

PFE / JBW: May 2022  
GJ # 33

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ALABAMA  
NORTHEASTERN DIVISION**

**UNITED STATES OF AMERICA** )  
 )  
 **v.** )  
 )  
 **FRANCENE ARETHA GAYLE and** )  
 **SCHARA MONIQUE DAVIS** )

**INDICTMENT**

The Grand Jury charges:

**Introduction**

At all times relevant to this Indictment:

**The Defendants**

1. **FRANCENE ARETHA GAYLE** was licensed by the state of Alabama to practice medicine. She maintained a Drug Enforcement Administration (DEA) registration number that allowed her to write prescriptions for controlled substances. She maintained a Medicare Provider Identification Number (PIN) and National Provider Identifier (NPI) number under which her clinics submitted claims to health care benefit programs for reimbursement for services purportedly provided.

2. **GAYLE** served as the physician at three clinics located in the Northern District of Alabama: Mission Square Medical Clinic in Huntsville; Athens Medical

Clinic in Athens; and Advanced Medical Care in Killen. Complete Medical Health was the legal or tax name for the three clinics. The Killen clinic ceased operations by 2019; the other two clinics ceased operations in 2020.

3. **SCHARA MONIQUE DAVIS** operated the clinics with **GAYLE**. **DAVIS** served as the business manager for the clinics and participated in billing health care benefit programs for services purportedly rendered by **GAYLE**.

4. **GAYLE, DAVIS**, and others known and unknown to the grand jury conspired to unlawfully distribute and dispense controlled substances through prescriptions that were issued without a legitimate medical purpose outside the usual course of professional practice.

5. **GAYLE, DAVIS**, and others known and unknown to the grand jury conspired to engage in, and did engage in, a scheme to defraud health care benefit programs for: (1) services that were not provided, including medical office visits billed as if **GAYLE** was the rendering provider when she was not; and (2) medically unnecessary items and services, including prescriptions for controlled substances issued without a legitimate medical purpose and outside the course of usual professional practice that would be billed to health care benefit programs.

### **Health Care Benefit Programs**

6. The Medicare Program (Medicare) is a federal health care program that provides benefits to persons over the age of sixty-five and to qualifying persons with

disabilities. Medicare is administered by the Centers for Medicare and Medicaid Services (CMS), a federal agency under the United States Department of Health and Human Services.

7. The Alabama Medicaid Program (Medicaid) is a joint federal and state health insurance program that provides free and below-cost insurance to low-income individuals and families. It is administered by Alabama in coordination with CMS.

8. Blue Cross Blue Shield of Alabama (Blue Cross) is an entity that provides private health insurance to individuals.

9. Medicare, Medicaid, and Blue Cross are “health care benefit programs” as defined in Title 18, United States Code, Section 24(b). These plans and others provide health benefits including for office visits and prescription drugs. Individuals who receive benefits under these programs are typically referred to as “beneficiaries.” Medicare and Medicaid are “federal health care programs” as defined in Title 42, United States Code, Section 1320a-7b(f).

### **Billing for Medical Services**

10. Medicare, Medicaid, and Blue Cross make insurance payments directly to a provider of medical services or goods, rather than to a beneficiary. Such payments occur after the provider submits a claim for payment to the health care benefit program. When a health care provider submits a claim for payment, the provider certifies that services or goods being provided to a patient are provided in

accordance with the requirements of the health care benefit program.

11. To be eligible to receive payments for the provision of services to beneficiaries of Medicare, Medicaid, or Blue Cross, a provider must enroll with that program. To enroll with a health care benefit program, a provider must agree to comply with all relevant regulations of the health care benefit program or any third-party intermediaries through which claim payments could be received, adjudicated, and paid. These regulations require that providers submit claims for services only where those services are reasonable and medically necessary.

12. Health care benefit programs provide guidance to participating health care providers regarding proper billing procedures, rules, and regulations for their programs.

13. To obtain payment from a health care benefit program for services provided, the provider or its designee must submit a claim. The claim must include, among other things: (1) the provider's unique provider number; (2) the patient's name; (3) the patient's diagnosis prescribed by a standardized code; (4) a description of medical services rendered to the patient using standardized codes; (5) the date and location the medical services were provided; and (6) the amount claimed for the payment.

14. Medicare, Medicaid, and Blue Cross will pay a health care provider only for medical services or goods that are medically necessary for the treatment of the patient being provided the services or goods.

15. Health care benefit programs rely on health care providers to submit true and accurate claims for services provided.

### **Office Visit Billing**

16. Medicare, Medicaid, and Blue Cross will pay for certain medically reasonable and necessary services, such as office visits, provided to their beneficiaries.

