

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

23-cr-80107-Middlebrooks/Matthewman

Case No. \_\_\_\_\_

18 U.S.C. § 1349

18 U.S.C. § 1347

18 U.S.C. § 371

42 U.S.C. § 1320a-7b(b)(1)(A)

18 U.S.C. § 2

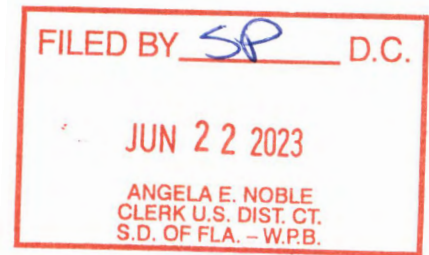
18 U.S.C. § 982(a)(1), (a)(7)

UNITED STATES OF AMERICA

vs.

REGINAL N. VINES,

**Defendant.**



**INDICTMENT**

The Grand Jury charges that:

**GENERAL ALLEGATIONS**

At all times material to this Indictment:

**Medicare Program**

1. The Medicare Program ("Medicare") was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services ("HHS"), through its agency, the Centers for Medicare and Medicaid Services ("CMS"), oversaw and administered Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."

2. Medicare was a “health care benefit program,” as defined by 18 U.S.C. § 24(b), and a “Federal health care program,” as defined by 42 U.S.C. § 1320a-7b(f).

3. Medicare covered different types of benefits and was separated into different program “parts.” Medicare “Part A” covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare “Part B” was a medical insurance program that covered, among other things, medical services provided by physicians, medical clinics, laboratories, and other qualified health care providers, such as office visits, minor surgical procedures, and laboratory testing, that were medically necessary and ordered by licensed medical doctors or other qualified health care providers.

4. Physicians, clinics, laboratories, and other health care providers (collectively, “providers”) that provided services to beneficiaries were able to apply for and obtain a “provider number.” A provider that received a Medicare provider number was able to file claims with Medicare to obtain reimbursement for services provided to beneficiaries.

5. A Medicare claim was required to contain certain important information, including: (a) the beneficiary’s name and Health Insurance Claim Number (“HICN”); (b) a description of the health care benefit, item, or service that was provided or supplied to the beneficiary; (c) the billing codes for the benefit, item, or service; (d) the date upon which the benefit, item, or service was provided or supplied to the beneficiary; and (e) the name of the referring physician or other health care provider, as well as a unique identifying number, known either as the Unique Physician Identification Number (“UPIN”) or National Provider Identifier (“NPI”). The claim form could be submitted in hard copy or electronically via interstate wire.

6. When submitting claims to Medicare for reimbursement, providers were required to certify that: (a) the contents of the forms were true, correct, and complete; (b) the forms were

prepared in compliance with the laws and regulations governing Medicare; and (c) the items and services that were purportedly provided, as set forth in the claims, were medically necessary.

7. Medicare claims were required to be properly documented in accordance with Medicare rules and regulations. Medicare would not reimburse providers for claims that were procured through the payment of kickbacks and bribes.

### **Part B Coverage and Regulations**

8. CMS acted through fiscal agents called Medicare administrative contractors (“MACs”), which were statutory agents for CMS for Medicare Part B. The MACs were private entities that reviewed claims and made payments to providers for services rendered to beneficiaries. The MACs were responsible for processing Medicare claims arising within their assigned geographical area, including determining whether the claim was for a covered service.

9. Novitas Solutions Inc. was the MAC for the consolidated Medicare jurisdictions that included the states of Delaware, Maryland, New Jersey, Oklahoma, Pennsylvania, Texas, and the District of Columbia (it also includes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia). Palmetto GBA was the MAC for the consolidated Medicare jurisdictions that included Georgia, Alabama, Tennessee, South Carolina, North Carolina, Virginia, and West Virginia. National Government Services Inc. was the MAC for the consolidated Medicare jurisdictions that included Minnesota, Wisconsin, and Illinois.

10. To receive Medicare reimbursement, providers had to make appropriate applications to the MAC and execute a written provider agreement. The Medicare provider enrollment application for laboratories, CMS Form 855B, was required to be signed by an authorized representative of the provider. CMS Form 855B contained a certification that stated:

I agree to abide by the Medicare laws, regulations, and program instructions that apply to this provider. The Medicare laws,

regulations, and program instructions are available through the Medicare contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations and program instructions (including, but not limited to, the federal anti-kickback statute and the Stark law), and on the provider's compliance with all applicable conditions of participation in Medicare.

