

**DISCIPLINE COMMITTEE OF THE COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO**

Indexed as: Ontario (College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario) v Pham, 2026 ONCTCMPAO 30

Date: 20260112

**BETWEEN:**

THE COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND ACUPUNCTURISTS OF ONTARIO

- and -

MAI THI TUYET PHAM

PANEL:	Kimberley Bishop	Chair, Public Member
	Christine Lang	Professional Member
	Iftikhar Choudry	Public Member

Appearances:	Anastasia-Maria Hountalas, counsel for the College
	Amit Harrynarine, non-licensed representative for the Member
	Andrea Gonsalves, Independent Legal Counsel to the Panel

Heard: December 9 and 11, 2025

**DECISION AND REASONS FOR DECISION**

[1] This matter was heard by a panel of the Discipline Committee (the “Panel”) of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (the “College”), on December 9 and 11, 2025, via videoconference.

**Overview**

[2] In this case the College alleges that the Member, Mai Pham, participated in a fraudulent billing scheme through which two clinics that the Member owns and/or controls submitted more than 130 entirely false or partially false insurance claims to Sun Life. The claims purported to relate to treatment provided by a registered massage therapist (“RMT”), Phuong Nguyen, but the College alleges that Ms. Nguyen did not provide the treatments as claimed or, in many cases, at all.

[3] Sun Life paid out almost \$7,000.00 for the claims to three bank accounts registered to the Member's clinics. The College alleges that the Member was the only person authorized to access the clinics' bank accounts. Sun Life has not been repaid.

[4] The College alleges that the Member actively participated in the billing scheme and that she directly profited from a fraud. The College called three witnesses to testify: Ms. Nguyen, a Sun Life investigator, and a College investigator. Based on their testimony and the documents tendered in evidence, the College seeks findings of professional misconduct on five distinct allegations.

[5] The Member did not attend the hearing but through her representative, Amit Harrynarine (who is not a Law Society licensee), she denied the allegations. The Member submits that the College has not met its burden of proving she had any involvement in the scheme or that she had exclusive access to the three bank accounts into which the Sun Life payments were deposited.

[6] The Panel finds that the Member has engaged in professional misconduct as alleged. These are our reasons.

### **Publication ban**

[7] The College sought an order banning publication of the names and identifying information of the patients referred to in the hearing or in the exhibits. The Member did not oppose the order.

[8] The Panel granted the order as requested, pursuant to ss. 45(2)(b) and 45(3) of the *Health Professions Procedural Code* (the “**Code**”), which is schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c 18 (the “**Act**”). The publication of patient names or identities together with their personal health information outweighs the desirability of unrestricted openness of this discipline hearing. Publication of the names and identities of patients is not necessary for the public to fully appreciate the allegations against the Member, the relevant evidence, or the Panel’s decision and reasons for it. Transparency and accountability are maintained through the publication ban while still respecting the privacy and personal health information of the patients.

### **The allegations**

[9] In a Notice of Hearing dated November 5, 2024, the College alleges that the Member has engaged in professional misconduct pursuant to s. 51(1)(c) of the Code and s. 1 of Ontario Regulation 318/12 (the “**Regulation**”) made under the *Traditional Chinese Medicine Act, 2006*, SO 2006, c 27. The allegations as set out in a Statement of Allegations appended to the Notice of Hearing are as follows:

#### **The Member**

1. Mai Thi Tuyet Pham (the “**Member**”) became a Grandparented member (R. TCMP, R. Ac) of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the “**College**”) on or about November 5, 2015. She transitioned to the General class (R. TCMP, R. Ac) on or about July 19, 2017, and held an active status as of July 28, 2017. She moved to the inactive class on or about April 8, 2022.

2. At all material times, the Member was the sole director at and/or owned and/or practised at a clinic in Woodbridge, Ontario (the “**Woodbridge Clinic**”) and/or a clinic in Barrie, Ontario (the “**Barrie Clinic**”) (collectively, the “clinics”).
3. At all material times, the Member had sole access to the bank accounts for the Woodbridge Clinic and/or the Barrie Clinic.

