

Practices

Healthcare Fraud and Abuse

Fraud and abuse—and failures in regulatory compliance—puts hospitals, healthcare systems, providers, and other healthcare sector businesses at risk of major financial losses.

Akerman’s Healthcare Practice Group represents healthcare clients in all aspects of government investigations, regulatory enforcement matters, internal investigations, and administrative proceedings. Our team includes former compliance officer(s), government regulatory officials, and practitioners with decades of experience guiding health care entities through compliance concerns. We design and implement compliance plans and advise clients on all aspects of compliance with federal and state fraud and abuse statutes.

We provide comprehensive compliance analysis, including risk areas where healthcare law overlaps with privacy and security, labor and employment, insurance, and regulatory requirements. Our team understands the regulatory concerns that drive government action, and we apply that knowledge to strategically resolve complex disputes whenever possible.

When litigation is unavoidable, Akerman’s Healthcare Litigation Practice is ready to protect clients in federal and state courts, as well as in arbitration forums throughout the United States.

What We Do

- Anti-kickback compliance and litigation

Connect With Us



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Our Team

Related Work

Bankruptcy and Reorganization
Federal Tax Litigation and Controversy
Health and Life Sciences
Healthcare
Healthcare Licensure and Compliance
Healthcare Litigation
Intellectual Property Litigation
State and Local Tax Consulting and Controversy
White Collar Crime and Government Investigations

- Government fraud and abuse investigations
- Complex regulatory fraud and abuse analysis
- Pharmaceutical marketing and pricing matters
- Payor-provider disputes
- Healthcare institution financial matters including, as examples, ability to pay analyses, and creditor and debtor rights
- Business and corporate management disputes
- Licensure defense