

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

D-1 IBRAHIM SAMMOUR, and
D-2 BASHIER SAMMOUR

Defendants.

Case: 2:24-cr-20306
Assigned To : McMillion, Brandy R.
Referral Judge: Altman, Kimberly G.
Assign. Date : 6/13/2024
Description: INDI USA v SAMMOUR ET AL (JP)

VIO: 18 U.S.C. § 1349
18 U.S.C. § 1347
18 U.S.C. § 371
18 U.S.C. § 1035
42 U.S.C. § 1320a-
7b(b)(1)-(2)
18 U.S.C. § 2

INDICTMENT

THE GRAND JURY CHARGES:

General Allegations

At all times relevant to this Indictment:

The Medicare Program

1. The Medicare program (“Medicare”) was a federal health care program providing benefits to persons who were 65 years of age or over or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services (“CMS”), a federal agency under the United States Department of Health and

Human Services (“HHS”). Individuals who received benefits under Medicare were referred to as Medicare “beneficiaries.”

2. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), and a “Federal health care program,” as defined by Title 42, United States Code, Section 1320a-7b(f).

3. Medicare covered different types of benefits and was separated into different program “parts.” Medicare “Part A” covered certain eligible home health care costs for medical services provided by a home health agency (“HHA”) to beneficiaries who required home health services because of an illness or disability that caused them to be “homebound.” Medicare “Part B” covered the cost of physicians’ services, medical equipment and supplies, diagnostic laboratory services, and home health services.

4. National Government Services was the CMS intermediary for Medicare Part A in the state of Michigan starting in or around May 2015. AdvanceMed (now known as “CoventBridge”) was the Zone Program Integrity Contractor (“ZPIC”), meaning the Medicare contractor charged with investigating fraud, waste, and abuse.

5. Wisconsin Physicians Service (“WPS”) administered Medicare Part A and Part B for claims arising in the state of Michigan. CMS contracted with WPS to receive, adjudicate, process, and pay claims.

6. Payments under Medicare were often made directly to a provider of goods or services, rather than to a Medicare beneficiary. This payment occurred when the provider submitted the claim to Medicare for payment, either directly or through a billing company.

7. Physicians, clinics, and HHAs, among other medical and service providers, were collectively referred to as “providers.” When enrolling in Medicare, providers agreed to abide by Medicare’s policies and procedures, rules, and regulations governing reimbursement, and furthermore, certified that they would not knowingly present, or cause to be presented, false and fraudulent claims. To receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all of the provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors.

8. Upon enrollment, the provider, whether a clinic, a HHA, or an individual, was assigned a provider identification number for Medicare billing purposes (referred to as a “National Provider Identifier” or “NPI”). When the provider rendered a service, the provider submitted a claim for reimbursement to the Medicare contractor or carrier that included the NPI assigned to that provider.

9. In order to receive reimbursement for a covered service from Medicare, a provider was required to submit a claim, either electronically or using a form (e.g., a CMS-1500 form or UB-92) containing the required information appropriately identifying the provider, beneficiary, and services rendered.

10. Providers were given, and provided with online access to, Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations. Providers could only submit claims to Medicare for services they rendered, and providers were required to maintain patient records to verify that the services were provided as described on the claim form. These records were required to be sufficient to permit Medicare, through its contractors, to review the appropriateness of Medicare payments made to the provider.

11. Providers could only submit claims to Medicare for reasonable and medically necessary services that they rendered. Medicare regulations required health care providers enrolled with Medicare 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. Medicare required complete and accurate patient medical records so that Medicare could verify that the services were provided as described on the claim form. These records were required to be sufficient to permit Medicare, through WPS and other

contractors, to review the appropriateness of Medicare payments made to the health care provider.

12. Medicare only covered home health services, if, on the claimed dates of service:

a. the Medicare beneficiary was under the care of a doctor and receiving services under a plan of care established and reviewed regularly by a doctor;

b. the Medicare beneficiary needed, and a doctor certified that the beneficiary needed, one or more of the following: (i) Intermittent skilled nursing care; (ii) Physical therapy; (iii) Speech-language pathology services; or (iv) Continued occupational therapy;

c. the HHA must have been approved by Medicare (Medicare-certified); and

d. the Medicare beneficiary was homebound, and a doctor certified that the Medicare beneficiary was homebound.

