UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

UNITED STATES OF AMERICA

CASE NO. 8:15 cr 196 T 30 EAJ

v.

ADEL A. KALLINI

18 U.S.C. § 1349
18 U.S.C. § 1519
18 U.S.C. § 982 (forfeiture)

INDICTMENT

The Grand Jury charges:

General Allegations

At all times relevant to this Indictment:

A. The Medicare Program

1. The Medicare Program ("Medicare") was a federal "health care benefit program," as defined by Title 18, United States Code, Section 24(b), that provided medical benefits, items and services (collectively "services") to persons age 65 and older or with certain disabilities (hereinafter "beneficiaries").

2. Part B of the Medicare Program was a medical insurance program that covered, among other things, certain physician and outpatient services, and other health care benefits, items and services, including neurology services, that were medically necessary and ordered by licensed medical doctors or other qualified health care providers.

3. In Florida, Medicare Part B's insurance concerning neurology services, and related health care benefits, items, and services was administered by First Coast Service Options, Inc. (hereinafter "First Coast"), pursuant to a contract with the United States Department of Health and Human Services. Among First Coast's responsibilities, it received, adjudicated, and paid the claims of authorized providers seeking reimbursement for the cost of neurology services, and other health care benefits, items, or services supplied or provided to Medicare beneficiaries.

B. Medicare Billing Procedures

4. A provider that sought to participate in Medicare Part B and bill Medicare for the cost of neurology services, and related benefits, items, and services was required to apply for and receive a provider number. The provider number allowed a provider to submit bills, known as "claims," to Medicare to obtain reimbursement for the cost of neurology services and related health care benefits, items, and services that a provider had rendered to beneficiaries.

5. To receive payment from Medicare, a provider, using its provider number, would submit a health insurance claim form, known as a CMS-1500. Medicare permitted providers, or a designated third-party biller, to submit a CMS-1500 electronically or by way of a paper claim form. The CMS-1500 required providers to provide certain important information, including: (a) the Medicare beneficiary's name and identification number; (b) the identification number of the doctor or other qualified health care provider who ordered the health care benefit,

item, or service that was the subject of the claim; (c) the health care benefit, item, or service that was provided or supplied to the beneficiary; (d) the billing codes for the benefit, item, or service; and (e) the date upon which the benefit, item, or service was provided or supplied to the beneficiary.

6. Medicare, through First Coast, generally would pay a substantial portion of the cost of the neurology services, or related health care benefits, items, and services that were medically necessary and ordered by licensed doctors or other licensed, qualified health care providers.

7. Payments under Medicare Part B were often made directly to the provider rather than to the patient/beneficiary. For this to occur, the beneficiary would assign the right of payment to the health care provider. Once such an assignment took place, the provider would assume the responsibility for submitting claims to, and receiving payments from, Medicare.

8. If the provider's Medicare claim was approved, a substantial portion of the total amount of the claim was paid either by check or by wire transfer to an account designated by the provider.

9. Under Medicare rules and regulations, neurology services, or related health care benefits, items, or other services must be medically necessary and ordered by a licensed doctor or other licensed, qualified health care provider in order to be reimbursed by Medicare.

C. Individuals and Entities

10. Defendant ADEL A. KALLINI was a physician licensed in the State of Florida.

11. ADEL A. KALLINI established and maintained Adel A. Kallini, M.D., P.A., with a practice location at 440 E. Sample Road, Suite 101, Pompano Beach, Florida, and was its president, director, treasurer, and registered agent.

12. ADEL A. KALLINI established and maintained signature authority on a bank account for Adel A. Kallini, M.D., P.A., with Bank of America, account number ending 7659.

13. BONB LLC a/k/a BioScan ("BioScan") was a Florida limited liability company that had a principal place of business at 7243 Pine Manor Drive, Lake Worth, Florida.

14. Co-conspirators Gregory J. Sylvestri and Leonard Austin were BioScan's managing members.

15. Co-conspirator A was a lawyer licensed in the State of Florida.

COUNT 1
Conspiracy to Commit Health Care Fraud and Wire Fraud
(18 U.S.C. § 1349)

1. Paragraphs 1 through 15 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. Beginning in or around June 2013 and continuing through in or around February 2014, in the Middle District of Florida, and elsewhere, the defendant,

ADEL A. KALLINI,

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully combine, conspire, confederate and agree with others, known and unknown to the Grand Jury, to commit certain offenses against the United States, that is:

a. To knowingly and willfully execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery and payment for health care benefits, items and services, in violation Title 18, United States Code, Section 1347; and

b. To knowingly and with the intent to defraud devise and intend to devise a scheme and artifice to defraud, and for obtaining money and property by means of materially false and fraudulent pretenses, representations, and promises, knowing that the pretenses, representations and promises were false and fraudulent when made, and did knowingly transmit and cause to be transmitted, by means of wire communication in interstate commerce, writing,

signs, signals, pictures and sounds for the purpose of executing such scheme and artifice, in violation of Title 18, United States Code, Section 1343.