17. Medicare, Medicaid, and Blue Cross rely on standardized code sets to pay health care claims including for office visits. One such code set, the Current Procedural Terminology (CPT), consists of five-digit codes listing certain procedures and services performed or ordered by health care providers. The procedures and services represented by CPT codes are health care benefits, items, and services within the meaning of Title 18, United States Code, Section 24(b).

18. When claims are submitted to health care benefit programs, health care providers or their designees are expected to identify the proper CPT code or other identifier corresponding to the medical service provided, as well as any appropriate modifiers to designate personnel who performed the visit. Services provided by nurses or other medical staff may be reimbursed by health care benefit programs at

a lower rate than services provided by physicians.

19. Medicare, Medicaid, and Blue Cross require health care providers enrolled with their programs to maintain complete and accurate patient medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting actual treatment of the patients to whom services were provided and for whom claims for payment were submitted by the physician or other health care provider. Health care benefit programs require complete and accurate patient medical records so that it is possible to later verify that the services were provided as described on the claim form. These records are required to be sufficient to permit the programs to review the appropriateness of payments made to the health care provider.

### **Controlled Substances**

20. The Controlled Substances Act (CSA) governs the manufacture, distribution, and dispensing of controlled substances in the United States. With limited exceptions for medical professionals, the CSA makes it unlawful for any person to knowingly or intentionally manufacture, distribute, or dispense a controlled substance or conspire to do so.

21. The CSA and its implementing regulations set forth which drugs and other substances are defined by law as “controlled substances,” and assign those controlled substances to one of five schedules (Schedule I, II, III, IV, or V)

depending on their potential for abuse, likelihood of physical or psychological dependency, accepted medical use, and accepted safety for use under medical supervision.

22. The assignment of a controlled substance to Schedule II means that the drug has a high potential for abuse, is highly addictive, and has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse of a Schedule II controlled substance could lead to severe psychological or physical dependence. Pursuant to the CSA and its implementing regulations, oxycodone is a Schedule II controlled substance, methadone is a Schedule II controlled substance, and hydrocodone has been a Schedule II controlled substance since October 2014 (before which time it had been a Schedule III controlled substance). Oxycodone, methadone, and hydrocodone are opioid pain medications with a high potential for abuse and associated risk of overdose.

23. Benzodiazepines such as alprazolam and clonazepam are Schedule IV controlled substances and are commonly prescribed to treat anxiety. It is well known that the combination of high-dose opioids and benzodiazepines may present a significant risk of patient intoxication and overdose. To prescribe a combination of high-dose opioids and benzodiazepines for a legitimate medical purpose, a physician must determine, at a minimum, that the benefits of the drugs outweigh the risks to

the patient's life.

24. Health care providers are authorized under the CSA to prescribe, or otherwise distribute, controlled substances, if they are registered with the Attorney General of the United States. *See* Title 21, United States Code, Section 822(b); Chapter 21, Code of Federal Regulations, Section 1306.03. Upon application, the DEA assigns a unique registration number to each qualifying health care provider including physicians and nurse practitioners.

25. Chapter 21 of the Code of Federal Regulations, Section 1306.04, governs the issuance of prescriptions and provides, among other things, that a prescription for a controlled substance “must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of [her] professional practice.”

26. Chapter 21 of the Code of Federal Regulations, Section 1306.04, also directs that “[a]n order purporting to be a prescription issued not in the usual course of professional treatment . . . is not a prescription within the meaning and intent of [the CSA] and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.”

27. Health care benefit programs will not pay for controlled substances dispensed or distributed by way of an unlawful prescription.



28. Under federal law, “all prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner.” Chapter 21, Code of Federal Regulations, Section 1306.05(a).

29. The Alabama Board of Medical Examiners has established similar requirements for controlled substance prescriptions. Those requirements include the provision that “[i]t is improper, under any circumstances, for a physician to pre-sign blank prescription pads or forms and make them available to employees or support personnel.” Alabama Administrative Code, Chapter 540-X-4-.06(8).