### **Fraudulent Billing**

4. It is alleged that, between in or about September 2019 to May 2021, the Member did one or more of the following:
  - a. routinely submitted and/or permitted clinic staff to submit falsified insurance claims for treatments purportedly provided by a registered massage therapist (the “**RMT**”) at the clinics when, in fact, the RMT did not provide treatment as claimed and/or did not treat the patients at issue; and/or
  - b. collected reimbursement for the above-noted falsified insurance claims.
5. It is alleged that the insurance claims are a record related to the Member’s practice.

### **Acts of Professional Misconduct**

6. It is alleged that the above conduct constitutes professional misconduct pursuant to section 51(1)(c) of the Health Professions Procedural Code (the “**Code**”), being Schedule 2 to the *Regulated Health Professions Act, 1991* and the following paragraphs of section 1 of Ontario Regulation 318/12 made under the *Traditional Chinese Medicine Act, 2006*:
  - c. **Paragraph 1** (Contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, namely the Standard for Legislation, Standards and Ethics, and/or Standards for Record-Keeping, and/or Standard for Fees and Billing);
  - d. **Paragraph 19** (Submitting an account or charge for services that the member knows or ought to know is false or misleading);
  - e. **Paragraph 26** (Signing or issuing, in his or her professional capacity, a document that the member knows or ought to know contains a false or misleading statement);
  - f. **Paragraph 27** (Falsifying a record relating to the member’s practice); and/or
  - g. **Paragraph 48** (Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional).

### **Member’s Position**

[10] The Member denied the allegations of professional misconduct in the Notice of Hearing.

## The evidence

[11] The College called three witnesses to testify: Phuong Nguyen, Jon Zinken and Sheena Lessard. The Member did not call any evidence.

### *Evidence of Phuong Nguyen*

[12] Ms. Nguyen is an RMT and a member in good standing of the College of Massage Therapists of Ontario (the “CMTO”).

[13] Ms. Nguyen testified that she worked for the Member at Mai Medical Health Clinic from September 2019 to June 2021. Ms. Nguyen worked at the clinic on Islington Road in Woodbridge several times a week. Although she came to hear that the Member was also connected to a clinic in Barrie, she never worked at the Barrie clinic.

[14] The Woodbridge clinic used Google Calendar to track her appointments. On clinic days, Ms. Nguyen collected her patient files from her treatment room. The Member or Amit “Syd” Harrynarine told her when a patient arrived; she treated the patient and then escorted them to reception, where the Member or Mr. Harrynarine processed payment.

[15] On cross-examination, Ms. Nguyen agreed she did not remain in reception to observe any insurance claims being entered for her patients. She dropped the patients off at reception with the Member or Mr. Harrynarine and returned to her treatment room.

[16] Ms. Nguyen said she had no knowledge of the clinic’s invoicing practices. She did not enter the front-desk cubicle, use the clinic computer, or review, stamp, or sign invoices. Her role was limited to treating patients; she did not know how claims for her treatments were submitted for insurance reimbursement.

[17] The Member handled Ms. Nguyen’s payroll. For each pay cycle, the Member gave Ms. Nguyen a tally sheet of treatments, which Ms. Nguyen checked against her schedule to ensure accuracy. The Member would then pay Ms. Nguyen. The payroll cheques bore the Member’s name. On cross-examination, Ms. Nguyen agreed the tally sheets were generally accurate.

[18] Ms. Nguyen left her employment at the clinic after discovering numerous false Sun Life claims in her name. She first learned of these claims in June 2021 when Sun Life contacted her seeking verification. Sun Life sent claim lists to Ms. Nguyen, which she checked against her Google Calendar to confirm whether she had provided the treatments shown. Comparing the lists to her calendar revealed many discrepancies and raised “red flags” for Ms. Nguyen.

[19] Ms. Nguyen’s completed verification forms were entered into evidence. In her testimony, Ms. Nguyen identified many claims for treatments she did not provide and, in some cases, patients she had never met. She also identified claims for treatments she did provide but where the clinic had claimed inflated the fees, above what had been charged to the patients. She also reviewed false invoices that the clinic had submitted to support certain claims. The invoices were issued and signed in Ms. Nguyen’s name using her CMTO registration number but she had not seen these invoices before Sun Life asked her to verify them.

[20] Ms. Nguyen confronted the Member about the claims on her last day at the clinic. During a treatment session for the Member, she raised the issue. The Member initially denied knowledge, then said there had been a billing “mix-up” between the two clinic locations. She explained the clinic could not direct-bill in Mr. Harrynarine’s name because he is not registered with a College and that she had applied for a direct-billing account with Telus Health in Ms. Nguyen’s name. Distressed that Ms. Pham had used her name without her knowledge or consent, Ms. Nguyen resigned that day.

