Department of Justice

U.S. Attorney's Office

Central District of California

FOR IMMEDIATE RELEASE

Tuesday, February 8, 2022

Sherman Oaks Woman Pleads Guilty to Charges for Multimillion-Dollar Scheme to Defraud Health Insurers for Cosmetic Procedures

LOS ANGELES – A San Fernando Valley woman pleaded guilty today to federal criminal charges for conspiring to defraud health insurance companies by causing millions of dollars in fraudulent claims to be submitted to provide patients with "free" cosmetic procedures, including Botox injections.

Roshanak Khadem, 54, a.k.a. "Roxanne Khadem" and "Roxy Khadem," of Sherman Oaks, pleaded guilty to one count of conspiracy to commit health care fraud and one count of subscribing to a false income tax return.

According to her plea agreement, Khadem owned and operated facilities that provided aesthetic services to clients, including R&R Med Spa in Valley Village and Nu-Me Aesthetic and Anti-Aging Center in Woodland Hills.

From January 2012 to April 2016, Khadem caused patients to visit her clinics to receive cosmetic procedures, including Botox injections, facials and laser hair removal. Khadem knew these procedures were not covered by the patients' health insurers. Khadem also knew that her employees informed some patients that, if they turned over their health insurance information to the Khadem-owned clinics, the patients could receive free or discounted cosmetic procedures pursuant to a "credit" they would earn.

Health insurance information from these patients was provided to the insurance biller for the clinics, knowing and intending that the information would be used to submit false and fraudulent claims to the health insurers for medical procedures that Khadem knew were either not actually provided to the patients or were not medically necessary.

Then, based on the amount that the health insurers paid on those false and fraudulent claims, Khadem and others would calculate an amount, which the co-conspirators referred to as a "credit," that the patients could use to receive free or discounted cosmetic procedures from the clinics. Those patients would then come into the clinics to receive the free or discounted cosmetic procedures.

The proceeds from the health care fraud conspiracy were deposited into bank accounts that were held in the names of doctors who were affiliated with the clinics and who signed off on and caused to be submitted the false and fraudulent claims under their names.

Khadem took possession of the proceeds from the doctors' accounts in two ways. First, because Khadem had signatory authority on the bank accounts, she was able to obtain the funds by writing checks on the accounts. Second, she would

withdraw funds from the bank accounts using pre-signed checks that she obtained from the doctors.

From January 2012 to April 2016, Khadem and her co-conspirators submitted claims, which included false and fraudulent claims for which those companies paid out at least \$1,361,200.

Prosecutors estimate the amounts paid based on false and fraudulent claims submitted as part of the health care fraud conspiracy in which Khadem participated could be as much as \$7,991,406.

The scheme involving the two clinics defrauded the International Longshore and Warehouse Union, Pacific Maritime Association Benefit Plan, which is the health benefit plan that covers longshore workers in Southern California and their dependents. Another victim was the Federal Employees Health Benefits Program, which provides health insurance for federal employees.

Khadem failed to report this income on her income tax returns for 2013, 2014 and 2015. Khadem's underreporting of her income for these three years caused a total tax loss of \$453,451.

United States District Judge Stephen V. Wilson has scheduled a June 27 sentencing hearing, at which time Khadem will face a statutory maximum sentence of 13 years in federal prison.

The remaining four defendants in this case each have pleaded guilty. Lucine Ilangezyan, 42, of North Hills, pleaded guilty to one count of conspiracy to commit health fraud, and was sentenced to 18 months in federal prison. Gary Jizmejian, 48, of Santa Clarita, a former senior investigator at the Anthem Special Investigations Unit, the anti-fraud unit within Anthem that is responsible for investigating health care fraud committed against the insurance company, pleaded guilty to using his cell phone to send text messages to co-defendants as part of a this commercial bribery scheme– was also sentenced to 18 months in federal prison.

Dr. Roberto Mariano, 63, of Rancho Cucamonga, a physician who helped operate the clinics, and Marina Sarkisyan, 52, of Panorama City, who was the office manager at the clinics, await sentencing.

The United States Department of Labor, Office of Inspector General; the United States Department of Labor, Employee Benefits Security Administration; Internal Revenue Service-Criminal Investigations, and the Office of Personnel Management, Office of Inspector General investigated this matter. The United States Marshals Service provided assistance relating to the asset forfeiture investigation.

Assistant United States Attorneys Valerie L. Makarewicz of the Major Frauds Section and Morgan J. Cohen of the General Crimes Section are prosecuting this case.

Topic(s): Health Care Fraud

Component(s): USAO - California, Central

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Press Release Number: 22-021

Updated February 8, 2022