11. CMS Form 855B contained additional certifications that the provider "will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity."

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

#### **Genetic Tests**

13. Various forms of genetic testing existed using DNA sequencing to detect mutations in genes that could indicate a higher risk of developing certain diseases or health conditions in the future. For example, cancer genomic ("CGx") testing used DNA sequencing to detect mutations in genes that could indicate a higher risk of developing certain types of cancers in the future. CGx testing was not a method of diagnosing whether an individual presently had cancer. Pharmacogenetic ("PGx") testing used DNA sequencing to assess how the body's genetic makeup would affect the response to certain medications.

14. Medicare did not cover laboratory testing that was "not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member." 42 U.S.C. § 1395y(a)(1)(A). Except for certain statutory exceptions, Medicare did not cover "examinations performed for a purpose other than treatment or diagnosis of a specific

illness, symptoms, complaint or injury.” 42 C.F.R. § 411.15(a)(1). Among the statutory exceptions covered by Medicare were cancer screening tests such as “screening mammography, colorectal cancer screening tests, screening pelvic exams, [and] prostate cancer screening tests.” *Id.*

15. If laboratory testing was necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, Medicare imposed additional requirements before covering the testing. Title 42, Code of Federal Regulations, Section 410.32(a) provided, “All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary’s specific medical problem.” *Id.* “Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary.” *Id.*

**The Defendant, Related Entities and Relevant Persons**

16. Lavaca Primary LLC (“Lavaca”) was a limited liability company formed under the laws of Delaware and whose principal place of business was located in Tuscaloosa, Alabama.

17. Specialty Screening LLC (“Specialty Screening”) was a limited liability company formed under the laws of Wisconsin and whose principal place of business was located in Wauwatosa, Wisconsin. Specialty Screening purported to serve as a diagnostic testing laboratory.

18. Defendant **REGINAL N. VINES** was a resident of Tuscaloosa, Alabama. **VINES** was the owner, manager, and operator of Lavaca, and Specialty Screening. **VINES** was a signatory on Lavaca’s bank account ending in 0539 at Bank 1 (the “Lavaca Account”).



19. Alite Medical Solutions LLC (“Alite”) was a limited liability company formed under the laws of Florida and whose principal place of business was located in Manhasset, New York.

20. Brett Hirsch was a resident of Delray Beach, Florida. Hirsch was the owner, manager, and operator of Alite and a signatory on Alite’s bank account ending in 6435 at Bank 2 (the “Alite Account”).

21. Vinit Patel was a physician and a resident of Tuscaloosa, Alabama.

22. Express Diagnostics, LLC (“Express Diagnostics”) was a limited liability company formed under the laws of New Jersey and whose principal place of business was located in East Brunswick, New Jersey. Express purported to serve as a diagnostic testing laboratory.

23. BioConfirm Laboratory USA, LLC and BioConfirm Laboratories, LLC (collectively, “BioConfirm”) were limited liability companies formed under the laws of Georgia and whose principal place of business was located in Doraville, Georgia. BioConfirm purported to serve as a diagnostic testing laboratory.

24. Reyad Salahaldeen was a resident of Buford, Georgia, and was an owner, manager, and operator of BioConfirm and Express Diagnostics.

25. Clio Laboratories, LLC (“Clio”) was a limited liability company formed under the laws of Florida and later Georgia, and whose principal place of business was located in Lawrenceville, Georgia. Clio purported to serve as a diagnostic testing laboratory.

26. Performance Laboratories, LLC (“Performance”) was a limited liability company formed under the laws of Oklahoma and whose principal place of business was located in Oklahoma City, Oklahoma. Performance purported to serve as a diagnostic testing laboratory.

27. Khalid Satary was a resident of Lawrenceville, Georgia, and was an owner,

manager, and operator of Clio and Performance.

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

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around October 2017, and continuing through in or around July 2019, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

**REGINAL N. VINES,**

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with Brett Hirsch, Vinit Patel, Reyad Salahaldeen, Khalid Satary, and others known and unknown to the Grand Jury, to commit 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 of and payment for health care benefits, items, and services, in violation of 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 the pretenses, representations, and promises were false and fraudulent when made, and for the purpose of executing the scheme and artifice, did knowingly transmit and cause to be transmitted by means of wire communication in

interstate and foreign commerce, certain writings, signs, signals, pictures, and sounds, in violation of Title 18, United States Code, Section 1343.