[21] On cross-examination, Ms. Nguyen said she could not observe the Member’s reactions when she confronted the Member about the Sun Life claims because the Member was lying face down at the time. The Member ended the treatment early and “ran out” to speak to Mr. Harrynarine. Ms. Nguyen left the clinic shortly thereafter, as the Member was her last patient. She had no further discussions with the Member or Mr. Harrynarine, except to remind the Member about the CMTO’s records retention requirements.

[22] Also on cross-examination, Ms. Nguyen was asked about her statement to the College in which she described the Member and Mr. Harrynarine as “married”. She agreed she did not know whether Mr. Harrynarine and the Member were legally married; she assumed they were because they appeared to live together, had invited her to their cottage, and had a child together.

[23] After leaving the clinic, Ms. Nguyen contacted the CMTO and Telus Health about the fraudulent claims, cancelled the Telus Health application made in her name using her credentials, and lodged a complaint with this College about the Member’s conduct.

### ***Evidence of Jon Zinken***

[24] Mr. Zinken is a Sun Life investigator. He has been in that role for five years and with Sun Life for eight. He investigated alleged insurance fraud at the Member’s clinics.

[25] Mr. Zinken testified that Plan members and providers can submit claims in several ways. Plan Members can submit claims on paper, via Sun Life’s website, or through its mobile app. Service providers can submit direct-billing claims through Sun Life’s e-claims portal (at the time, Telus Health).

[26] Mr. Zinken explained that “provider” refers to regulated health professionals. Unregistered individuals may operate a clinic’s e-claims platform, but claims must be submitted using a regulated professional’s credentials.

[27] In 2021, Mr. Zinken investigated Mai Medical Health Centre. To his knowledge, the Member initially owned both the Woodbridge clinic and the Barrie clinic, later selling them to Mr. Harrynarine and another third party, Nguyen Chu. Mr. Zinken received copies of the purchase and sale agreements from the Member but did not verify their validity.

[28] To Mr. Zinken’s knowledge, Mr. Harrynarine was not a regulated health professional and was brought in to perform administrative tasks at the clinic, including billing and scheduling. Mr. Zinken understood that Mr. Harrynarine and the Member had a personal relationship but did not confirm its nature.

[29] Mr. Zinken identified Ms. Nguyen as the RMT provider on many claims associated with the clinic and he asked her to verify them. Using Sun Life's records and Ms. Nguyen's verifications, he prepared a spreadsheet reconciling all clinic claims and another identifying fraudulent claims. The spreadsheets list each claim that identifies Ms. Nguyen as provider, how the claim was submitted, the purported treatment location, the amount of each claim, and the bank account credited for each paid claim.

[30] Sun Life identified between \$6,000 and \$7,000 in payments made to a bank account associated with either the Woodbridge clinic or the Barrie clinic for fraudulent claims submitted in Ms. Nguyen's name. No portion of that amount has been repaid.

[31] Sun Life sought reimbursement from Mr. Harrynarine because Sun Life understood that he owned the clinic at the time and had taken responsibility for submitting the fraudulent claims. However, Sun Life did not obtain information about the bank-account owners, relying instead on Telus Health's vetting.

[32] The Member and her clinics have been delisted by Sun Life. Ms. Nguyen remains an eligible service provider.

#### ***Evidence of Sheena Lessard***

[33] Ms. Lessard is a regulatory investigator. She conducted the College's investigation into Ms. Nguyen's complaint regarding the Member's conduct.

[34] Ms. Lessard testified that she collected information about ownership of the Woodbridge and Barrie clinics. Ms. Lessard attended at the Woodbridge clinic in July 2021 in connection with her investigation. During that attendance, the Member told Ms. Lessard that she had recently sold both clinic locations. Ms. Lessard subsequently obtained copies of the purchase and sale agreements, which indicated that the Member had sold the Woodbridge clinic to Mr. Harrynarine in November 2018 and the Barrie clinic to Ms. Chu in November 2020.

[35] The agreement for purchase and sale of the Woodbridge clinic records a \$100,000 purchase price. When asked about the price, the Member told Ms. Lessard that Mr. Harrynarine had paid only the \$50,000 deposit. The Member did not seek the outstanding balance as she considered Mr. Harrynarine already her business partner in practice.