The Home Health Agency

13. Individualized Home Health Care, P.C. (“Individualized”) was a Michigan business entity doing business within the Eastern District of Michigan. Individualized was enrolled as a participating provider with Medicare and submitted claims to Medicare.

The Defendants and Other Individuals

14. Defendant IBRAHIM SAMMOUR, a resident of Wayne County, Michigan, was a Registered Nurse in the State of Michigan and controlled, owned, and operated, in whole or in part, Individualized from at least September 2020 through October 2022.

15. Defendant BASHIER SAMMOUR, a resident of Wayne County, Michigan, was the documented Resident Agent and President of Individualized beginning in or around September 2020.

16. Group Home Owner 1, a resident of Wayne County, Michigan, was a co-owner of Company 1.

17. Group Home Owner 2, a resident of Wayne County, Michigan, was a co-owner of Company 1.

18. Company 1, located in the Eastern District of Michigan, was an adult group home.

COUNT 1
18 U.S.C. § 1349
(Health Care Fraud Conspiracy)
D-1 IBRAHIM SAMMOUR

19. Paragraphs 1 through 12 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

20. Beginning in or around September 2020, and continuing through in or around the present, the exact dates being unknown to the Grand Jury, in the Eastern District of Michigan, and elsewhere, defendant IBRAHIM SAMMOUR, did willfully and knowingly, combine, conspire, confederate, and agree with others, known and unknown to the Grand Jury, to execute a scheme and artifice to defraud Medicare, a health care benefit program affecting commerce, as defined in 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 program, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, 1347.

Purpose of the Conspiracy

21. It was a purpose of the conspiracy for IBRAHIM SAMMOUR, and his co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting or causing the submission of false and fraudulent claims to Medicare for

claims based on illegal kickbacks and bribes; (b) submitting or causing the submission false and fraudulent claims to Medicare for services that were (i) medically unnecessary, (ii) ineligible for Medicare reimbursement, and/or (iii) not provided as represented; (c) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the proceeds from the fraud; and (d) diverting proceeds of the fraud for the personal use and benefit of IBRAHIM SAMMOUR and his co-conspirators, and to further the fraud.

Manner and Means

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

22. Beginning in or around October 2020, IBRAHIM SAMMOUR exercised ownership and control over Individualized by and through a straw owner, BASHIER SAMMOUR

23. In or around October 2020, IBRAHIM SAMMOUR caused BASHIER SAMMOUR to submit or cause the submission of false certifications to Medicare that Individualized would comply with all Medicare rules and regulations, and federal laws, including that Individualized would refrain from violating the Federal Anti-Kickback Statute.

24. BASHIER SAMMOUR, IBRAHIM SAMMOUR, their co-conspirators, and others submitted and caused the submission of false and fraudulent enrollment materials to Medicare that failed to disclose IBRAHIM SAMMOUR's ownership interest and/or control of Individualized.

25. IBRAHIM SAMMOUR, his co-conspirators, and others concealed and disguised the ownership interest and/or control over Individualized by, among other things, making material misrepresentations and omissions in corporate filings with the State of Michigan, enrollment applications and claims submitted to Medicare, and other documents.

26. IBRAHIM SAMMOUR, his co-conspirators, and others paid and caused the payment of illegal kickbacks and bribes to patient recruiters in exchange for referring Medicare beneficiaries to Individualized and providing Medicare beneficiary information that was later used to support false and fraudulent claims to Medicare for purported home health care by Individualized.

27. IBRAHIM SAMMOUR, his co-conspirators, and others devised and participated in an illegal kickback and bribery scheme with Group Home Owner 1 and Group Home Owner 2, in which IBRAHIM SAMMOUR agreed to pay illegal kickbacks and bribes to Group Home Owner 1 and Group Home Owner 2, in exchange for the referral of Medicare beneficiaries, including Group Home Owner 1, Group Home Owner 2, and other residents of Company 1.

28. Group Home Owner 1, Group Home Owner 2, and other residents of Company 1, were Medicare beneficiaries but were not homebound and did not qualify for reimbursement of home health care services by Medicare.

29. IBRAHIM SAMMOUR caused Individualized to submit false and fraudulent claims to Medicare for services provided to Medicare beneficiaries that were obtained through illegal kickbacks and bribes, medically unnecessary, ineligible for Medicare reimbursement, and/or not provided as represented.

