



"Fraud against the Medicare program may take many forms," said Mr. Khurana. "The Fraud can be manipulating patient records so as to earn more from Medicare, surcharging the government, providing low quality products or services, and many other things. The government counts on private whistleblowers to come forward with direct knowledge and documentation of these behaviors and the government compensates them for their important support. Through qui tam suits, whistleblowers have the ability to bring civil claims against those celebrations on behalf of the government under the False Claims Act and can be rewarded for it."

The federal False Claims Act is a federal law that makes it unlawful for anybody to make false Medicare claims or otherwise defraud the federal government. It likewise enables a health care personnel with information of fraudulent activity against the Medicare program to file a whistleblower lawsuit on behalf of the government. In exchange for their details and effort, the whistleblowers are entitled to gather benefits of as much as 15 and 30 percent of the recuperation by the federal government. The act also has arrangements for whistleblower protection against any employer retaliation which may result from filing a claim or accepting work with the government.

When a whistleblower steps forward with evidence concerning Medicare scams, the case is submitted in federal district court. It is put 'under seal' while the Department of Justice examines the claim and the evidence, speaks with witnesses, and seeks advice from professionals and firm workers. The federal government will then make a decision if it will intervene. If it does not choose to participate, the whistleblower still may continue the case by themselves.

Because healthcare workers put themselves at jeopardy doing this crucial work, the federal False Claims Act strongly incentivizes them with a significant part of the financial recuperation. In an effective claim, the federal government can recuperate up to three times its losses to fraudulent activity as well as charges for each incident of scams. Find out more about whistleblower laws in New York at <https://medicarewhistleblowercenter.com/sutter-health-to-pay-90-million-in-largest-medicare-advantage-fraud-settlement/>.

"My purpose as a Medicare whistleblower lawyer is to represent these brave private citizens, to help keep them safe and anonymous, and to work to help ensure that they are compensated for their efforts," continued Mr. Khurana. "Those healthcare workers in New York who know of deceitful activity can call our office, and we would be glad to go over how whistleblower cases work and how the whistleblower is rewarded and shielded. With their courageous help, we can help hold Medicare fraud in check and hold those who commit it liable for their actions."

Arvind Bob Khurana, Esq. is an experienced Medicare whistleblower lawyer who works with health care

employees in New York and around the nation.

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## **Khurana Law Firm, P.C. | Medicaid and Medicare Whistleblower Attorney**

*With over 20 years of experience in qui tam and whistleblower law, complex litigation matters, and class action lawsuits, Khurana Law Firm has the skills and experience to hold those who defraud Medicare and the federal government accountable.*

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