[36] In July 2021, Ms. Lessard obtained the corporate profile for the Woodbridge clinic. It showed the Member as the sole administrator and director of the corporation. Mr. Harrynarine's name does not appear anywhere in the report.

[37] Also in July 2021, Ms. Lessard obtained a business names report for the Woodbridge clinic. Ms. Lessard testified that the Member had told her that Mr. Harrynarine changed the name from Mai Medical Health Centre to MP Herbal Clinic after the purchase. However, the report shows the Member was the one who registered the new business name and that she was the sole director as of the date of the report in July 2021. Mr. Harrynarine's name does not appear anywhere in the report.

[38] As noted, on 15 July 2021, Ms. Lessard attended the Woodbridge clinic and collected records related to the claims identified by Ms. Nguyen in her complaint. Ms. Lessard gathered any

RMT and traditional Chinese medicine (“TCM”) records located for the patients in the Sun Life claims. She prepared a chart listing the records collected and those she could not locate.

[39] Ms. Lessard also took screenshots of the clinic’s Google Calendar for the dates identified in the claims. Ms. Lessard noted that among the staff members listed in the calendar, the Member was the only TCM practitioner and acupuncturist at the Woodbridge clinic. She identified a listing for “Phuong” in the calendar, which she determined was Ms. Nguyen; “Nguyen”, who was Ms. Chu (a TCM practitioner at the Barrie clinic); and Lily, Lilian and May-MT, who are unregistered massage practitioners.

[40] Using the clinic computer, Ms. Lessard accessed the Telus Health portal. Because the login had been saved and therefore auto-populated, Ms. Lessard was able to log in to the portal despite not having a password. The clinic had two Telus Health profiles: one for the Member and one for other regulated health professionals.

[41] Ms. Lessard sent an investigative summons to Sun Life pursuant to her authority under the *Code*. She collected documents from Mr. Zinken, including his reconciliation identifying the fraudulent claims made in Ms. Nguyen’s name.

[42] She then issued summonses to the Royal Bank of Canada (“RBC”) for information about the bank accounts where Sun Life paid out the claims. She identified three accounts: two in Barrie and one in Kitchener. RBC officials confirmed under oath that the Member was the only person with access to all three.

[43] The Barrie accounts were registered to a numbered company operating under the name MP Herbal Clinic. The corporate profile for that company indicates the Member is the sole director.

[44] The Kitchener account was registered to Mai Medical Health Clinic Inc. As noted above, the Member is also the sole director of that corporation.

[45] Ms. Lessard prepared an evidence analysis, which she testified reflects the following information gathered in the investigation:

- a. Between September 2019 and May 2021, the clinic submitted 176 claims for treatments purportedly provided by Ms. Nguyen;
- b. The claims related to 50 patients;
- c. 40 claims were accurate, meaning that Ms. Nguyen provided treatment as claimed;
- d. 46 claims were partially inaccurate, meaning that Ms. Nguyen provided treatment but the cost of treatment was inflated;
- e. 90 claims were inaccurate, meaning that Ms. Nguyen did not provide treatment as claimed;
- f. Sun Life overpaid the clinic \$720.00 in respect of the partially inaccurate claims; and
- g. Sun Life overpaid the clinic an additional \$6,092.30 in respect of the inaccurate claims.

[46] Ms. Lessard also identified the relevant standards of practice and the College’s Code of Ethics in her evidence.

## The parties' submissions

### *Submissions of the College*

[47] The College bears the onus to prove the allegations on a balance of probabilities. Applying that standard, the College submits it has established a sustained scheme of fraudulent insurance billing at the Member's clinics using Ms. Nguyen's credentials. The investigative analyses by Sun Life and the College identify 136 false or partially false claims across several categories: claims for services at the Barrie location where Ms. Nguyen never worked; claims for services actually rendered by unregistered individuals; claims unsupported by any patient records; claims lacking treatment notes but accompanied by "payment record" slips tracking insurance coverage; and claims for treatments the Member herself provided, but later re-billed under Ms. Nguyen's name to obtain reimbursement. The records, calendar entries, and banking data show Sun Life paid nearly \$7,000 into corporate accounts controlled by the Member in connection with these fraudulent claims.