**COUNT ONE**  
**Conspiracy to Unlawfully Distribute and Dispense Controlled Substances**  
**[21 U.S.C. § 846]**

30. Paragraphs 1 through 29 of this Indictment are realleged and incorporated as though fully set forth herein.

31. From at least in or about 2015 through in or about March 2020, more exact dates being unknown to the grand jury, in Madison, Limestone, and Lauderdale Counties, within the Northern District of Alabama and elsewhere, the defendants,

**FRANCENE ARETHA GAYLE and**  
**SCHARA MONIQUE DAVIS,**

knowingly and intentionally conspired, combined, confederated, and agreed with

each other, and with others known and unknown to the grand jury, to violate Title 21, United States Code, Section 841(a)(1), that is, to knowingly, intentionally, and unlawfully distribute and dispense, and cause to be distributed and dispensed, mixtures and substances containing a detectable amount of Schedule II controlled substances, through prescriptions that were not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

All in violation of Title 21, United States Code, Section 846.

**COUNTS TWO THROUGH SIX**  
**Unlawful Dispensing of a Controlled Substance**  
**[21 U.S.C. § 841(a)(1) and (b)(1)(C)]**

32. Paragraphs 1 through 31 of this Indictment are realleged and incorporated as though fully set forth herein.

33. On or about the dates listed below, within Madison, Limestone, and Lauderdale Counties, within the Northern District of Alabama and elsewhere, defendant

**FRANCENE ARETHA GAYLE**

did knowingly, intentionally, and unlawfully distribute and dispense, and cause to be distributed and dispensed, mixtures and substances containing a detectable amount of Schedule II controlled substances, through prescriptions that were not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

<u>Count</u>	<u>Date on Prescription</u>	<u>Patient</u>	<u>Substance</u>
2	July 14, 2017	D.C.	Oxycodone 10 mg
3	April 5, 2018	M.D.	Oxycodone HCL 15 mg
4	April 5, 2018	M.D.	Hydrocodone 10 mg
5	May 11, 2017	T.D.	Methadone HCL 10 mg
6	November 30, 2018	T.J.	Oxycodone HCL 30 mg

All in violation of Title 21, United States Code, Section 841(a)(1) and (b)(1)(C).

**COUNT SEVEN**  
**Conspiracy to Commit Health Care Fraud**  
**[18 U.S.C. § 1349]**

34. Paragraphs 1 through 33 of this Indictment are realleged and incorporated as though fully set forth herein.

35. From at least in or about 2015 through in or about March 2020, more exact dates being unknown to the grand jury, in Madison, Limestone, and Lauderdale Counties, within the Northern District of Alabama and elsewhere, the defendants,

**FRANCENE ARETHA GAYLE and**  
**SCHARA MONIQUE DAVIS,**

knowingly and intentionally conspired, combined, confederated, and agreed with each other, and with others known and unknown to the grand jury, to execute a scheme and artifice to defraud health care benefit programs affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, Medicaid,

Blue Cross, and others, 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 programs, in connection with the delivery of and payment for health care benefits, items and services, in violation of Title 18, United States Code, Section 1347.

### **Purpose of the Conspiracy**

36. It was the purpose of the conspiracy for **GAYLE, DAVIS**, and their co-conspirators to unlawfully enrich themselves by submitting and causing to be submitted and aiding and abetting in the submission of false and fraudulent claims for medical services and prescription drugs that were not medically necessary, not properly provided, or both.

### **Manner and Means**

37. The manner and means by which the defendants and their co-conspirators sought to accomplish the object and purpose of the conspiracy included, among others, the following:

38. **GAYLE** was enrolled as a Preferred Provider of Blue Cross and was enrolled in Medicare and Medicaid, among other health care benefit programs. In doing so, **GAYLE** agreed only to bill for medically reasonable and necessary services that were actually rendered.

39. In documents submitted to health care benefit programs on behalf of

the clinics, **DAVIS** made similar certifications.

40. Despite these promises, **GAYLE** and **DAVIS** caused numerous false claims for services to be billed to Medicare, Medicaid, Blue Cross, and other insurers.

41. **GAYLE** and **DAVIS** falsely billed or caused to be billed health care benefit programs for items and services as though **GAYLE** herself had provided them. Between at least 2015 and 2020, **GAYLE** and **DAVIS** submitted or caused to be submitted claims to healthcare benefit programs for millions of dollars in office visits where **GAYLE** purportedly had seen the patients, when in fact she had not.

42. In fact, **GAYLE** frequently did not see patients for whom doctor office visits were billed under her name and provider number, and untrained office staff or other medical personnel saw those patients instead. **GAYLE** was frequently absent from her clinics altogether.

43. **GAYLE** and **DAVIS** continued to bill and cause to be billed health care benefit programs for office visits under **GAYLE**'s name and provider number that **GAYLE** did not provide, even after receiving warnings from health care benefit programs and others that such billing practices were not allowed.