30. IBRAHIM SAMMOUR, his co-conspirators, and others, falsified, fabricated, altered, and caused the falsification, fabrication, and alteration of medical records, including but not limited to, home health certifications and plans of care, nursing visit notes, evaluations, re-certifications, and discharges of Medicare beneficiaries, by and through Individualized, to support claims to Medicare for home health care services that were obtained through illegal kickbacks and bribes, medically unnecessary, and that were never provided.

31. IBRAHIM SAMMOUR, his co-conspirators, and others, submitted and caused the submission through interstate wires of false and fraudulent claims to Medicare for home health care services purportedly provided by Individualized, in an amount exceeding \$2 million. As a result, Individualized was paid approximately \$1.8 million by Medicare.

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

COUNTS 2-3
18 U.S.C. §§ 1347 & 2
(Health Care Fraud)
D-1 IBRAHIM SAMMOUR

32. Paragraphs 1 through 12 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

33. On or about the dates enumerated below, in the Eastern District of Michigan, and elsewhere, IBRAHIM SAMMOUR, 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 Medicare, a federal health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, any money and property owned by, or under the custody or control of, said health care benefit program, in connection with the delivery of, and payment for, health care benefits, items, and services, by submitting or causing the submission of false and fraudulent claims to Medicare.

Purpose of the Scheme and Artifice

34. It was the purpose of the scheme and artifice for IBRAHIM SAMMOUR, to unlawfully enrich himself and his accomplices by, among other things: (a) submitting or causing the submission of false and fraudulent claims to

Medicare for claims based on kickbacks and bribes; (b) submitting or causing the submission of false and fraudulent claims to Medicare for services that were (i) medically unnecessary, (ii) ineligible for Medicare reimbursement, and/or (iii) not provided as represented; (c) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the proceeds from the fraud; and (d) diverting proceeds of the fraud for the personal use and benefit of the defendants and their accomplices, and to further the fraud.

The Scheme and Artifice

35. Paragraphs 20 through 31 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

Acts in Execution of the Scheme and Artifice

36. On or about the dates specified below, in the Eastern District of Michigan, and elsewhere, IBRAHIM SAMMOUR, in connection with the delivery of and payment for health care benefits, items, and services, and aided and abetted by, and aiding and abetting others known and unknown to the Grand Jury, 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 in 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 program:

Count	Medicare Beneficiary	Claims Submission Date	Amount Paid By Medicare
2	Group Home Owner 1	November 30, 2022	\$2,094.28
3	Group Home Owner 2	November 30, 2022	\$2,307.49

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

COUNT 4
18 U.S.C. § 371
(Conspiracy to Defraud the United States
and to Pay and Receive Health Care Kickbacks)
D-1 IBRAHIM SAMMOUR
D-2 BASHIER SAMMOUR

37. Paragraphs 1 through 12 of the General Allegations section and paragraphs 20 through 31 of the Manner and Means section of Count 1 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

38. Beginning in at least September 2020 and continuing through present, the exact dates being unknown to the Grand Jury, in the Eastern District of Michigan, and elsewhere, defendants IBRAHIM SAMMOUR, BASHIER

SAMMOUR, did willfully, that is with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with each other, as well as their co-conspirators, and others known and unknown to the Grand Jury, to commit certain offenses against the United States, that is:

a. to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of the United States Department of Health and Human Services in its administration and oversight of Medicare, in violation of Title 18, United States Code, Section 371;

b. to offer and pay remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind to any person to induce such person: (i) 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 and in part under a Federal health care program, that is, Medicare; and (ii) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, that is, Medicare, in violation Title 42, United States Code, Section 1320a-7b(b)(2)(A) and (B); and,

c. to willfully solicit or receive remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind: (i) in return for referring an individual to a person for the furnishing or arranging for the

furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, that is, Medicare; and (ii) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A) and (B).

Purpose of the Conspiracy

39. It was the purpose of the conspiracy for defendants IBRAIM SAMMOUR, BASHIER SAMMOUR, and their co-conspirators to unlawfully enrich themselves by: (1) offering, paying, soliciting, and/or receiving kickbacks and bribes in exchange for referring Medicare beneficiaries to Individualized; (2) submitting or causing the submission of claims to Medicare for home health services that Individualized purported to provide to these recruited beneficiaries; and (3) diverting proceeds of the fraud for the personal use and benefit of the defendants and their co-conspirators, and to further the fraud.