[48] The College argues the Member actively participated in and profited from the billing scheme. Corporate and banking records show she remained sole director and owner of both clinics until at least July 2021 and continued to have operational control, including registering the "MP Herbal Clinic" business name and running payroll. Critically, the Member admitted that she had applied for a Telus Health direct billing account using Ms. Nguyen's credentials to circumvent restrictions on a non-regulated individual submitting claims, evidencing intentional misuse. Even if another person physically entered the claims, the College contends the Member, as owner of the clinic and a regulated professional, is ultimately responsible for clinic operations and billing.

[49] The College relies on several cases in the professional discipline context to support its position that owner accountability for fraudulent claims and false records, emphasizing that ownership of a clinic (or pharmacy) confers on a regulated health professional authority and corresponding duties to ensure lawful, ethical billing and proper oversight. Those authorities reject defences premised on delegation to staff where systemic irregularities persist and the owner benefits financially.

[50] Applying those principles, the College says the Member, as a regulated professional and clinic owner, owed heightened professional and ethical duties. She was ultimately responsible for instituting and enforcing proper billing controls and could have verified the claims against payroll tally sheets, the Google calendar and patient records. Instead, she participated in or permitted her staff to participate in a fraudulent billing scheme, thereby abdicating her professional obligations.

[51] The College submits it has proven the allegations of professional misconduct, namely: that the Member failed to maintain standards, submitted false or misleading accounts, signed or issued false documents, falsified records, and engaged in conduct that is disgraceful, dishonourable, or unprofessional.

[52] The College argues that although expert evidence is generally required to establish professional standards, some conduct is so egregious that it is generally accepted as being self-evidently offside one's professional obligations. Fraudulent billing falls squarely into this category. On settled authority, misusing credentials and submitting claims for services not rendered is plainly a breach of standards without the need for expert testimony. The College also points to its own published standards that set the minimum expectations for its members. Members

must employ ethical billing practices; comply with the profession's standards and Code of Ethics (including honesty, integrity, prioritizing patient welfare over personal gain, being honest and fair in charging for services, and respectful dealings with colleagues); and maintain complete, accurate billing and payment records capable of being itemized for third parties on request.

[53] Measured against these standards, the College submits the Member's conduct was seriously deficient. She failed to implement adequate billing controls and either submitted or allowed staff to submit more than 130 false claims—comprising 46 inflated charges and 90 entirely fabricated ones. The clinic also generated falsified invoices to support those claims, improperly using Ms. Nguyen's name and CMTO registration number. The Member further admitted applying for a Telus Health direct-billing account in Ms. Nguyen's name, facilitating additional false claims. In the College's submission, this pattern evidences plainly unethical, unprofessional behaviour that disregards core standards and improperly implicated another practitioner without her knowledge or consent.

[54] The volume and nature of the false claims, the use of Ms. Nguyen's identity and registration number, and the creation of falsified invoices demonstrate the Member's serious, persistent disregard for her professional duties and a lack of integrity. It is well-established that fraudulent billing by members amounts to disgraceful, dishonourable or unprofessional conduct. The Member demonstrated a persistent disregard for professional obligations and extensive pattern of unethical conduct over the course of several years. The Member also benefitted financially at the expense of Sun Life, Ms. Nguyen and her patients. Her conduct reflects poorly on herself, her clinics and the profession as a whole.

[55] The College therefore asks the Panel to find the Member committed professional misconduct as alleged.

### ***Submissions of the Member***

[56] The Member submits that the allegations stem from a former employee, Ms. Nguyen, whose account is unreliable and misleading. Her representative argues that Ms. Nguyen led both the College and Sun Life to believe that the Member and Mr. Harrynarine were married, only later admitting in cross-examination that this was merely an assumption. The Member further points to inconsistencies in Ms. Nguyen's statements about the payroll tally sheets: while Ms. Nguyen told Ms. Lessard in 2021 that only Mr. Harrynarine prepared the tally sheets, she later claimed that both the Member and Mr. Harrynarine did so. The Member says these inconsistencies undermine Ms. Nguyen's credibility.

[57] The Member also emphasizes the circumstances of Ms. Nguyen's purported confrontation on her last day: she claims Ms. Nguyen raised the Sun Life billing issues while giving the Member a massage, left the clinic before the Member returned from speaking with Mr. Harrynarine about what Ms. Nguyen had told her, and then consulted a lawyer and reported the matter without further discussion.