**Purpose of the Conspiracy**

3. It was a purpose of the conspiracy for the defendant and his co-conspirators to unlawfully enrich themselves by, among other things: (a) paying and receiving kickbacks and bribes in exchange for the referral of Medicare beneficiaries, so that laboratories, including Specialty Screening, Express Diagnostics, BioConfirm, Clio, and Performance, could bill Medicare for genetic tests, without regard to whether the beneficiaries needed the tests; (b) paying kickbacks and bribes to doctors, including Vinit Patel, in exchange for ordering and arranging for the ordering of genetic tests for Medicare beneficiaries, without regard to whether the beneficiaries needed the tests; (c) forging doctor's signatures to order and arrange for the ordering of genetic tests for Medicare beneficiaries; (d) submitting and causing the submission, via interstate wire communication, of false and fraudulent claims to Medicare for genetic tests that were medically unnecessary, ineligible for reimbursement, and procured through the payment of kickbacks and bribes; (e) concealing the submission of false and fraudulent claims to Medicare, the payment and receipt of illegal kickbacks and bribes, and the transfer of the proceeds of the fraud; and (f) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.



**Manner and Means**

The manner and means by which the defendant and his co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among other things, the following:

4. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators recruited Medicare beneficiaries by targeting them with telemarketing campaigns, health fairs, and door-to-door solicitations to induce them to accept genetic tests regardless of medical necessity.

5. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators offered and paid illegal kickbacks and bribes to doctors, including Vinit Patel, to sign lab requisition forms—also known as “prescriptions”—for genetic tests that were medically unnecessary or ineligible for reimbursement, as the doctors did not meet with or examine the beneficiaries, were not treating the beneficiaries for cancer or symptoms of cancer or other diseases, and did not use the test results in the treatment of the beneficiaries.

6. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators provided the doctors with pre-filled prescriptions that pre-selected which genes the doctors would order to be tested for the beneficiaries.

7. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators selected the genes to be tested based on how much Medicare reimbursed for the tests, irrespective of the medical history, physical findings, or medical needs of each specific beneficiary.

8. **REGINAL N. VINES** also forged the signatures of doctors on prescriptions for genetic tests.

9. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators solicited and received kickbacks and bribes from Reyad Salahaldeen, Khalid Satary, and other laboratory

15. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators used the fraud proceeds received from laboratories to benefit themselves and others, and to further the fraud.

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

**COUNTS 2-3**  
**Health Care Fraud**  
**(18 U.S.C. § 1347)**

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around October 2017, and continuing through in or around July 2019, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

**REGINAL N. VINES,**

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to 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.

**Purpose of the Scheme and Artifice**

3. It was a purpose of the scheme and artifice for the defendant and his accomplices to unlawfully enrich themselves by, among other things: (a) paying and receiving kickbacks in exchange for the referral of Medicare beneficiaries and doctor's orders to laboratories, including Specialty Screening, Express Diagnostics, BioConfirm, Clio, and Performance, so that the laboratories could bill Medicare for genetic tests, without regard to whether the beneficiaries needed the tests; (b) paying kickbacks and bribes to doctors, including Vinit Patel, in exchange for

ordering and arranging for the ordering of genetic tests for beneficiaries, without regard to whether the beneficiaries needed the tests; (c) forging doctors' signatures to order and arrange for the ordering of genetic tests for Medicare beneficiaries; (d) submitting and causing the submission, via interstate wire communication, of false and fraudulent claims to Medicare for genetic tests that were not medically necessary, not eligible for reimbursement, and procured through the payment of kickback and bribes; (e) concealing the submission of false and fraudulent claims to Medicare; and (f) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

**The Scheme and Artifice**

4. The Manner and Means section of Count 1 of this Indictment is re-alleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

**Acts in Execution or Attempted Execution of the Scheme and Artifice**

5. On or about the dates specified below as to each count, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

**REGINAL N. VINES,**

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, as defined by 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 that the defendant submitted and caused the submission of false and fraudulent claims, which sought the identified dollar amounts:

Count	Medicare Beneficiary	Approx. Date of Submission of Claim	Claim No.	First Genetic Test Claimed; Total Approx. Amount Billed
2	S.S.	11/26/2018	911119045021650	Gene analysis (breast cancer 1 and 2) \$4,506
3	J.T.	11/29/2018	911119009221850	Molecular pathology procedure level 9 \$2,000