Purpose of the Conspiracy

3. It was a purpose and object of the conspiracy for the Defendant and his co-conspirators to unlawfully enrich themselves by, among other things: (a) causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the proceeds from the fraud; and (c) diverting proceeds of the fraud for the personal use and benefit of the Defendant and his co-conspirators.

Manner and Means of the Conspiracy

The manner and means by which the Defendant and his co-conspirators sought to accomplish the purpose and object of the conspiracy included, among others, the following:

4. ADEL A. KALLINI would operate Adel A. Kallini, M.D., P.A., and maintain enrollment in Medicare;

5. ADEL A. KALLINI would meet with co-conspirators, including Co-Conspirator A, Gregory Sylvestri, and Leonard Austin, for the purpose of discussing and agreeing upon a fraudulent billing scheme designed to enrich themselves;

6. ADEL A. KALLINI and his co-conspirators would submit and cause the submission of approximately $3,133,700 in false and fraudulent Medicare

reimbursement claims for services not rendered and not legitimately prescribed by a physician, including through the use of wire communications in interstate commerce;

7. ADEL A. KALLINI and his co-conspirators would misappropriate and unlawfully use unique identifying information of Medicare beneficiaries in the submission of false and fraudulent Medicare reimbursement claims;

8. ADEL A. KALLINI would maintain control of a bank account for Adel A. Kallini, M.D., P.A. into which Medicare would deposit reimbursements of approximately $1,089,442 based on false and fraudulent claims, which reimbursements would then be transferred and disbursed to co-conspirators;

9. ADEL A. KALLINI and his co-conspirators, including Co-Conspirator A, would perform acts and make statements to hide and conceal, and cause to be hidden and concealed, the purposes of, and the acts done in furtherance of, said conspiracy.

All in violation of Title 18, United States Code, Section 1349.

COUNT 2
Falsification of Records in a Federal Investigation
(18 U.S.C. § 1519)

1. Paragraphs 1 through 15 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. On or about December 4, 2013, in the Middle District of Florida, and elsewhere, the defendant,

ADEL A. KALLINI,

in relation to and in contemplation of a matter within the jurisdiction of the United States Department of Health and Human Services, an agency of the United States, knowingly falsified and caused to be falsified, and made false entries in and caused false entries be made in, a document and record, namely, a list of Medicare beneficiaries, with the intent to impede, obstruct, and influence the investigation and proper administration of the matter within federal jurisdiction. Specifically, KALLINI falsely stated and caused to be falsely stated, to the Medicare program integrity contractor, that Medicare beneficiaries on a list provided to him by the Medicare program integrity contractor were his patients and that he had seen the those patients.

In violation of Title 18, United States Code, Sections 1519 and 2.

FORFEITURE

1. All of the allegations contained above are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to Title 18, United States Code, Section 982.

2. Upon conviction of a violation of Title 18, United States Code, Section 1349, as alleged in Count One of this Indictment, the defendant shall forfeit to the United States of America, pursuant to Title 18, United States Code, Section 982(a)(7), any property, real or personal, that constitutes or is derived,

directly or indirectly, from gross proceeds traceable to the commission of the offense.

3. The property to be forfeited includes, but is not limited to, a forfeiture money judgment of at least $1,089,442.

4. If any of the property described above, as a result of any act or omission of the defendant:

a. cannot be located upon the exercise of due diligence;

b. has been transferred or sold to, or deposited with, a third party;

c. has been placed beyond the jurisdiction of the court;

d. has been substantially diminished in value; or

e. has been commingled with other property which cannot be divided without difficulty,

the United States of America shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL,

[redacted]

FOREPERSON

A. LEE BENTLEY, III
United States Attorney

By: _____
CHRISTOPHER J. HUNTER
Senior Trial Attorney
Criminal Division, Fraud Section
U.S. Department of Justice

By: _____
ROBERT A. MOSAKOWSKI
Assistant United States Attorney
Chief, Economic Crimes Section