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UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,

Plaintiff,

v.

MONICA BONIADI,

Defendant.

No. 8:24-cr-00073-JVS

I N F O R M A T I O N

[18 U.S.C. § 1347: Health Care
Fraud]

The United States Attorney charges:

[18 U.S.C. § 1347]

A. INTRODUCTORY ALLEGATIONS

At times relevant to this Information:

1. Defendant MONICA BONIADI was a practicing dentist licensed by the Dental Board of California. Defendant BONIADI operated offices at several locations in Orange County, California.
2. Metropolitan Life Insurance Company operated a Preferred Provider Organization dental plan ("MetLife PPO"). MetLife PPO and other dental insurance plans (collectively, the "Insurance Plans") were health care benefit programs within the meaning of Title 18, United States Code, Section 24(b). The Insurance Plans operated private and public dental care plans, affecting commerce, under which

1 medical benefits, items, and services were provided to individuals in
2 California, and elsewhere, in exchange for payment. Moreover, the
3 Insurance Plans reimbursed dental services providers for rendering
4 covered dental care to their beneficiaries.

5 3. Health care providers that provided services covered by the
6 Insurance Plans were commonly referred to as "providers."

7 4. Defendant BONIADI was an enrolled provider with certain of
8 the Insurance Plans.

9 5. The Insurance Plans reimbursed providers only for services
10 that were medically necessary and that the provider had in fact
11 provided.

12 B. THE SCHEME TO DEFRAUD

13 6. Beginning at least in or around 2011, and continuing until
14 in or around July 2018, in Orange County, within the Central District
15 of California, and elsewhere, defendant BONIADI, together with others
16 known and unknown to the United States Attorney, knowingly,
17 willfully, and with the intent to defraud, executed a scheme and
18 artifice: (a) to defraud the Insurance Plans, including MetLife
19 Safeguard, as to material matters in connection with the delivery of
20 and payment for health care benefits and services; and (b) to obtain
21 money from the Insurance Plans by means of material false and
22 fraudulent pretenses, representations, and promises, and the
23 concealment of material facts, in connection with the delivery of and
24 payment for health care benefits and services.

25 C. MANNER AND MEANS USED TO ACCOMPLISH THE SCHEME TO DEFRAUD

26 7. The fraudulent scheme operated, in substance as follows:

27 a. Defendant BONIADI would submit and cause her staff to
28 submit claims to the Insurance Plans for dental fillings, which in

1 fact defendant and her staff did not provide to the respective
2 patients.

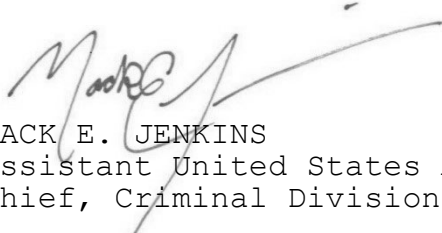
3 b. Rather, defendant BONIADI provided the respective
4 patients with resin sealer treatments, which, as defendant knew,
5 should have been billed under different codes resulting in lower
6 reimbursements by the Insurance Plans.

7 8. As a result of the fraud scheme, defendant caused at least
8 \$142,677.85 in actual loss to the Insurance Plans.

9 D. EXECUTION OF THE FRAUDULENT SCHEME

10 9. On or about February 21, 2018, in Orange County, within the
11 Central District of California, and elsewhere, defendant BONIADI,
12 together with others known and unknown to the United States Attorney,
13 knowingly and willfully executed the fraudulent scheme described
14 above by submitting and causing to be submitted to MetLife PPO a
15 fraudulent claim in the amount of approximately \$1,350 for six
16 fillings purportedly provided to patient W.C.

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18 E. MARTIN ESTRADA
United States Attorney

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20 
21 MACK E. JENKINS
Assistant United States Attorney
22 Chief, Criminal Division

23 BENJAMIN R. BARRON
Assistant United States Attorney
24 Chief, Santa Ana Branch Office

25 NIALL M. O'DONNELL
Assistant Chief, Fraud Section
26 U.S. Department of Justice
27
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