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

**COUNT 4**

**Conspiracy to Defraud the United States and to Pay and Receive Health Care Kickbacks  
(18 U.S.C. § 371)**

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around October 2017, and continuing through in or around July 2019, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

**REGINAL N. VINES,**

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with Brett Hirsch, Vinit Patel, Reyad Salahaldeen, Khalid Satary, and others known and unknown to the Grand Jury:

a. to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of HHS in its administration and oversight of Medicare; and

b. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A), by knowingly and willfully soliciting and receiving any remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, including by wire transfer, in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item

or service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare; and

c. to violate Title 42, United States Code, Section 1320a-7b(b)(2)(A), by knowingly and willfully offering and paying any remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, including by wire transfer, to a person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole or in part under a Federal health care program, that is, Medicare.

**Purpose of the Conspiracy**

3. It was a purpose of the conspiracy for the defendant and his co-conspirators to unlawfully enrich themselves by: (a) soliciting, receiving, offering, and paying kickbacks and bribes in return for recruiting and referring Medicare beneficiaries to laboratories, including Specialty Screening, Express Diagnostics, BioConfirm, Clio, and Performance, for genetic tests; (b) offering and paying kickbacks to doctors, including Vinit Patel, in exchange for ordering and arranging for the ordering of genetic tests for Medicare beneficiaries; (c) forging doctor's signatures to order and arrange for the ordering of genetic tests for Medicare beneficiaries; (d) submitting and causing the submission of claims to Medicare for genetic tests that laboratories, including Specialty Screening, Express Diagnostics, BioConfirm, Clio, and Performance, purported to provide to those beneficiaries; (e) concealing the kickbacks and bribes; and (f) diverting proceeds of the conspiracy for their personal use and benefit, the use and benefit of others, and to further the conspiracy.



**Manner and Means**

The manner and means by which the defendant and his co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among other things, the following:

4. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators recruited Medicare beneficiaries by targeting them with telemarketing campaigns, health fairs, and door-to-door solicitations to induce them to accept genetic tests.

5. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators offered and paid illegal kickbacks and bribes to doctors, including Vinit Patel, to sign prescriptions for the genetic tests, even though the doctors did not meet with or examine the beneficiaries, were not treating the beneficiaries for cancer or symptoms of cancer or other diseases, and did not use the test results in the treatment of the beneficiaries.

6. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators provided the doctors with pre-filled prescriptions that pre-selected which genes the doctors would order to be tested for the beneficiaries.

7. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators selected the genes to be tested based on how much Medicare reimbursed for the tests, irrespective of the medical history, physical findings, or medical needs of each specific beneficiary.

8. **REGINAL N. VINES** also forged the signatures of doctors on prescriptions for genetic tests.

9. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators solicited and received kickbacks and bribes from Reyad Salahaldeen, Khalid Satary, and other laboratory owners in exchange for providing the doctor's orders.

10. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators concealed and disguised the scheme by creating sham contracts and documents, including those that disguised the kickbacks and bribes as payments from the laboratories for purported marketing services, when, in truth and fact, the laboratory owners were paying **VINES**, Hirsch, and their co-conspirators, through their companies, a portion of the gross revenues paid by Medicare to the laboratories for the genetic tests.

11. **REGINAL N. VINES** falsely certified to Medicare that he, as well as Specialty Screening, would comply with all Medicare rules and regulations, and federal laws, including that they would not knowingly present or cause to be presented a false and fraudulent claim for payment by Medicare and that they would comply with the Federal Anti-Kickback Statute.

12. **REGINAL N. VINES**, Brett Hirsch, Vinit Patel, Reyad Salahaldean, Khalid Satary, and other co-conspirators caused laboratories, including Specialty Screening, Express Diagnostics, BioConfirm, Clio, and Performance, to submit kickback-tainted claims for the genetic tests to Medicare in at least the approximate amount of \$10,082,064.

13. As the result of these kickback-tainted claims, Medicare made payments to laboratories, including Specialty Screening, Express Diagnostics, BioConfirm, Clio, and Performance, in at least the approximate amount of \$2,971,326.

14. **REGINAL N. VINES** solicited and received, through his companies, approximately \$1,025,812 in kickbacks and bribes in exchange for selling doctor's orders for the genetic tests.

15. **REGINAL N. VINES**, Brett Hirsch, and other co-conspirators used the proceeds of the conspiracy received from laboratories to benefit themselves and others, and to further the fraud.

