

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
25-CR-20283-BECERRA/TORRES

Case No. _____

18 U.S.C. § 1347

18 U.S.C. § 982(a)(1)

18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

vs.

EDUARDO TIELES RUIZ,

Defendant.

_____ /

FILED BY **BM** D.C.

Jun 17, 2025

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

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 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 Center 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 multiple program “parts.” Medicare Part B covered physician services and outpatient care, including an individual’s access to durable medical equipment (“DME”).

The Medicaid Program

4. The Florida Medicaid Program (“Medicaid”) was a partnership between the State of Florida and the federal government that provided health care benefits to certain low-income individuals in Florida. The benefits available under Medicaid were governed by federal and state statutes and regulations. Medicaid was administered by CMS and the State of Florida's Agency for Health Care Administration (“AHCA”). Individuals who received benefits under Medicaid were commonly referred to as Medicaid “recipients.”

5. Medicaid reimbursed DME companies and other health care providers for items and services rendered to recipients, including DME. To receive payment from Medicaid, providers submitted or caused the submission of claims to Medicaid, either directly or through a Medicaid Managed Care Organization (“MCO”).

6. Medicare beneficiaries who were dual-enrolled Medicaid recipients were referred to as “dual-eligible beneficiaries.” To receive payment for dual eligible beneficiaries, providers submitted or caused the submission of claims to Medicare and Medicaid, either directly or through a billing company or MCO. Medicare would reimburse the primary cost (80%) and Medicaid would cover the secondary cost (20%) for dual-eligible beneficiaries.

7. Medicaid was funded with both federal and state money, and was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

Durable Medical Equipment

8. DME was equipment designed for everyday or extended use and for a medical

purpose, such as orthotic devices, speech generating devices, collagen dressing, prosthetic limbs, wheelchairs, nebulizers, and oxygen concentrators.

9. DME companies, physicians, and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare “providers.”

10. Medicare reimbursed DME companies and other health care providers for items and services rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company.

11. A Medicare claim for DME reimbursement was required to set forth, among other things, the beneficiary’s name and unique Medicare identification number, the equipment provided to the beneficiary, the date the equipment was provided, the cost of the equipment, and the name and unique physician identification number of the physician who prescribed or ordered the equipment.

12. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary for the treatment of the beneficiary’s illness or injury, prescribed by a licensed physician, and actually provided to the beneficiary as billed.

13. Medicare reimbursed DME companies and other health care providers for items and services rendered to beneficiaries. To receive payment, providers submitted or caused the submission of claims, either directly or through a billing company.

14. A Medicare claim for DME reimbursement was required to set forth, among other things, the beneficiary’s name and unique Medicare identification number, the equipment provided to the beneficiary, the date the equipment was provided, the cost of the equipment, and the name and unique physician identification number of the physician who prescribed or ordered the equipment.

15. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary for the treatment of the beneficiary's illness or injury, prescribed by a licensed physician, and actually provided to the beneficiary as billed.

The Defendant and Related Entity

16. Newtech Medical Supply LLC ("Newtech") was a Florida corporation located at 2000 Banks Road, Suite 223, Margate, Florida, that purportedly provided DME to Medicare beneficiaries.

17. Defendant **EDUARDO TIELES RUIZ** was a resident of Miami-Dade County, Florida, and the sole officer and registered agent of Newtech.

COUNTS 1-4
Health Care Fraud
(18 U.S.C. § 1347)

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

2. From in or around March 2022, and continuing through in or around September 2022, in Miami-Dade and Broward Counties, in the Southern District of Florida, and elsewhere, the defendant,

EDUARDO TIELES RUIZ,

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 health care benefit programs affecting commerce, as defined by Title 18, United States Code, Section 24(b), that is, Medicare and Medicaid, 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.