[58] The Member relies on evidence that Mr. Zinken was satisfied the Woodbridge business had been sold to Mr. Harrynarine and, accordingly, held only Mr. Harrynarine, not the Member, responsible for the fraudulent claims and any reimbursement owed to Sun Life. The Member emphasizes that when asked whether he investigated the Member's practitioner claims for her own patients, Mr. Zinken said he had and found no irregularities. The Member also refers to Ms. Shena

Lessard's evidence that she obtained an agreement of purchase and sale showing the clinic sold on November 28 and the Barrie clinic sold to "Chu" in November 2020; and that Ms. Pham told Ms. Lessard she received \$50,000 from Mr. Harrynarine and did not require the outstanding balance. The Member stresses that Ms. Lessard acknowledged it was possible access to the bank accounts had been shared with someone else, though the accounts are in the Member's name.

[59] Finally, the Member submits there is no evidence of false claims in her own practitioner billing and that she remained focused on patient care. She notes that she moved to Vietnam in 2022 but has consistently maintained her innocence. In her view, it is unfair to characterise her conduct as disgraceful, dishonourable, or unprofessional where, on the evidentiary record, responsibility for the false claims lies with Mr. Harrynarine and there is no direct proof implicating her in fraudulent billing.

### **Decision on professional misconduct allegations**

[60] The Panel recognized that the College bears the onus of proving the allegations against the Member on the balance of probabilities, using clear, cogent and convincing evidence.

[61] Having considered the onus and standard of proof, the evidence, and the submissions of the parties, the Panel finds that the Member committed the acts of professional misconduct alleged in the Notice of Hearing.

### **Reasons for decision**

#### ***Findings as to the Member's responsibility for the clinic's billing and insurance claim practices***

[62] We will first consider the evidence of the Member's participation in or responsibility for the billing and insurance claim submissions practices at the clinics.

[63] At all relevant times, the Member was a member of the College and practised at a clinic in Woodbridge, Ontario and a clinic in Barrie, Ontario.

[64] The Member's position is that she does not own the clinics. The evidence establishes that although the Member produced an agreement of purchase and sale purporting to transfer the Woodbridge clinic to Mr. Harrynarine in 2018, half of the stated purchase price was never paid and no corresponding corporate changes were effected. Corporate records did not reflect any change in directorship. The Member remained listed as a director after the purported sale and therefore in control of the clinic. Documents associated with the subsequent change of the clinic's operating name were filed by the Member as the sole director. The evidence also proved that Ms. Pham remained the only individual with access to the three bank accounts into which Sun Life deposited claim payments. Although the Member's representative raised in his cross-examination of Ms. Lessard the possibility that someone other than the Member could have had access to the bank account, no evidence was presented to that effect. On this record, the Panel finds that the Member continued to own and control the clinics throughout the material period.

[65] The Panel considered Mr. Harrynarine's assertion that he alone was responsible for submitting the claims to Sun Life and for the false billing. However, neither the Member nor Mr. Harrynarine testified. There is no evidence to substantiate that assertion. In any event, even if Mr.

Harrynarine performed the mechanical act of submitting claims, the Panel accepts the College's position that the Member, as the regulated professional and owner, bore ultimate responsibility to ensure the accuracy and propriety of all invoices and insurance submissions originating from her clinic.

[66] Mr. Harrynarine was not a member of a regulated health profession in Ontario and was not a registrant of this College. He functioned as an office administrator, a role that could include access to insurance billing portals. That administrative access does not displace the Member's accountability. The Panel concludes that, as the clinic owner and registrant, Ms. Pham was responsible for instituting appropriate controls and verifying the accuracy of claims, and she remains accountable for any false or inaccurate insurance claims submitted by her clinics.

#### ***Findings as to the submission of false and/or inaccurate claims to Sun Life***

[67] We also find that the clinic did submit false and wholly or partially inaccurate insurance claims to Sun Life in Ms. Nguyen's name. Ms. Nguyen gave evidence identifying claims from 2019 to 2021 that the clinics submitted to Sun Life in her name with incorrect amounts that did not match her treatment calendar, claims for patients to whom she did not provide treatment at Woodbridge, and claims for patients she did not recognize and for whom there were no records.