Manner and Means

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

40. Defendants IBRAHIM SAMMOUR, BASHIER SAMMOUR, and their co-conspirators, paid and caused payment of illegal kickbacks and bribes to patient recruiters, including Group Home Owner 1 and Group Home Owner 2, in exchange for Medicare beneficiary referrals to Individualized.

41. Defendant IBRAHIM SAMMOUR submitted and caused the submission of false and fraudulent claims to Medicare through Individualized, for home health services that were purportedly provided to Medicare beneficiaries referred by patient recruiters, including Group Home Owner 1 and Group Home Owner 2.

42. Medicare paid Individualized approximately \$1.8 million based upon claims for home health services purportedly provided to Medicare beneficiaries referred by patient recruiters, including Group Home Owner 1 and Group Home Owner 2.

Overt Acts

43. In furtherance of the conspiracy and to accomplish its objects and purpose, at least one of the co-conspirators committed and caused to be committed in the Eastern District of Michigan, and elsewhere, at least one of the following overt acts, among others:

44. On or about September 29, 2022, BASHIER SAMMOUR, at the direction of IBRAHIM SAMMOUR, obtained approximately \$3,500 in cash for

the purpose of paying Group Home Owner 1 and Group Home Owner 2, which he subsequently gave to IBRAHIM SAMMOUR.

45. On or about September 29, 2022, IBRAHIM SAMMOUR hand-delivered approximately \$3,500 in cash to Group Home Owner 1 and Group Home Owner 2 in exchange for Medicare beneficiary information, subsequently used to bill Medicare for home health care services purportedly provided through Individualized.

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

COUNT 5

42 U.S.C. §§ 1320a-7b(b)(1) - (2)

18 U.S.C. § 2

**(Payment of Kickbacks in Connection with
a Federal Health Care Program)
D-1 IBRAHIM SAMMOUR**

46. Paragraphs 1 through 21 of the General Allegations section and Paragraphs 20 through 31 of the Manner and Means section of Count 1 and paragraph 38 through 42 of Count 4, of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

47. On or about the date set forth below, in the Eastern District of Michigan, and elsewhere, defendant IBRAHIM SAMMOUR, and others, and aided and abetted by, and aiding and abetting others known and unknown to the Grand Jury, did knowingly and willfully offer and pay and/or receive remuneration, including kickbacks and bribes, directly and indirectly, overtly and

covertly, in cash and in kind, including by check, as set forth below, to: (i) refer an individual to a person for furnishing and arranging for the furnishing of any item and service, or in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service, for which payment may be made in whole and in part under a Federal health care program, that is, Medicare; and (ii) purchase, lease, order, or arrange for or recommend purchasing, leasing or ordering any good, facility, service, or item, or in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item, for which payment may be made in whole or in part under a Federal health care program, that is Medicare; as set forth below:

Count	Approximate Date of Payment	Description	Approximate Amount
5	September 29, 2022	Cash Payment to Group Home Owner 1 and Group Home Owner 2	\$3,500

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

COUNT 6
18 U.S.C. § 1035
(False Statements Relating to Health Care Matters)
D-2 BASHIER SAMMOUR

48. Paragraphs 1 through 12 of the General Allegations section and

Paragraphs 20 through 31 of the Manner and Means section of Count 1 and paragraph 38 through 42 of Count 4, of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

49. On or about October 7, 2020, within the Eastern District of Michigan and elsewhere, defendant BASHIER SAMMOUR, and aided and abetted by, and aiding and abetting others known and unknown to the Grand Jury, in a matter involving a health care benefit program, specifically Medicare, did knowingly and willfully (a) falsify, and cover up by trick, scheme, and device, material facts, and (b) make materially false, fictitious, and fraudulent statements, and representations, and make and use materially false writings and documents, knowing the same to contain materially false, fictitious, and fraudulent statements and entries, in connection with the delivery and payment for health care benefits, items, and services.

50. On or about October 7, 2020, defendant BASHIER SAMMOUR prepared, signed, and submitted or caused the submission to Medicare, enrollment documents in which (a) BASHIER SAMMOUR falsely stated that he was the sole Authorized Official on behalf of Individualized, (b) BASHIER SAMMOUR falsely stated that he had a 100% interest in Individualized, (c) BASHIER SAMMOUR falsely stated that he was the sole Board Member of Individualized, and (d) BASHIER SAMMOUR falsely stated that he was the Chief Executive

Officer of Individualized.

In violation of Title 18, United States Code, Section 1035 and Title 18, United States Code, Section 2.

