



PAGE 1 - COVER SHEET

⚠ FINAL MEDICARE RECORDS DEMAND – NO SECOND NOTICE
⚠

TO:GERALD PERELMAN DPM.

ATTN: Owner / Medical Director

FAX #: 470-407-5323

FROM: Philip Galapon, CMS Program Integrity

DATE: 06/18/20245

DEADLINE: WITHIN 72 HOURS - NO EXTENSIONS - NO EXCUSES

TOTAL PAGES: 2

IMMEDIATE ACTION REQUIRED

YOU ARE ORDERED TO FAX BACK COMPLETE MEDICAL RECORDS FOR *ALL* MEDICARE PATIENTS UNDER YOUR LICENSE.

This is not optional. This is not a misunderstanding.

This is a final, non-negotiable federal records demand.

It applies to ALL Medicare patients. ALL of them.

FAILURE TO COMPLY IN 72 HOURS = MEDICARE TERMINATION



PAGE 2 (DEMAND LETTER)



🖺 OFFICIAL I	MEDICARE RECORDS DEMAN
	42 CFR § 405.371
PROVIDER UNDER AUDIT:	
rovider:GERALD PERELMAN.	
IPI: 1417950247 License: 36002858	Sex Code:M

WPI: 141/95024/ License:36002858	26X CODE:M
Location: 6200 PLEASANT AVE FAIRFIELD OH 450144670	
Taxonomy: 213E00000X	
This audit is now active.	
It applies to your license regardless of guilt or suspicion.	
ALL Medicare providers are subject to direct federal audit	
OCUMENTS REQUIRED — ALL MEDICARE PATIENTS:	
You must submit records for every Medicare patient bille	d under your NPI.
Complete charts (within [Date Range])	
Signed patient authorizations	
Clinical notes, orders, referrals	
Do not wait for patient names.	
This applies to your entire Medicare caseload.	
SUBMIT TO:	
Fax: +1 470-407-5323.	

X CONSEQUENCES FOR NON-COMPLIANCE:

Do not call. Do not confirm. Do not delay.

Your fax is your receipt.

- Payment suspension 42 CFR § 405.371
- NPI deactivation review 42 CFR § 424.535
- Felony charge for record obstruction 18 U.S.C. § 1035

This is a one-time demand.

There will be no second notice, no extensions, and no clarifications.

Philip Galapon.

CMS Program Integrity Investigator

 $6/20/2025 \ 9{:}06 \ \mathtt{AM} \quad \mathtt{FROM: \ Fax \ Drs \ Central \ Billing} \quad \mathtt{TO: \ }16148012361 \qquad \mathtt{PAGE: \ }003 \ \mathtt{OF \ }003$