[68] The Panel accepts Ms. Nguyen's evidence. The Panel found Ms. Nguyen to be a careful and reliable witness. Her testimony was internally consistent, measured, and aligned with the contemporaneous documents, including scheduling records and patient files. She had no discernible motive to exaggerate or mislead, and where her recollection was uncertain, she said so candidly. The core of her evidence was not challenged on cross-examination. The fact that she was not present in the reception area to observe who submitted the insurance claims does not undermine her evidence that she did not provide treatment that aligned with many of the claims submitted to Sun Life in her name. The Panel places substantial weight on her evidence.

[69] Ms. Nguyen's evidence was supported by the evidence of the other witnesses: Mr. Zinken, the Sun Life investigator, and Ms. Lessard, the College's investigator.

[70] Mr. Zinken presented as an honest and reliable witness who followed a routine investigative process with due diligence and maintained proper documentation to substantiate his work. His evidence did not depend on recollection alone because he had ample contemporaneous records, and he was careful to limit his testimony to the information he gathered in his investigation.

[71] Mr. Zinken's testimony was consistent with other witnesses and aligned with independent materials. The Panel noted no inconsistencies in Mr. Zinken's testimony and the Member's representative did not challenge his evidence on any material aspects. Although Mr. Zinken had a potential interest in the outcome of the hearing as an employee of Sun Life—which had paid out on false claims and has a reputational interest in ethical billing—the Panel found did not identify any motive to fabricate or exaggerate.

[72] The Panel found Ms. Lessard to be a careful, methodical, and reliable witness. Her testimony was grounded in contemporaneous documentation and reflected a clear, transparent methodology: she explained how she compiled and analysed the College's records chart, cross-referenced Google Calendar entries, and compared patient files and billing data to identify

discrepancies. Her evidence was internally consistent and closely aligned with the documentary record introduced at the hearing. Where there were gaps in the underlying records or points outside her direct knowledge, she was measured and appropriately cautious, making fair concessions rather than speculating.

[73] The Panel was satisfied that Ms. Lessard approached her investigative task in a balanced manner. Although she testified for the College, her presentation was professional and even-tempered, and the Panel detected no motive to embellish or overstate her conclusions. Her findings were corroborated by independent materials, including Sun Life's claims analysis and banking and corporate records, and her testimony assisted the Panel in understanding the structure and extent of the billing irregularities. The Panel accords her testimony significant weight.

### ***Findings on the allegations of professional misconduct***

[74] In allegation (a) (s. 1.1 of the Regulation), the College alleges that the Member failed to maintain the standards of practice of the profession. The relevant College standards in this case are the Standard for Legislation, Standards and Ethics, the Standard for Fees and Billing, and the Standards of Record Keeping, all of which were entered into evidence. Collectively, these instruments set out the minimum expectations for members, including that they employ ethical and honest billing practices, practise professionally with honesty and integrity, place the health and interests of patients ahead of personal gain, and maintain complete, accurate, and itemizable billing records. In addition, it is self-evidently a breach of the standards of practice of the profession for a member to participate in fraudulent and false billing practices in order to benefit from insurance payments.

[75] The College has proven on a balance of probabilities that the Member contravened these standards. Ms. Phuong's evidence that claims were submitted to Sun Life that did not correspond with treatment she provided, together with the evidence that Sun Life paid the claims to bank accounts to which the Member alone had access, and our findings, explained above, that the Member is responsible for false or inaccurate insurance claims submitted by her clinics, are sufficient to establish that the Member failed to maintain the standards of practice of the profession. The evidence proves that the Member's repeated departures from the standards governing ethical billing and proper record keeping, over an extended period of time. The College has proven allegation (a).

[76] Allegation (b) (s. 1.19 of the Regulation) is that the Member submitted an account or charge for services that she new or ought to have known was false or misleading. For the reasons set out above, the Panel finds that the Member is responsible for the claims submitted by her clinic to Sun Life, regardless of whether she personally submitted those claims. The claims constitute accounts or charges for services. The evidence of Ms. Nguyen, which we accept, and the records gathered from the clinic establish on a balance of probabilities that 136 claims submitted in respect of 50 patients were false or misleading in that they represent treatment provided by Ms. Nguyen that she did not provide at all, or they inflate the amounts charged for treatments she did provide. Given the Member's role as owner and/or director of the clinics, as well as the registered health professional overseeing the clinic, and her admission that she applied for a Telus Health direct-billing account in Ms. Nguyen's name because Mr. Harrynarine could not submit claims himself, we find that either she had actual knowledge that the claims were being submitted or that, at a minimum, she ought to have known. The College has proven allegation (b).

