

Department of Justice

Office of Public Affairs

FOR IMMEDIATE RELEASE

Friday, January 20, 2023

Chicago Man Convicted of Participating in Illegal Kickback Conspiracy

A federal jury in the Northern District of Illinois convicted a Chicago man yesterday for participating in a conspiracy to pay approximately \$25 million in illegal kickbacks to generate business for his durable medical equipment pharmacy.

According to evidence presented at trial, Mark Sorensen, 53, worked at Symed, a Chicago pharmacy that paid illegal kickbacks to obtain patients to bill to Medicare, TRICARE, and the Department of Labor's Office of Workers' Compensation Programs (OWCP). Between 2015 and 2018, Sorensen illegally bought patient leads from Bernie Perconti. Perconti obtained the leads from others, including Christine Anderson and Craig O'Neil. Without the involvement of the Symed, the conspirators could not have submitted claims to obtain reimbursement from Medicare or other federal health care benefit programs. Perconti, O'Neil, and Anderson each pleaded guilty to conspiracy to pay and receive kickbacks in 2019, July 2020, and January 2021, respectively, and are scheduled to be sentenced at a later date.

Sorensen was convicted of one count of conspiracy and three counts of payment of illegal kickbacks. He faces a maximum penalty of five years in prison on each count of conviction. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.

Assistant Attorney General Kenneth A. Polite, Jr. of the Justice Department's Criminal Division; Assistant Director Luis Quesada of the FBI's Criminal Investigative Division; Special Agent in Charge Robert W. 'Wes' Wheeler Jr. of the FBI Chicago Field Office; Special Agent in Charge Mario M. Pinto of the Department of Health and Human Services Office of Inspector General (HHS-OIG); Special Agent in Charge Irene Lindow of the Department of Labor Office of Inspector General (DOL-OIG), Chicago Region; and Special Agent in Charge Darrin Jones of the Department of Defense Office of Inspector General (DOD-OIG) made the announcement.

The FBI, HHS-OIG, DOL-OIG, and DOD-OIG investigated the case.

Assistant Chiefs Leslie S. Garthwaite and Daniel J. Griffin of the Criminal Division's Fraud Section are prosecuting the case.

The Fraud Section leads the Criminal Division's efforts to combat health care fraud through the Health Care Fraud Strike Force Program. Since March 2007, this program, comprised of 15 strike forces operating in 24 federal districts, has charged more than 4,200 defendants who collectively have billed the Medicare program for more than \$19 billion. In addition, the Centers for Medicare & Medicaid Services, working in conjunction with the Office of the Inspector General for the Department of Health and Human Services, are taking steps to hold providers accountable for their involvement in health care fraud schemes. More information can be found at <https://www.justice.gov/criminal-fraud/health-care-fraud-unit>.

Topic(s):
Health Care Fraud

Component(s):
[Criminal Division](#)

[Criminal - Criminal Fraud Section](#)
[Federal Bureau of Investigation \(FBI\)](#)

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