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ROB BONTA

Attorney General

DMFEA Fraud and Abuse Complaint Form

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Thank you for your report of suspected Medi-Cal Fraud or Elder Abuse. Your complaint has been received and is under review. Written notification will be provided by email or mail following the review process. Please keep the submission number below for your records.

- Submission Number: **36332212**

To print a copy of your complaint, use your browser's print option or right-click on the page and select Print from the menu.

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Victim Information

Are you the victim? Yes

Is the victim a Medi-Cal recipient? Yes

If Yes, Enter the Victim's Medi-Cal Number (if known) [REDACTED]

Victim's First Name Nicolas

Victim's Middle Name (if any) [REDACTED]

Victim's Last Name Hernandez

Is the victims physical address known? Yes

Victim's Physical Address

Street Address [REDACTED]

City [REDACTED]

State California

Zip Code 9[REDACTED]

Victim's Phone Number [REDACTED]

Victim's Phone Extension

Victim's E-mail Address [REDACTED]

Victim Date of Birth (if known) [REDACTED]

Is the victim receiving services from In-Home Supportive Services (IHSS?) No

Is the victim living in a facility? (assisted living, nursing home etc.) No

Anonymous Submission

Would you like to submit your form anonymously? No

Victim Sub: Complainant Message

Was the alleged fraud or abuse associated with a specific facility? Yes

Facility Information (enter all information known)

Facility Name Grow Therapy

Type of Facility Telehealth platform / Mental Health

Facility Address 548 Market St, PMB 70394

Facility City San Francisco

Facility State California

Facility Zip Code 94104

Facility Phone Number

Facility Phone Extension

Suspect Information (enter all information known)

Suspect First Name Kifle

Suspect Middle Name (if any) Gashie

Suspect Last Name Jikamo

Suspect Date of Birth

Suspect Occupation Nurse Practitioner

Suspect Address

Suspect City

Suspect State

Suspect Zip Code

Suspect Phone Number

Suspect Phone Extension

Suspect E-mail Address

Are there any additional suspects? No

Witness Information (enter all information known)

Witness First Name [REDACTED]

Witness Middle Name (if any)

Witness Last Name [REDACTED]

Witness Occupation [REDACTED]

Witness Address

Witness City

Witness State

Witness Zip Code

Witness Phone Number

Witness Phone Extension

Witness E-mail Address [REDACTED]

Are there any additional witnesses? No

Complaint Details

I am reporting systemic Medi-Cal billing fraud and misrepresentation of medical credentials by the Grow Therapy platform and provider Kifle Gashie Jikamo (RN License #95142520). Date of Incident: February 3, 2026. Location: Telehealth encounter via Grow Therapy (548 Market St, PMB 70394, San Francisco, CA 94104) . Provider Involved: Kifle Gashie Jikamo (Nurse Practitioner). What Happened: Billing for Services Not Rendered: Jikamo submitted Claim # [REDACTED] to L.A. Care (Medi-Cal) for a telehealth session that lasted less than five minutes. During this session, the provider provided no clinical assessment or diagnosis and immediately refused care. Despite this, the claim was submitted as a full session and marked as 'Paid' via public Medi-Cal funds. Misrepresentation of Credentials: Grow Therapy and the provider advertise his services under the title 'Dr. Kifle Jikamo' despite his status as a Nurse Practitioner (MSN), a direct violation of BPC § 2054. Evidence of Bad Faith: Another provider on the same platform ([REDACTED]) handled the exact same medical inquiry on February 2, 2026, by ethically canceling the appointment without billing insurance. This comparison proves that Jikamo's decision to bill for a refusal of care was a deliberate unethical choice rather than a platform error. Supporting Information: I have documented proof of the 'Paid' claim , screenshots of the 'Dr.' title misrepresentation , and a formal acknowledgment from the California Board of Registered Nursing (Complaint No. 4002026006579), which is currently evaluating this matter for appropriate action. Steps Already Taken: Filed formal complaint with California

Board of Registered Nursing (BRN).Reported to DHCS Medi-Cal Fraud Division and Grow Therapy Compliance.

Please upload any supporting photographs or other related documents.

File requirements: Files must be less than 2 GB. Allowed file types: jpg jpeg png html pdf doc docx xls xlsx mov mp3 zip.

jikamo_billing_fraud.png

acknowledgement_letter_jikamo.pdf

jikamo_breeze_complaint.pdf

████████_message.png

jikamo_profile.png

Check this box if you have more than five files to upload. We may contact you to request the additional files.

Additional Contact

Have you contacted your local law enforcement agency? No

Have you contacted another state agency? Yes

If yes, name of State agency California Board of Registered Nursing (BRN) Complaint #4002026006579 Department of Health Care Services (DHCS) - Medi-Cal Fraud

Have you contacted an attorney? No

Is there a pending court action? Yes

If yes, name of court Los Angeles Superior Court - Michael D. Antonovich Antelope Valley Courthouse

How did you hear about the DMFEA?

████████████████████

Would you like to receive an emailed confirmation of your submitted complaint? Yes

Send Confirmation to [REDACTED]