[77] With respect to allegation (c) (s. 1.26 of the Regulation), the College asserts that the Member signed or issued a document in her professional capacity that the Member knew or ought to have known contained a false or misleading statement. The Panel is satisfied that as the owner and director of the clinics the Member bore responsibility for the claims submitted to Sun Life by her clinics. Significantly, the Member admitted that she applied for a direct-billing account with Telus Health in Ms. Nguyen's name without her knowledge, thereby enabling the clinic to submit insurance claims in Ms. Nguyen's name. The Panel finds that this conduct constitutes the issuance by the Member of documents in a professional capacity.

[78] The Panel further finds that the documents at issue contained false or misleading statements. The false insurance claims submitted to Sun Life did not only relate to treatments provided by other employees and providers at the clinics. In fact, there were instances of false billing for acupuncture provided by the Member herself. In closing submissions, College counsel highlighted an example where the Member personally treated a patient with acupuncture and, upon learning that the patient's acupuncture coverage had been exhausted, a claim was submitted three days later for massage therapy. There is no evidence in the clinical records that Ms. Nguyen provided massage therapy to this patient. The claim directly related to the Member's own professional services.

[79] The Panel also concludes that the Member knew or, at a minimum, ought to have known that these documents contained false or misleading statements. The evidence establishes that Ms. Pham provided tally sheets to Ms. Nguyen, was listed as the sole proprietor of the Barrie and Woodbridge clinics, and was the sole account holder for the three bank accounts into which Sun Life payments were deposited, as reflected in the banking records. These facts demonstrate both knowledge of, and control over, billing processes and the financial proceeds of the claims. In these circumstances, the Member either knew the claims misrepresented services and providers or, exercising the diligence expected of a registrant and owner, ought to have known. The College has proven allegation (c).

[80] Allegation (d) is that the Member falsified a record relating to the Member's practice (s. 1.27 of the Regulation). Above we explain our finding that the Member was responsible for issuing a document that falsely indicated a patient to whom she provided acupuncture services had instead received massage treatment from Ms. Nguyen. For the same reasons, the Panel finds that in that instance, the record in question (the claim submitted to Sun Life for reimbursement for massage therapy) related to the Member's practice. Moreover, all the claims were submitted by the Member's clinic, in furtherance of its operations and profit, and the clinic received a percentage of the proceeds of claims submitted on behalf of Ms. Nguyen. The falsified documentation therefore squarely related to the Member's professional practice and the management of her clinic. The College has proven allegation (d).

[81] Finally, allegation (e) requires the College to prove that the Member engaged in conduct or performed an act relevant to the practice of the profession that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional (s. 1.48 of the Regulation).

[82] The Member's conduct as found in these reasons is directly relevant to the practice of the profession. By registering as a regulated health professional and operating a clinic, the Member undertook to comply with the College's standards and Code of Ethics, including ethical billing, accurate record keeping, and honest dealings with third-party payors. As clinic owner, it was

incumbent upon her to implement and oversee effective checks and balances to prevent fraudulent submissions to insurers. Her failure to do so, combined with her own knowing and direct use of another practitioner's credentials to facilitate claims, is a breach of the Member's core professional obligations.

[83] Having regard to all the circumstances, the Panel concludes that the Member's conduct would reasonably be regarded by members of the profession as disgraceful, dishonourable, and unprofessional. The Member neglected her fundamental responsibilities as a registrant and clinic owner, enabled or permitted false claims to be submitted, and implicated another practitioner in the scheme by using her name and credentials as an RMT without her knowledge or consent. This behaviour undermines public trust, reflects adversely on the College and its registrants, and falls markedly below the ethical standards expected of a regulated health professional. The College has proven allegation (e).

[84] For these reasons we find that the College has met its burden of proof in respect of all five allegations of professional misconduct in the notice of hearing.

[85] We direct the Hearings Office to contact the parties to schedule a penalty hearing.

I, Kimberley Bishop, sign this decision as Chairperson of the Panel and on behalf of the Panel members listed below.

Date: January 12, 2026

Signed:

  
Kimberley Bishop  
Christine Lang  
Iftikhar Choudhry