Offit Kurman®

# George W. Bodenger

Principal, Chair of Healthcare Practice Group

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George W. Bodenger is Chair of Offit Kurman's Healthcare Practice Group. George has practiced healthcare law for over 30 years, representing a broad spectrum of healthcare providers, including hospitals, health systems, physician practices, pharmacies, ambulatory surgical centers, sleep centers and clinical laboratories. His wealth of experience spans corporate and transactional matters, government enforcement issues (e.g., DOJ, OIG), fraud and abuse counseling, Stark Law compliance, buy-sell agreements, employment matters and group practice mergers. George also represents healthcare providers in reimbursement disputes involving Medicare, Medicaid and private payors. Additionally, he has extensive experience in HIPAA compliance and enforcement matters.

George also advises entrepreneurs and closely held businesses across various industries. His focus areas include purchase, sale, and merger transactions; employment and independent contractor agreements; commercial leasing; corporate governance; and corporate restructurings. He has worked extensively with startups through all stages of growth and development and with multi-generational private companies.

Before joining Offit Kurman, George founded his own law firm and previously chaired the healthcare practice groups at other prominent Philadelphia law firms. Prior to attending law school, he worked for several years with a Big Four accounting firm in its management consulting practice, where he gained valuable experience in strategic planning and financial management. This unique combination of legal capabilities and consulting insight allows George to deliver strategic, business-focused solutions tailored to his client's needs.

## Education

- Temple University Beasley School of Law (J.D.)
- Drexel University (MBA)
- Pennsylvania State University (B.S.)

## State Bar Admissions

## Services

- Business Law and Transactions
- Healthcare
- Business Advisory and Outside General Counsel

- Pennsylvania
- New Jersey

# Experience

## Healthcare Corporate and Commercial

- Represents physicians, dentists, podiatrists, and other clinical professionals in a wide range of commercial arrangements, including mergers/acquisitions, practice “roll-ups” (including sales to private equity firms), affiliations, recruitment arrangements, and other types of clinical integration transactions in numerous medical and surgical specialties.
- Advises digital health entrepreneurs on fundamental regulatory and business structural issues.
- Advises early-stage physician practice management companies in developing and implementing practice acquisition strategies and related matters for the new services entity, including all related transaction documents (i.e., asset purchase agreements, physician employment agreements, management services agreements, etc.)
- Assists an extensive continuing care retirement community chain with unique regulatory requirements across multiple states.
- Drafts and negotiates complex commercial contracts among and between healthcare providers and pharmaceutical and medical device manufacturers.
- Drafts and negotiates a wide range of healthcare-related contracts, including physician employment agreements, buy/sell agreements, operating agreements, vendor contracts, managed care agreements, and joint venture agreements.
- Negotiated high-value contracts between healthcare providers, insurers, and suppliers, ensuring compliance with all regulatory requirements.

## Healthcare Data Privacy & Security

- Provides advice and counsel to hospitals, physicians, and other providers regarding the interpretation of the HIPAA and HITECH regulations.
- Coordinates data breach responses, including those involving protected health information subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and personally identifiable information subject to state breach law.
- Represents medical practices in handling ransomware attacks, including engaging forensic experts and analyzing HIPAA and state breach law obligations.

## Managed Care, Medicare & Medicaid Reimbursement Disputes

- Serves as lead counsel in reimbursement disputes at all levels of the Medicare/Medicaid programs, including redeterminations, reconsiderations, and hearings in front of administrative law judges.
- Represents healthcare providers in disputes with commercial payors in reimbursement disputes relating to alleged improper coding, use of modifiers, medical necessity, and site of service.
- Serves as lead counsel in cases involving more serious allegations, e.g., violations of the False Claims Act, Stark Act, or the Anti-Kickback Statute, to reach settlements that

minimize the risk and cost of fines and criminal liability.

- Works closely with clients to review billing practices, identify and remedy coding issues, and analyze payor policies and procedures implemented to minimize payment reductions.
- Conducting internal investigations to identify and correct billing inconsistencies and reduce the likelihood of reimbursement denials.

### Healthcare Regulatory Compliance

- Representing healthcare providers in payor audits, including Medicare MAC and HCPIC audit appeals through the Administrative Law Judge level.
- Advises healthcare organizations on regulatory compliance matters, including Medicare and Medicaid reimbursement issues, fraud and abuse laws, and patient privacy regulations.
- Conducted numerous compliance audits and internal investigations to identify and mitigate legal risks with respect to “core” healthcare laws and regulations, including Anti-Kickback, Stark, HIPAA, and the Sunshine Act.
- Represents healthcare providers in connection with voluntary disclosures in connection withthe U.S. Department of Health and Human Services – OIG Voluntary Self-Disclosure Protocol and the CMS Physician Self-Referral Law Voluntary Disclosure Protocol.

## Offit Kurman Blogs

June 15, 2026
**Why the Friendly PC Model Remains Critical to Healthcare Private Equity Transactions with Medical and Dental Practices**
Private equity (“PE”) activity in healthcare across the United States has caused continued focus by state legislatures and enforcement agencies on the doctrines of corporate practice of medicine and dentistry (“CPOM” or “CPOD”). Notwithstanding this attention, the often-referenced “Friendly PC” model remains the optimal corporate strategy to ensure post-closing compliance with CPOM and CPOD regulations in most jurisdictions. The...

April 7, 2026
**The CMS ACCESS Model and FDA TEMPO Pilot: Outcome-Based Payments and Digital Health Innovation**
The Centers for Medicare & Medicaid Services’ ("CMS") Advancing Chronic Care with Effective, Scalable Solutions ("ACCESS") Model is a Center for Medicare and Medicaid Innovation ("CMMI") initiative testing outcome-aligned payments ("OAP") tied to measurable improvements in clinical and patient-reported...

February 17, 2026
**Telehealth Access for Medicare Patients: Consolidated Appropriations Act Extends Key Policies**
Healthcare providers that rely on telehealth to serve Medicare patients can continue to do so as a result of an extension of the Medicare telehealth rules that were originally implemented during the COVID-19 Public Health Emergency (“COVID”). On February...

June 18, 2025

**Pennsylvania Limits Non-Compete Agreements for Health Care Practitioners**

In July 2024, Pennsylvania Governor Josh Shapiro signed House Bill (HB) 1633, the Fair Contracting for Health Care Practitioners Act (the "Act"), into law. In summary, the Act: (1) limits the enforceability of non-competes against certain health care practitioners; and...

February 20, 2025

**Congress Extends Telehealth Waivers**

On December 20, 2024, as part of its stopgap government funding legislation (the “Continuing Resolution”), Congress issued an important extension of telehealth waivers and flexibilities currently in place for the next two years through December 31, 2026. The Continuing...