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**FOR IMMEDIATE RELEASE**  
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**QUEENS DENTIST PLEADS GUILTY IN INSURANCE SCHEME**

*Billed Insurers and Patients for \$40,000 In Costly Medical Procedures Never Performed*

Queens District Attorney Richard A. Brown announced today that a dentist with a family practice in the Middle Village section of Queens has admitted to falsifying his business records in order to bilk insurance companies and patients out of nearly \$40,000.

District Attorney Brown said, "Driven by financial greed, the defendant billed insurance companies and unsuspecting patients for costly procedures that were never performed. Today's guilty plea sends a clear message to those who attempt to use the system for their own personal gain that law enforcement's fight against insurance fraud is ongoing and that those who cheat will be sought out and brought to justice."

The District Attorney identified the defendant as David Lewis, 41, whose home address is 86 Monterey Drive, New Hyde Park, in Nassau County and whose dental practice is located at 67-11 75<sup>th</sup> Street in Middle Village, Queens. Lewis, who was arrested on May 12, 2008, appeared today before Acting Queens Supreme Court Justice Dorothy Chin-Brandt and pleaded guilty to first-degree falsifying business records (with intent to commit grand larceny). Sentencing is set for June 4, 2009, at which time the defendant is expected to be sentenced to a conditional discharge and make restitution of \$38,835 to his victims.

The District Attorney noted that his office will refer the matter to the New York State Department of Education, Office of the Professions, for a review of the defendant's license.

District Attorney Brown said that, in pleading guilty, the defendant admitted that in order to submit insurance claims, he falsified his business records to make it appear that he had performed costly procedures – such as periodontal scaling and root planing – on patients when, in fact, he had only been performing routine cleanings.

Among the insurance companies victimized by the defendant's scheme were Aetna Health Insurance Company, Empire Blue Cross and Blue Shield, Delta Dental Insurance Company and Guardian Life Insurance Company. The investigators assigned to the case interviewed many patients of the defendant, many of whom allegedly said they did not have appointments with him on the dates billed to the insurance companies. Many of the other patients allegedly said the defendant did not perform the periodontal scaling and root planing that the companies were charged for, according to complaint.

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The investigation was conducted by agents from the Federal Bureau of Investigation and Detective Ralph Burch of the NYPD's Organized Crime Investigation Division. The agents and detective are all assigned to the FBI-NYPD Joint Health Care Fraud Task Force, and were under the direct supervision of Supervisory Special Agents of the FBI and Sergeant John Moran and Lieutenant Paul Frawley and the overall supervision of Inspector Brian O'Neil, of the NYPD.

District Attorney Brown also expressed his appreciation to the insurance industry for their assistance in the investigation with special thanks to Investigator Frances Schultz of Empire Blue Cross and Blue Shield, Investigator Kelly Gillespie of Guardian Life Insurance Company, Investigator Regina Poulillo of Aetna Health Insurance Company and Jay Kerrigan, the supervisor for network oversight and compliance for Delta Dental.

Assistant District Attorney Mary M. Lowenburg, Auto Crime and Insurance Fraud Unit Supervisor, of the District Attorney's Organized Crime and Rackets Bureau, prosecuted the case under the supervision of Assistant District Attorneys Gerard A. Brave, Bureau Chief and Mark L. Katz, Deputy Chief, and the overall supervision of Executive Assistant District Attorney for Investigations Peter A. Crusco and Deputy Executive Assistant District Attorney for Investigations Linda M. Cantoni.

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