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Gainesville Woman Convicted in $8.6M Medicare Fraud Scheme

A federal jury in the Middle District of Florida convicted a Florida woman who owned a durable medical equipment (DME) company and managed several other DME companies for her role in a fraud scheme that took advantage of the elderly and disabled and caused the submission of over $8.6 million in fraudulent claims to Medicare.

According to court documents and evidence presented at trial, Sophie Dufort, 57, of Gainesville, Florida, conspired with Paula Pirone, 70, of Ocala, Florida, and others to submit fraudulent claims to Medicare based on fake doctors' prescriptions for orthotic braces.

Dufort and her co-conspirators illegally purchased these prescriptions from purported marketing companies that engaged in high pressure and manipulative telemarketing calls to get Medicare beneficiaries' information. When confronted with complaints that the voice on purported call recordings did not match the beneficiaries' voice, one co-conspirator explained that "some of the calls from overseas would be faked" and used to justify a bogus prescription. The marketing companies then paid medical practitioners to sign prescriptions for orthotic braces without contacting or evaluating the patients, or stole doctor's credentials to create forged prescriptions, and then sold those prescriptions to Dufort's and her co-conspirators' DME companies.

Dufort and her co-conspirators then shipped braces to the Medicare beneficiaries and billed Medicare for millions of dollars in claims, despite the fact that the beneficiaries did not want or need the braces and no doctor had examined the beneficiary to determine if they needed the braces. And, as one medical expert testified, use of these combinations of braces could be "very dangerous" for the elderly Medicare population. When people complained and wanted to return the braces, "they would just tell [them] to just get rid of them or . . . just pass them down" so Dufort and her co-conspirators would not have to pay Medicare back.

The defendant was convicted of conspiracy to commit health care fraud and wire fraud, two counts of health care fraud, one count of conspiracy to defraud the United States and to offer and pay illegal kickbacks, and one count of offering and paying illegal kickbacks. Dufort faces a maximum penalty of 20 years in prison for

conspiracy to commit health care fraud and wire fraud, 10 years in prison for each health care fraud count and kickback count, and 5 years in prison for conspiracy to defraud the United States and to offer and pay illegal kickbacks. A sentencing hearing is scheduled in Jan. 2027. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.

Assistant Attorney General Colin M. McDonald of the Justice Department's National Fraud Enforcement Division and Middle District of Florida U.S. Attorney Gregory W. Kehoe made the announcement. The case was investigated by the Department of Health and Human Services, Office of Inspector General (HHS-OIG) and the Federal Bureau of Investigation (FBI).

Trial Attorney Jody King of the Fraud Division's Health Care Fraud Section and Assistant U.S. Attorney William Hamilton for the Middle District of Florida are prosecuting the case.

On April 7, the Department of Justice announced the creation of the Fraud Division. The Fraud Division is laser-focused on investigating and prosecuting those who commit fraud against the American people. The Department's work to combat fraud supports President Trump's Task Force to Eliminate Fraud, a whole-of-government effort chaired by Vice President J.D. Vance to eliminate fraud, waste, and abuse within Federal benefit programs.

The Department of Justice's Health Care Fraud Strike Force Program, currently comprised of nine strike forces operating in federal districts across the country, has charged more than 6,200 defendants who collectively billed federal health care programs and private insurers more than $45 billion since 2007. 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 www.justice.gov/criminal-fraud/health-care-fraud-unit .