**Overt Acts**

In furtherance of the conspiracy, and to accomplish its objects and purpose, at least one co-conspirator committed and caused to be committed, in the Southern District of Florida, at least one of the following overt acts, among others:

1. On or about February 20, 2019, **REGINAL N. VINES** texted Brett Hirsch, “U sleeping wake up need wire.”
2. On or about February 20, 2019, Brett Hirsch responded to **REGINAL N. VINES**, “Wire?”
3. On or about February 20, 2019, **REGINAL N. VINES** then replied to Brett Hirsch, “Yes[,] . . . samples payment and the 25 I sent to performance all were approved.”
4. On or about February 22, 2019, **REGINAL N. VINES** received an illegal kickback and bribe from Brett Hirsch, in the approximate amount of \$10,000, that was transferred from the Alite Account to the Lavaca Account in exchange for **VINES**’ referral of Medicare beneficiaries to laboratories, including Clio and Performance.
5. On or about March 1, 2019, **REGINAL N. VINES** texted Brett Hirsch, “Give me some good news I told them today for sure . . . .”
6. On or about March 1, 2019, Brett Hirsch responded to **REGINAL N. VINES**, “If we don’t get [the] wire today we have to go [to] Atlanta Monday.”
7. On or about March 1, 2019, **REGINAL N. VINES** then replied to Brett Hirsch, “If so can u at least do 5k today . . . .”
8. On or about March 4, 2019, **REGINAL N. VINES** received an illegal kickback and bribe from Brett Hirsch, in the approximate amount of \$5,000, that was transferred from the

Alite Account to the Lavaca Account in exchange for **VINES'** referral of Medicare beneficiaries to laboratories, including Clio and Performance.

All in violation of Title 18, United States Code, Section 371.

**COUNTS 5-6**

**Receipt of Kickbacks in Connection with a Federal Health Care Program  
(42 U.S.C. § 1320a-7b(b)(1)(A))**

1. The General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. On or about the dates enumerated below, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant, **REGINAL N. VINES**, did knowingly and willfully solicit and receive remuneration, that is, kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, including by wire transfer, as set forth below, in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part under a Federal health care program, that is, Medicare, as set forth below:

<b>Count</b>	<b>Approx. Date of Kickback</b>	<b>Approx. Amt. of Kickback</b>	<b>Description of Kickback</b>
5	2/22/2019	\$10,000	Wire transfer from the Alite Account to the Lavaca Account
6	4/23/2019	\$10,000	Wire transfer from the Alite Account to the Lavaca Account

In violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A), and Title 18, United States Code, Section 2.

**FORFEITURE ALLEGATIONS**

1. The allegations of this Indictment are re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of certain property in which the defendant, **REGINAL N. VINES** has an interest.

2. Upon conviction of a violation of Title 18, United States Code, Sections 371, 1347, or 1349, or a violation of, or criminal conspiracy to commit a violation of, Title 42, United States Code, Section 1320a-7b, as alleged in this Indictment, the defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. If any of the property subject to forfeiture, 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,

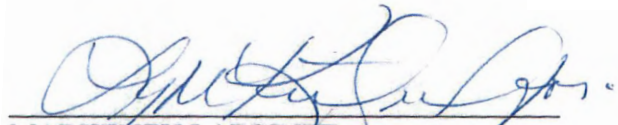
the United States shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p).



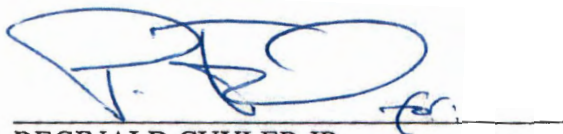
All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth in Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

  
GRAND JURY FOREPERSON

  
MARKENZY LAPOINTE  
UNITED STATES ATTORNEY

GLENN S. LEON, CHIEF  
CRIMINAL DIVISION, FRAUD SECTION  
U.S. DEPARTMENT OF JUSTICE

  
REGINALD CUYLER JR.  
TRIAL ATTORNEY  
CRIMINAL DIVISION, FRAUD SECTION  
U.S. DEPARTMENT OF JUSTICE

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA**

UNITED STATES OF AMERICA

CASE NO.: 23-cr-80107-Middlebrooks/Matthewman

v.