44. **GAYLE** also caused her practice to maintain a large number of patients through the prescription of medically unnecessary controlled substances. **GAYLE** routinely issued and caused to be issued to such patients prescriptions for controlled

substances without a legitimate medical purpose and outside the usual course of professional practice, knowing that they would be filled by pharmacies and submitted to health care benefit programs for reimbursement.

45. As a result of the conspiracy to defraud health care benefit programs, **GAYLE** and **DAVIS** submitted and caused to be submitted and aided and abetted in the submission of millions of dollars in false and fraudulent claims to Medicare, Medicaid, Blue Cross, and other insurers.

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

**COUNTS EIGHT THROUGH FIFTEEN**

**Health Care Fraud  
[18 U.S.C. §§ 1347 & 2]**

46. Paragraphs 1 through 45 of this Indictment are realleged and incorporated as though fully set forth herein.

47. On or about the dates listed below, within Madison, Limestone, and Lauderdale Counties, within the Northern District of Alabama and elsewhere, the defendants,

**FRANCENE ARETHA GAYLE and  
SCHARA MONIQUE DAVIS,**

did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud health care benefit programs affecting commerce, as defined by Title 18, United States Code, Section 24(b), 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 programs, in connection with the delivery of and payment for health care benefits, items and services.

### **Purpose of the Scheme and Artifice**

48. Paragraph 36 of this Indictment is realleged and incorporated as though fully set forth herein as a description of the purpose of the scheme and artifice.

### **Manner and Means of the Scheme and Artifice**

49. Paragraphs 37 through 45 of this Indictment are realleged and incorporated as though fully set forth herein as a description of the manner and means of the scheme and artifice.

### **Acts in Execution of the Scheme and Artifice**

50. On or about the dates listed below, within Madison, Limestone, and Lauderdale Counties, within the Northern District of Alabama and elsewhere, defendants **GAYLE** and **DAVIS** submitted, caused to be submitted, and aided and abetted in the submission of the following claims to health care benefit programs:

<b>Ct.</b>	<b>Beneficiary</b>	<b>Date of Service</b>	<b>Date Claim Submitted</b>	<b>Service Billed</b>	<b>Health Care Program</b>
8	H.R.	5/18/2017	12/12/2017	Office visit 99214	Medicaid
9	Ta.D.	5/18/2017	12/13/2017	Office visit 99214	Blue Cross
10	Ti.D.	5/14/2018	6/26/2018	Office visit 99214	Blue Cross
11	M.G.	10/24/2018	10/26/2018	Office visit 99214	Blue Cross
12	J.B.	10/24/2018	10/26/2018	Office visit 99214	Medicare
13	J.B.	10/24/2018	11/12/2018	Office visit 99214	Blue Cross FEP

<b>Ct.</b>	<b>Beneficiary</b>	<b>Date of Service</b>	<b>Date Claim Submitted</b>	<b>Service Billed</b>	<b>Health Care Program</b>
14	C.E.	10/25/2018	7/9/2019	Office visit 99214	Medicaid
15	C.E.	9/11/2019	10/1/2019	Office visit 99214	Medicaid

All in violation of Title 18, United States Code, Sections 1347 and 2.

**FIRST NOTICE OF FORFEITURE**

[21 U.S.C. § 853]

1. The allegations in Counts 1 through 6 of this Indictment are hereby re-alleged and incorporated by reference for the purpose of alleging forfeiture pursuant to Title 21, United States Code, Section 853.

2. Upon conviction of the offenses set forth in Counts 1 through 6 of this Indictment, **GAYLE** and **DAVIS** shall forfeit to the United States of America, pursuant to Title 21, United States Code, Section 853, any property, real or personal, constituting, or derived from, any proceeds obtained, directly or indirectly, as the result of such offenses and any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, the offenses.

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

- 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 pursuant to Title 21, United States Code, Section 853(p).

All pursuant to 21 U.S.C. § 853.

**SECOND NOTICE OF FORFEITURE**

[18 U.S.C. § 982(a)(7)]

1. The allegations in Counts 7 through 15 of this Indictment are hereby re-alleged and incorporated by reference for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 982(a)(7).

2. Upon conviction of the offenses set forth in Counts 7 through 15 of this Indictment, **GAYLE** and **DAVIS** 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 offenses.

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

- 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 pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1) and Title 28, United States Code, Section 2461(c).

All pursuant to 18 U.S.C. § 982(a)(7) and 28 U.S.C. § 2461(c).

A TRUE BILL

*/s/Electronic Signature*

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FOREPERSON OF THE GRAND JURY

PRIM F. ESCALONA  
United States Attorney

*/s/Electronic Signature*

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JOHN B. WARD  
Assistant United States Attorney