

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
24-60112-CR-LEIBOWITZ/AUGUSTIN-BIRCH

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

18 U.S.C. § 1349  
18 U.S.C. § 982

FILED BY MP D.C.

*Jun 20, 2024*

ANGELA E. NOBLE  
CLERK U.S. DIST. CT.  
S. D. OF FLA. - Miami

UNITED STATES OF AMERICA,

vs.

YOAN MANUEL SANCHEZ CARDET,  
a/k/a "Lester," and ALAIN CABRERA  
MARQUEZ,

**Defendants.**

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times material to this Indictment:

The Medicare Program

1. The Medicare Program ("Medicare") was a federal health care program that provided free or below-cost health care benefits to certain individuals who were sixty-five years of age or older, or 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 in Title 18, United States Code, Section 24(b).

3. Medicare was subdivided into four program “parts:” hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D). Medicare Part B covered physician services and outpatient care, including an individual’s access to durable medical equipment (“DME”) that was medically necessary and ordered by licensed physicians or other qualified health care providers. DME was equipment designed for repeated use and for a medical purpose, such as orthotic devices, wheelchairs, ventilators, speech generating devices, and collagen dressing.

4. DME companies and other health care providers seeking to participate in Medicare Part B and to bill Medicare for the cost of DME and related benefits, items, and services were required to apply for and receive a “provider number” (or “supplier number”). In these applications, DME companies were required to provide truthful and accurate information, including accurately listing the names of all people who have an ownership or security interest in the provider company.

5. The provider number allowed a DME company to submit bills, known as “claims,” to Medicare to obtain reimbursement for the cost of DME and related health care benefits, items, and services that a DME company provided to beneficiaries. Enrolled Medicare providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement.

6. To receive payment from Medicare, a DME company, using its provider number, submitted a health insurance claim form, known as a CMS-1500. Medicare permitted DME companies to submit a CMS-1500 electronically. The CMS-1500 required DME companies to provide certain important information, including: (a) the Medicare beneficiary’s name and identification number; (b) the identification number of the doctor or other qualified health care

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

7. When a claim was submitted to Medicare, the provider certified that the contents of the form were true, correct, complete, and that the form was prepared in compliance with the laws and regulations governing the Medicare program. The provider further certified that the services and health care items being billed were medically necessary and were in fact provided as billed.

8. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary and ordered by a licensed physician or other licensed, qualified health care provider. Payments under Medicare Part B were typically made directly to the DME company rather than to the beneficiary.

#### **The Defendants and Related Entities**

9. PRNX Medical Supply Corp. ("PRNX Medical") was a Florida corporation located at 840 S.W. 81<sup>st</sup> Avenue, Suite 300A, in North Lauderdale, Florida, that purported to provide DME to Medicare beneficiaries.

10. Alaska Constrution (sic) Corp ("Alaska Constrution") was a Florida corporation located at 840 S.W. 81<sup>st</sup> Avenue, Suite 300A, North Lauderdale, Florida.

11. Defendant **YOAN MANUEL SANCHEZ CARDET**, a/k/a "**Lester**," was a resident of Miami-Dade County.

12. **ALAIN CABRERA MARQUEZ** was a resident of Austin, Texas, and the listed

president and registered agent of PRNX Medical and Alaska Construction.

**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 March 2022, and continuing through in or around April 2023, in Broward County, in the Southern District of Florida, and elsewhere, the defendants,

**YOAN MANUEL SANCHEZ CARDET,  
a/k/a "Lester," and  
ALAIN CABRERA MARQUEZ,**

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

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 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; 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 the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the fraud proceeds; and (c) diverting the fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

### **MANNER AND MEANS OF THE CONSPIRACY**

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

4. **YOAN MANUEL SANCHEZ CARDET, a/k/a "Lester,"** and his co-conspirators arranged the purchase of PRNX Medical for the purpose of submitting false and fraudulent claims to Medicare.

5. **YOAN MANUEL SANCHEZ CARDET, a/k/a "Lester,"** and his co-conspirators recruited and installed **ALAIN CABRERA MARQUEZ** as the sole listed officer and registered agent and signer on the corporate bank account for PRNX Medical in order to conceal the identities of PRNX Medical's beneficial owners.

6. **ALAIN CABRERA MARQUEZ** signed relevant documents on behalf of PRNX Medical, including as the authorized official on the Medicare enrollment form, as the authorized signer on the bank account signature card, and as president and personal guarantor on the lease

agreement for the office of PRNX Medical.

7. **ALAIN CABRERA MARQUEZ** established Alaska Constrution and a corresponding bank account, which served solely to receive fraud proceeds from PRNX Medical.

8. Between October 2022 and December 2022, PRNX Medical submitted false and fraudulent claims to Medicare, via interstate wire communications, in an approximate amount of \$3.2 million for DME purportedly provided to Medicare beneficiaries, when in truth and in fact, such DME was not medically necessary and was not provided as represented. As a result of these false and fraudulent claims, Medicare made payments to PRNX Medical in an approximate amount of \$1.9 million.

9. PRNX Medical transferred proceeds of the fraud to the bank account of Alaska Constrution. Thereafter, **CABRERA MARQUEZ** disbursed the fraud proceeds via checks to various shell companies.

10. **YOAN MANUEL SANCHEZ CARDET, a/k/a "Lester," ALAIN CABRERA MARQUEZ,** and their co-conspirators used the proceeds of the fraud for their personal use and benefit, the use and benefit of others, and to further the fraud.

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

#### **FORFEITURE ALLEGATIONS**

1. The allegations in this Indictment are hereby 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 defendants, **YOAN MANUEL SANCHEZ CARDET, a/k/a "Lester," and ALAIN CABRERA MARQUEZ,** have an interest.

2. Upon conviction of a violation of Title 18, United States Code, Section 1349, as

alleged in this Indictment, the defendant so convicted 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 such violation.


3. The property which is subject to forfeiture includes, but is not limited to, the following: a forfeiture money judgment for \$1,932,530 (US), which is a sum of money equal in value to the property, real or personal, that constitutes or was derived, directly or indirectly, from gross proceeds traceable to the violation of Title 18, United States Code, Section 1349 charged in this Indictment.

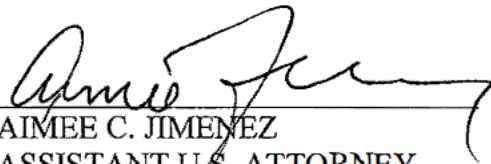
All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth in Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL



FOREPERSON

  
MARKENZY LAPOINTE  
UNITED STATES ATTORNEY

  
AIMEE C. JIMENEZ  
ASSISTANT U.S. ATTORNEY