REGINALD N. VINES,

**CERTIFICATE OF TRIAL ATTORNEY**\_\_\_\_\_  
Defendant.

Court Division (select one)

☐ Miami      ☐ Key West      ☐ FTP  
☐ FTL      ☒ WPB

**Superseding Case Information:**

New Defendant(s) (Yes or No) \_\_\_\_\_

Number of New Defendants \_\_\_\_\_

Total number of counts \_\_\_\_\_

I do hereby certify that:

1. I have carefully considered the allegations of the indictment, the number of defendants, the number of probable witnesses and the legal complexities of the Indictment/Information attached hereto.
2. I am aware that the information supplied on this statement will be relied upon by the Judges of this Court in setting their calendars and scheduling criminal trials under the mandate of the Speedy Trial Act, Title 28 U.S.C. §3161.
3. Interpreter: (Yes or No) No  
List language and/or dialect: \_\_\_\_\_
4. This case will take 5 days for the parties to try.
5. Please check appropriate category and type of offense listed below:  

(Check only one)	(Check only one)
I <input checked="" type="checkbox"/> 0 to 5 days	<input type="checkbox"/> Petty
II <input type="checkbox"/> 6 to 10 days	<input type="checkbox"/> Minor
III <input type="checkbox"/> 11 to 20 days	<input type="checkbox"/> Misdemeanor
IV <input type="checkbox"/> 21 to 60 days	<input checked="" type="checkbox"/> Felony
V <input type="checkbox"/> 61 days and over	
6. Has this case been previously filed in this District Court? (Yes or No) No  
If yes, Judge \_\_\_\_\_ Case No. \_\_\_\_\_
7. Has a complaint been filed in this matter? (Yes or No) No  
If yes, Magistrate Case No. \_\_\_\_\_
8. Does this case relate to a previously filed matter in this District Court? (Yes or No) Yes  
If yes, Judge Ruiz Case No. 19-cr-80197
9. Defendant(s) in federal custody as of \_\_\_\_\_
10. Defendant(s) in state custody as of \_\_\_\_\_
11. Rule 20 from the \_\_\_\_\_ District of \_\_\_\_\_
12. Is this a potential death penalty case? (Yes or No) No
13. Does this case originate from a matter pending in the Northern Region of the U.S. Attorney's Office prior to August 8, 2014 (Mag. Judge Shaniek Maynard? (Yes or No) No
14. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to October 3, 2019 (Mag. Judge Jared Strauss? (Yes or No) No
15. Did this matter involve the participation of or consultation with now Magistrate Judge Eduardo I. Sanchez during his tenure at the U.S. Attorney's Office, which concluded on January 22, 2023? No

By: \_\_\_\_\_

REGINALD CUYLER, JR.

DOJ Trial Attorney

FL Bar No. 0114062

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: REGINAL N. VINES

Case No: 23-cr-80107-Middlebrooks/Matthewman

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud and Wire Fraud

- \* **Max. Term of Imprisonment:** 20 years
- \* **Mandatory Min. Term of Imprisonment (if applicable):** N/A
- \* **Max. Supervised Release:** 3 years
- \* **Max. Fine:** \$250,000 or twice the gross gain or loss from the offense

Counts #: 2 – 3

Title 18, United States Code, Section 1347

Health Care Fraud

- \* **Max. Term of Imprisonment:** 10 years as to each count
- \* **Mandatory Min. Term of Imprisonment (if applicable):** N/A
- \* **Max. Supervised Release:** 3 years
- \* **Max. Fine:** \$250,000 or twice the gross gain or loss from the offense

Count #: 4

Title 18, United States Code, Section 371

Conspiracy to Defraud the United States and to Pay and Receive Health Care Kickbacks

- \* **Max. Term of Imprisonment:** 5 years
- \* **Mandatory Min. Term of Imprisonment (if applicable):** N/A
- \* **Max. Supervised Release:** 3 years
- \* **Max. Fine:** \$250,000 or twice the gross gain or loss from the offense

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: REGINAL N. VINES

Case No: 23-cr-80107-Middlebrooks/Matthewman

Counts #: 5 – 6

Title 42, United States Code, Section 1320a-7b(b)(1)(A)

Receipt of Kickbacks in Connection with a Federal Health Care Program

\* Max. Term of Imprisonment: 10 years as to each count

\* Mandatory Min. Term of Imprisonment (if applicable): N/A

\* Max. Supervised Release: 3 years

\* Max. Fine: \$250,000 or twice the gross gain or loss from the offense

\*Refers only to possible term of incarceration, supervised release and fines. It does not include restitution, special assessments, parole terms, or forfeitures that may be applicable.