Billing Fraud

Thursday, July 31, 2025

For Immediate Release

U.S. Attorney's Office, Eastern District of Michigan

DETROIT – Two individuals were charged for their involvement in a \$500 million, nationwide scheme that involved billing Medicare, Medicaid, TRICARE, and other health insurance programs for COVID-19 testing services that were never rendered, United States Attorney Jerome F. Gorgon Jr. announced today.

Cemhan “Jimmy” Biricik (age 46) of Boca Raton Florida, and Dr. Martin Perlin (age 74) of Fairfield, Connecticut were charged with conspiracy to commit health care fraud and more than 50 substantive counts of health care fraud. Biricik was the sole member and Chief Executive Officer of Fast Lab Technologies, LLC (Fast Lab). Dr. Perlin was Fast Lab’s Medical Director and provider responsible for ordering the majority of the tests. Both defendants were arrested this morning.

According to the Indictment, during the Covid-19 pandemic, New York-based Fast Lab operated a website offering “free” covid tests. When individuals went to the website to order tests, they were asked to provide their insurance information. Fast Lab then used this insurance information to fraudulently bill Medicare, Medicaid, TRICARE and numerous private insurances for both antigen (“rapid”) and PCR (“laboratory”) tests, across multiple dates for each beneficiary. Specifically, Fast Lab’s claims represented that (1) the antigen tests had been observed by medical professionals, (2) saliva samples were collected by medical professionals, and (3) PCR testing was performed on those samples. In reality, the vast majority of antigen tests—if taken at all—were taken at home and not observed by medical professionals; saliva samples were never collected nor returned to Fast Lab; and PCR testing was never performed. Dr. Perlin was the ordering physician for these tests, despite not having a treating relationship with the beneficiaries. Further, Fast Lab would regularly submit insurance claims before the test kits were even delivered to the beneficiaries. In total, Biricik billed or caused to be billed more than \$500 million in claims and was paid more than \$50 million.

Gorgon was joined in the announcement by Special Agent in Charge Mario Pinto, U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG),

Chicago Regional Office; Special Agent in Charge Cheyvoryea Gibson, Federal Bureau of Investigation, Detroit Division; Special Agent in Charge Derek M. Holt of the U.S. Office of Personnel Management Office of the Inspector General; Acting Assistant Secretary of Labor for the Employee Benefits Security Administration Janet Dhillon (DOL-EBSA); Detroit Division; Acting Special Agent in Charge Christopher Silvestro, Defense Criminal Investigative Service (DCIS); Special Agent in Charge Karen Wingerd, Detroit Field Office, Internal Revenue Service - Criminal Investigation (IRS-CI); Special Agent in Charge Megan Howell, Great Lakes Region, U.S. Department of Labor, Office of Inspector General (DOL-OIG); Acting Inspector in Charge Sean McStravick, U.S. Postal Inspection Service (USPIS); Owen Cypher, U.S. Marshal for the Eastern District of Michigan and Michigan Attorney General Dana Nessel, Medicaid Fraud Control Unit (MFCU).

The public is reminded that an Indictment is not evidence of guilt. The defendants are presumed innocent and entitled to a fair trial at which the government has the burden of proving guilt beyond a reasonable doubt.

This case is being investigated by Special Agents from HHS-OIG, FBI, OPM-OIG, DOL-EBSA, DCIS, MFCU, IRS-CI, DOL-OIG, USPIS, and the U.S. Marshal's Service. It is being prosecuted by Assistant U.S. Attorneys Regina R. McCullough and Ryan A. Particka. Assistant United States Attorney Ryan T. Nees of the United States Attorney's Office for the Southern District of New York also provided assistance.

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