FORFEITURE ALLEGATIONS
(18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461;
18 U.S.C. § 982(a) (7)

51. The allegations contained in Counts 1 through 6 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture against defendants IBRAHIM SAMMOUR and BASHIER SAMMOUR, pursuant to Title 18, United States Code, Sections 981 and 982, and Title 28, United States Code, Section 2461.

52. Pursuant to Title 18, United States Code, Section 981(a)(1)(C), together with Title 28, United States Code, Section 2461, upon being convicted of the crimes charged in Counts 1 through 6 of this Indictment, the convicted defendant(s) shall forfeit to the United States any property, real or personal, which constitutes or is derived from proceeds traceable to the commission of the offense.

53. Pursuant to Title 18, United States Code, Section 982(a)(7), upon being convicted of the crimes charged in Counts 1 through 6 of this Indictment, the convicted defendant(s) 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.

54. Money Judgment: Property subject to forfeiture includes, but is not limited to a forfeiture money judgment equal to total amount of forfeitable proceeds as a result of defendants' violations as alleged in Counts 1 through 6 of this Indictment.

55. Substitute Assets: If the property described above as being subject to forfeiture, 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 that cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p) as incorporated by Title 18, United States Code, Section 982(b) and/or Title 28, United States Code, Section 2461, to seek to forfeit any other property of IBRAHIM SAMMOUR and BASHIER SAMMOUR, up to the value of such property.

THIS IS A TRUE BILL.

s/Grand Jury Foreperson
GRAND JURY FOREPERSON

DAWN N. ISON
UNITED STATES ATTORNEY

s/Glenn S. Leon
GLENN S. LEON
Chief
Criminal Division, Fraud Section
U.S. Department of Justice

s/Mark Chasteen
MARK CHASTEEN
Chief, White Collar Crime Unit
United States Attorney's Office
Eastern District of Michigan

s/Jeffrey A. Crapko
JEFFREY A. CRAPKO
Trial Attorney
Criminal Division, Fraud Section
U.S. Department of Justice
211 W. Fort Street, Suite 2001
Detroit, MI 48226
Phone: (202) 445-9832
Email: Jeffrey.Crapko@usdoj.gov

Dated: June 13, 2024

Case: 2:24-cr-20306
Assigned To : McMillion, Brandy R.
Referral Judge: Altman, Kimberly G.
Assign. Date : 6/13/2024
Description: INDI USA v SAMMOUR ET AL (JP)

United States District Court Eastern District of Michigan	Criminal Case Cover Sheet
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NOTE: It is the responsibility of the Assistant U.S. Attorney signing this form to complete it accurately in all respects.

Companion Case Information	Companion Case Number:
This may be a companion case based upon LCrR 57.10 (b)(4) ¹ :	Judge Assigned:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AUSA's Initials: <i>JAC</i>

Case Title: USA v. Sammour, et al.

County where offense occurred : Wayne County, Oakland County

Check One: Felony Misdemeanor Petty

- Indictment/___ Information --- no prior complaint.
- Indictment/___ Information --- based upon prior complaint [Case number: _____]
- Indictment/___ Information --- based upon LCrR 57.10 (d) [Complete Superseding section below].

Superseding Case Information

Superseding to Case No: _____ Judge: _____

- Corrects errors; no additional charges or defendants.
- Involves, for plea purposes, different charges or adds counts.
- Embraces same subject matter but adds the additional defendants or charges below:

<u>Defendant name</u>	<u>Charges</u>	<u>Prior Complaint (if applicable)</u>
IBRAHIM SAMMOUR	18 U.S.C. § 1349, 1347,	
BASHIER SAMMOUR	371,1035, and 2	
	42 U.S.C. § 1320a-7b(b) (1)-(2)	

Please take notice that the below listed Assistant United States Attorney is the attorney of record for the above captioned case.

June 13, 2024
Date

s/Jeffrey Crapko *Jeffrey Crapko*

Jeffrey Crapko, DOJ Trial Attorney
211 West Fort Street, Detroit, MI 48226
Phone: (202) 445-9832
Fax: N/A
E-Mail address: Jeffrey.Crapko@usdoj.gov
Attorney Bar #: P78487

¹ Companion cases are matters in which it appears that (1) substantially similar evidence will be offered at trial, or (2) the same or related parties are present, and the cases arise out of the same transaction or occurrence. Cases may be companion cases even though one of them may have already been terminated.