

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of the Inspector General

Inspector General



**PRESS RELEASE**

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**D.C. DOCTOR CONVICTED OF THEFT FROM MEDICAID**

Washington, D.C. - Inspector General Charles C. Maddox and United States Attorney Roscoe C. Howard, Jr. announced today that Dr. John S. Toman of McLean, Virginia has been convicted of second degree theft from the D.C. Medicaid Program and conspiracy to commit theft from the Medicaid program by filing false claims. Dr. Toman previously practiced optometry at his offices at 702 7<sup>th</sup> Street N.W., Washington D.C. for 38 years until closing his practice in June of 2000.

Today in D.C. Superior Court, Dr. Toman plead guilty before Judge Mitchell-Rankin and was sentenced to 180 days on count one, theft from the Medicaid program, and 180 days on count two, conspiracy to commit theft from the Medicaid program. Each count was suspended. In addition, the Court imposed \$1,000.00 in fines and \$100.00 in court costs, and ordered the defendant to perform 150 hours of community service. He will also be excluded from the Medicaid program for a minimum of five years. Documents submitted in court indicate that from January 1996 through August 1999, Dr. Toman and his employees submitted claims to the Medicaid program falsely certifying that his office had fabricated prescription lenses on-site, when in fact the fabrication had been done elsewhere. This illegal deception led to higher reimbursement from Medicaid than what Dr. Toman was entitled to. The defendant had already paid \$941.14 in restitution to Medicaid prior to sentencing.

The case was handled jointly by the D.C. Office of Inspector General's Medicaid Fraud Control Unit (MFCU) and the U.S. Attorney's Office. These are the first criminal fraud charges stemming from an investigation conducted by the recently established MFCU. The MFCU is a specialized strike force composed of prosecutors, investigators, and auditors who work to investigate healthcare fraud and patient abuse. It is the only unit to focus solely on fraud and abuse in the District's Medicaid Program.