

Shannon Carroll's practice focuses on healthcare litigation, complex commercial litigation, compliance, and healthcare fraud. She represents clients from the outset of their matters through trial and appeal.

Shannon represents doctors and other healthcare providers in civil and administrative actions involving fraud allegations, reimbursement issues, and state licensing matters. She also represents healthcare clients in disputes involving contracts, restrictive covenants, shareholder oppression, and unfair competition.

Shannon counsels healthcare providers, hospitals, ambulatory surgery centers and medical staffs on peer review, fair hearing, credentialing and privileging matters.

Shannon also counsels providers and facilities on state and federal regulatory issues. Her practice includes assisting clients with conducting and responding to investigations, appeals of overpayment demands and commercial carrier audits.

Previously, Shannon served as the law clerk for the Hon. Peter E. Doyne, A.J.S.C. While in law school, she interned for the Hon. Joseph S. Conte, J.S.C. and served as a graduate assistant for the Summer Institute for Pre-Legal Studies.

INDUSTRIES

Healthcare

EDUCATION

- Seton Hall University School of Law, J.D., Member, Seton Hall Legislative Journal
- The College of New Jersey, B.A., *cum laude*

BAR AND COURT ADMISSIONS

- New Jersey
- New York
- New York Supreme Court, Appellate Division
- Supreme Court of the State of New Jersey
- U.S. District Court, District of New Jersey
- U.S. District Court, Eastern District of New York
- U.S. District Court, Southern District of New York
- U.S. Court of Appeals, Second Circuit

REPRESENTATIVE MATTERS

Each matter handled by Shannon depends on its unique facts and particular legal circumstances. The following are a list of results obtained by Shannon on behalf of her clients:

- Represented a chiropractic practice against an insurance company alleging that the referrals made by the
 chiropractor to acupuncturists were fraudulent as a matter of law based on the plain language of a relevant
 statute. Based on our firm's opposition papers and argument, the Court denied the insurance company's
 motion finding that defendants did not unlawfully refer for treatment.
- Defended a surgery center and its owners against claims of insurance fraud where the insurance company
 was seeking damages of over \$13 million. The case proceeded to comprehensive e-discovery and the
 exchange of well over a million pages of documents. In providing and demanding key discovery, Brach
 Eichler was ultimately able to resolve the case favorably to the clients.
- Represented medical practices in appeal of CMS overpayments demands before an administrative law judge, which resulted in fully favorable decisions.
- Successfully defeated summary judgment on behalf of a medical provider defending the insurance carrier's motion seeking a fraud determination based on the provision of EMG/NCV testing.
- Represented a medical practice in this complex litigation, involving a claim against an insurance carrier for over \$284k in unpaid medical bills for services provided on an emergency basis. The insurance carrier moved to dismiss the case based on theory that the claims were preempted by ERISA. The Court denied Defendants' motion and allowed the state based claims to proceed. The case ultimately settled in principle shortly thereafter.

AWARDS



*No aspect of this advertisement has been approved by the Supreme Court of New Jersey. Click here for the Awards and Honors Methodology.

PROFESSIONAL ACTIVITIES

- Member, American Health Lawyers Association
- Member, Bergen County Bar Association, Health and Hospital Committee

^{*}Results may vary depending on your particular facts and legal circumstances.

Insights

Awards - March 20, 2025

34 Attorneys from Brach Eichler Recognized for Inclusion in the 2025 "New Jersey Super Lawyers" list by Super Lawyers

Articles - February 7, 2025

DOJ Brings False Claims Action for Knowingly Dispensing Invalid Opioid Prescriptions

Newsletters - February 3, 2025

Healthcare Law Update - February 2025

Alerts - January 9, 2025

Appellate Division Decides That IFPA Claims Are Not Subject to PIP Arbitration

Newsletters - December 26, 2024

Litigation Quarterly Advisor - Winter 2025

Articles - November 27, 2024

Atlantic Diagnostic Laboratories Overcharged Medicaid \$7.3 Million

Articles - October 31, 2024

Laboratory Pays \$27 Million to Settle Alleged False Claims and Anti-Kickback Violations

Newsletters - October 1, 2024

Healthcare Law Update - September 2024

Articles - September 30, 2024

Court Rules that Earnout Violates New York Fee-Splitting Rules

Articles - August 30, 2024

Provider Success in Federal and New Jersey Dispute Resolution Arbitrations