



# NEWS RELEASE

OFFICE OF THE UNITED STATES ATTORNEY  
WESTERN DISTRICT OF MISSOURI

**TODD P. GRAVES**

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**FOR IMMEDIATE RELEASE**

## **DOCTOR, NURSE AMONG SIX DEFENDANTS SENTENCED FOR \$1 MILLION MEDICARE FRAUD**

**SPRINGFIELD, Mo.** – Todd P. Graves, United States Attorney for the Western District of Missouri, announced that six defendants were sentenced in federal court today for conspiring to defraud the United States through a system of kickbacks for patient referrals and the filing of false claims that resulted in overpayments of more than \$1 million from Medicare and Medicaid.

Each of the six co-defendants, who were indicted by a federal grand jury on June 15, 2000, was sentenced by U.S. District Judge Dean Whipple in a series of individual hearings today. **Jan Dierks Garwood**, 54, of Nixa, Mo., a licensed medical doctor, was sentenced to one year and eight months in federal prison without parole. The court also ordered **Garwood** to pay restitution in the amount of \$156,471. **Julia Elaine Bazazzadegan**, 45, of Lamar, Mo., a registered nurse, was sentenced to two years and six months in federal prison without parole. The court also ordered **Bazazzadegan** to pay restitution in the amount of \$122,386. **Kelley Anne Liveoak**, 40, of Webb City, Mo., was sentenced to six months in federal prison without parole. The court also ordered **Liveoak** to pay restitution in the amount of \$2,395. **Robert Joseph Dupont, Jr.**, 58, of Oronogo, Mo., was sentenced to one year and nine months in federal prison without parole. The court also ordered **Dupont** to pay restitution in the amount of \$120,000. **Karl Otis Householder**, 65, of Milo, Mo., was sentenced to spend five months in federal custody. He also was ordered to pay restitution in the amount of \$122,386. **Lou Ann Dinkmeier**, 48, of Irwin, Mo., was sentenced to a three-year term of probation. She also was ordered to pay restitution in the amount of \$2,395.

Three co-defendants – a physician, a nurse who owned a home health agency, and the owner of a health care billing service company – were convicted by a federal jury for their role in the health care fraud, Graves said. The other three co-defendants pleaded guilty to participating in the illegal scheme.

**Garwood** and **Bazazzadegan** were found guilty by a federal jury on Feb. 20, 2002, of

two felony conspiracy charges related to kickbacks for patient referrals for home health services and the filing of false Medicare claims. From 1993 to 1998, Graves explained, **Garwood** received cash and other inducements from **Bazazzadegan** and others who owned home health agencies. **Garwood** also fraudulently certified to Medicare that the referred patients were homebound, Graves said, when in fact they were not. **Bazazzadegan** and others caused false claims to be submitted to Medicare that resulted in companies owned by her and others to fraudulently receive payments from the government, Graves said.

**Garwood** subsequently pleaded guilty to an additional charge of making a false statement to Medicare. **Bazazzadegan** also pleaded guilty to two additional counts of conspiracy to defraud Medicare.

**Liveoak** was found guilty by a federal jury on June 28, 2002, of making a false application for health care benefits. **Liveoak**, who was listed as owner of A to Z Billing, aided in applications for Medicaid payments for personal care for a number of beneficiaries, Graves added, knowing at the time that the statements made in those claims were false because the beneficiaries were hospitalized elsewhere on the date for which a claim for payment for personal care was made.

**Dupont**, the owner of several residential care facilities and home health agencies, pleaded guilty on February 13, 2002, to his role in the conspiracy to defraud the United States.

**Householder**, the owner of several residential care facilities and home health agencies, pleaded guilty on February 1, 2002, to conspiracy and two additional counts of the federal indictment.

**Dinkmeier**, who provided medical billing services, pleaded guilty on June 11, 2002, to making false applications for Medicaid benefits.

The case was prosecuted by Assistant U.S. Attorney Richard E. Monroe. It was investigated by the Federal Bureau of Investigation, U.S. Department of Health and Human Services, Missouri Department of Social Services–Division of Legal Services–Medicaid Investigation Unit and Division of Aging, Wellmark Fraud Investigation Unit, U.S. Postal Inspection Service, and the Medicaid Fraud Control Unit of the Missouri Attorney General’s Office.

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This news release, as well as additional information about the office of the United States Attorney for the Western District of Missouri, is available on-line at  
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