



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**OFFICE OF INSPECTOR GENERAL**

WASHINGTON, DC 20201



**February 27, 2024**

Samir Wahib, M.D.  
2204 N. Section Street  
Sullican, IN 47882-4523

Dear Samir Wahib:

RE: OIG File Number 5-17-40044-9

On December 29, 2023, you were notified by the Office of Inspector General (OIG) that you were being excluded from participation in all Federal health care programs for a minimum period of 8 years. That action was taken under Section 1128(a)(1) of the Social Security Act (Act), based on your conviction in the United States District Court, Northern District of Ohio, of a criminal offense related to the delivery of an item or service under Medicare or a State health care program, including the performance of management or administrative services relating to the delivery of items or services under any such program. Your exclusion became effective January 18, 2024, and remains in effect.

By email dated February 12, 2024, Daniel E. Rusyniak, M.D., Secretary, Indiana Family and Social Services Administration requested a waiver of your exclusion. The request for a waiver is based on the Indiana Medicaid program administrator's determination that you are the sole source of essential specialized services in Sullivan County, Indiana and that your exclusion would impose a hardship on Indiana Medicaid beneficiaries in Sullivan County, Indiana. Since this request meets the criteria set forth in 42 CFR 1001.1801 and Section 1128(c)(3)(B) of the Act, we are granting the State Medicaid agency's request for the waiver of exclusion with respect to obstetrical/gynecological items or services furnished, ordered, or prescribed by you to Indiana Medicaid program beneficiaries.

This waiver only applies to the Indiana Medicaid program with respect to obstetrical/gynecological items and services furnished, ordered, or prescribed by you as an employee of Sullivan County Community Hospital, located in Sullivan County, Indiana. Your exclusion remains in effect for all items and services you furnish, order, or prescribe outside of Sullivan County, Indiana and with respect to any items or services you furnish, order, or prescribe for beneficiaries of other Federal health care programs.

As detailed in your exclusion notice, reinstatement to participation in all Federal health care programs is not automatic. You must apply to the OIG for reinstatement at the end of your 8-year term of exclusion in order to be considered for reinstatement and become eligible to participate in all Federal health care programs.

Approval of this waiver request means that, **effective with the date of this notice**, you may submit claims for payment to the Indiana Medicaid program for items and services furnished, ordered, or prescribed by you in the specialty of obstetrics/gynecology as an employee of Sullivan County Community Hospital, located in Sullivan County, Indiana. This waiver is not retroactive and does not authorize you to claim Indiana Medicaid program payment for items and services you have previously rendered. If the basis for this waiver ceases to exist, the waiver will be rescinded.

Sincerely,

**Joann M.** Digitally signed  
**Francis** by Joann M.  
Francis  
Joann M. Francis  
Reviewing Official  
Exclusions Branch

cc: Daniel E. Rusyniak, M.D.  
Secretary, Indiana Family and Social Services Administration