PRESS RELEASE

Chief Operating Officer Pleads Guilty for Role in $500M COVID-19 Test Billing Fraud

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For Immediate Release
U.S. Attorney's Office, Eastern District of Michigan

DETROIT – Hasan "Lucas" Seyhun, 45, of Miami, Florida, pleaded guilty yesterday to conspiracy to commit healthcare fraud for his role in a wide-ranging, nationwide scheme that logged more than $500 million in fake claims to government-backed healthcare programs, United States Attorney Jerome F. Gorgon Jr. announced.

"At a time when Americans were scared for their families and their futures, Hasan Seyhun saw an opportunity to turn a national crisis into his own personal payday," **said Assistant Attorney General Colin M. McDonald of the National Fraud Enforcement Division**. "Instead of providing the American people with the assistance they needed during a critical time, Seyhun and his colleagues exploited their trust, and lined their pockets from fraudulent insurance claims. The Fraud Division will not let up in its relentless pursuit of COVID era fraudsters."

"Ripping off the American taxpayer is bad enough. Using the fear and isolation of the COVID pandemic to do it is sickening," **said United States Attorney Jerome F. Gorgon Jr**. "Not only did Seyhun and his co-conspirators defraud the American public of hundreds of millions of dollars' worth of fake services, but they were so confident in their scheme that they routinely submitted claims for payment before test kits were even delivered to the customer."

According to court documents, Seyhun served as the Chief Operating Officer of New York-based Fast Lab Technologies, LLC (Fast Lab), which offered to individuals "no cost" Covid-19 tests during the pandemic that could be ordered online through the company's website.

Fast Lab then used customers' insurance information to falsely bill for services that were never provided, including:

- False claims that antigen tests had been observed by medical professionals;
- That saliva samples had been collected by medical personnel;
- And that PCR testing had been conducted on those samples.

In his plea agreement, Seyhun also admitted that he conspired with previously charged defendants Cemhan "Jimmy" Biricik, Fast Lab's CEO, and Dr. Martin Perlin, Fast Lab's Medical Director, to carry out the scheme.

Seyhun also acknowledged that in his role as COO he orchestrated the submission of millions of dollars in fraudulent healthcare claims, resulting in at least $35M in illicit payments. Seyhun has agreed to a forfeiture money judgment in the amount of $4,313,153, representing the amount of money he personally received from the scheme.

"A scheme of this magnitude undermines public trust and diverts critical healthcare dollars away from the people and programs who need it most. Today's guilty plea is an important step toward accountability for conduct that resulted in hundreds of millions of dollars in fraudulent billings," said **Jennifer Runyan, Special Agent in Charge of the FBI Detroit Field Office**. "The FBI will continue working with our law enforcement and prosecutorial partners to track down complex healthcare fraud schemes and hold those who conduct them fully accountable."

"Laboratories that submit false claims for medical testing and services put profit over patient care at the taxpayers' expense," said OPM-OIG Special Agent in Charge **Derek M. Holt**. "We commend our investigative staff as well as our colleagues and law enforcement partners for their dedicated efforts to hold these companies accountable and safeguard the integrity of the Federal Employees Health Benefits Program."

"Today's guilty plea makes clear that exploiting a public health emergency for personal gain will be met with decisive action," said Special Agent in Charge **Thomas Ethridge** of the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG). "This case highlights the strength of our interagency partnerships and the unwavering commitment of federal, state, and local investigators to protect patients and safeguard taxpayer funded programs. When individuals choose fraud over the public good, they will be held accountable."

"All the defendants in this case had one thing in common – they were motivated by greed," said **Todd Strom,** Acting Special Agent in Charge, Detroit Field Office, IRS Criminal Investigation. "Their pursuit of money, and the privileges it brings, led Mr. Seyhun and his associates to take advantage of the healthcare system and misuse funds intended for COVID-19 testing. Thanks to the dedication and financial expertise of IRS-

CI special agents, who worked closely with our law enforcement partners, this scheme was brought to light, and these criminals will now face the consequences of their actions."

Gorgon was also joined in the announcement by:

- **Daniel Aronowitz**, Assistant Secretary of Labor for the Employee Benefits Security Administration (EBSA);
- **Jessica Herrington**, Acting Special Agent in Charge, Defense Criminal Investigative Service (DCIS);
- **Todd E Strom**, Acting Special Agent in Charge, Detroit Field Office, Internal Revenue Service - Criminal Investigation (IRS-CI);
- **Anthony P. D'Esposito**, Inspector General, U.S. Department of Labor General (DOL-OIG);
- **Felicia B. George**, Inspector in Charge, U.S. Postal Inspection Service (USPIS);
- **Owen Cypher**, U.S. Marshal for the Eastern District of Michigan;
- **Dana Nessel**, Michigan Attorney General

Offices and Divisions also contributing the case include:

- U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG);
- U.S. Office of Personnel Management Office of the Inspector General (OPM-OIG);
- The Michigan Attorney General's Medicaid Fraud Control Unit (MFCU).

This case is being prosecuted by Assistant U.S. Attorneys **Regina R. McCullough** and **Ryan A. Particka**.

About the National Fraud Enforcement Division*: On April 7, the Department of Justice announced the creation of the National Fraud Enforcement Division ("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.*

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