

# Edwardsville Doctor Pleads Guilty to Healthcare Fraud

by Dan Brannan, Content Director  
March 5 2024 1:28 PM



**EAST ST. LOUIS** – An Edwardsville doctor has admitted guilt to a federal healthcare fraud charge for falsely documenting services provided to nursing home patients for reimbursement from Medicare. Phillip J. Greene, 59, has entered a guilty plea to one count of healthcare fraud.

“We entrust medical professionals to provide ethical care, but some choose to act in bad faith,” said U.S. Attorney Rachelle Aud Crowe. “I’m thankful to the investigators who uncovered Greene’s fraud and partnered with our office to hold him accountable.”

According to court documents, Greene was a practicing licensed physician employed by General Medicine and working at various nursing home locations throughout the Southern District of Illinois. He was an enrolled provider in the federal Medicare program.

To conduct the fraud, Greene documented misrepresentations in his medical and progress notes for nursing home patients for services he did not perform, including claims related to patients who were already deceased at the time of the billed services.

By way of General Medicine, Greene submitted false claims to Medicare totaling more than \$20,000 for health services he did not provide from October 2016 through September 2018.

“Physicians who submit fraudulent claims in our federal health care programs not only unjustly enrich themselves, but also undermine the trust and confidence of their patients,” said Special Agent in Charge Mario M. Pinto of the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG). “Our agency will continue to work diligently with our law enforcement partners to hold accountable those who defraud these valuable programs.”

Medicare reimbursed Greene and General Medicine more than \$15,000 for the false claims. Greene’s sentencing is scheduled for 10:30 a.m. on June 5, 2024.

Healthcare Fraud is punishable by up to 10 years’ imprisonment, a fine of up to \$250,000, and up to three years’ supervised release. Greene must also pay restitution for Government losses.

The investigation was conducted by the Southern District of Illinois Health Care Fraud Task Force: the United States Department of Health and Human Services Office of Inspector General, the Federal Bureau of Investigation, the United States Department of Labor Employee Benefits Security Administration, the United States Postal Inspection Service, the Department of Defense Criminal Investigative Service, Railroad Retirement Board Office of Inspector General, Office of Personnel Management Office of the Inspector General, the Illinois State Police Medicaid Fraud Control Bureau and the Illinois Attorney General’s Office Medicaid Fraud Control Unit.

Trial attorneys Victor Yanz and Andres Almendarez with the Fraud Section of the Department of Justice's Criminal Division, and Assistant U.S. Attorney Kevin Burke are prosecuting the case.