PURPOSE OF THE SCHEME AND ARTIFICE

3. It was a purpose of the scheme and artifice for the defendant to unlawfully enrich himself by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs; (c) concealing the receipt of the fraud proceeds; and (d) diverting the fraud proceeds for his personal use and benefit, the use and benefit of others, and to further the fraud scheme.

MANNER AND MEANS OF THE SCHEME AND ARTIFICE

The manner and means by which the defendant sought to accomplish the object and purpose of the scheme and artifice included, among others, the following:

4. **EDUARDO TIELES RUIZ** submitted and caused Newtech to submit false and fraudulent claims to Medicare and Medicaid in the approximate amount of \$2,946,910 for DME that was medically unnecessary and not provided as represented.

5. As a result of such false and fraudulent claims, Medicare and Medicaid paid approximately \$1,310,277 to Newtech, which was deposited into the Newtech Account.

6. **EDUARDO TIELES RUIZ** used the proceeds of the fraud for his personal use and benefit, the use and benefit of others, and to further the fraud scheme.

ACTS IN EXECUTION OF THE SCHEME AND ARTIFICE

7. On or about the dates set forth below, in Miami-Dade and Broward Counties, in the Southern District of Florida, and elsewhere, the defendant did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud health care benefit programs, in that the defendant, through Newtech, caused the submission of false and

fraudulent claims to Medicare and Medicaid, seeking reimbursement for the cost of DME, as set forth below:

Count	Approx. Date of Claim Submission	Medicare Beneficiary /Medicaid Recipient	Claim Number/Health Care Benefit Program	Item Claimed / Approx. Amount Billed
1	May 6, 2022	W.C.	122126717748001/Medicare	Wound Dressing/ \$7,087.50
2	May 24, 2022	R.V.	122144725589000/Medicare	Wound Dressing/ \$7,087.50
3	May 30, 2022	M.C.	22150349611/Medicaid	Wound Dressing/ \$7,087.50
4	July 15, 2022	J.C.	122196717288000/Medicare	Wound Dressing/ \$5,475.00

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

FORFEITURE ALLEGATIONS

1. The allegations of 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 defendant, **EDUARDO TIELES RUIZ**, has an interest.

2. Upon conviction of a violation of Title 18, United States Code, Section 1347, 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 offenses, pursuant to Title 18, United States Code, Section 982(a)(7).

3. The property subject to forfeiture as a result of the alleged offenses and health care fraud scheme includes, but is not limited to, the following:

- (a) a sum of money equal in value to the total amount of funds constituting, or derived from, proceeds traceable to the commission of the alleged offenses

and fraud scheme and/or property involved in the alleged offenses, which may be sought as a forfeiture money judgment.

4. 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 subdivided without difficulty;

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

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

A TRUE BILL


FOREPERSON



HAYDEN P. O'BYRNE
UNITED STATES ATTORNEY



TIMOTHY J. ABRAHAM
ASSISTANT UNITED STATES ATTORNEY

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

UNITED STATES OF AMERICA

CASE NO.: 25-CR-20283-BECERRA/TORRES

v.

EDUARDO TIELES RUIZ,

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 new 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, 28 U.S.C. §3161.

3. Interpreter: (Yes or No) Yes
List language and/or dialect: Spanish

4. This case will take 3 days for the parties to try.
5. Please check appropriate category and type of offense listed below:

(Check only one)

I ☒ 0 to 5 daysII ☐ 6 to 10 daysIII ☐ 11 to 20 daysIV ☐ 21 to 60 daysV ☐ 61 days and over

(Check only one)

☐ Petty☐ Minor☐ Misdemeanor☒ Felony

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, Judge _____ Magistrate Case No. _____
8. Does this case relate to a previously filed matter in this District Court? (Yes or No) No
If yes, Judge _____ Case No. _____
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 Central Region of the U.S. Attorney's Office prior to October 3, 2019 (Mag. Judge Jared M. Strauss)? (Yes or No) No
14. Did this matter involve the participation of or consultation with Magistrate Judge Eduardo I. Sanchez during his tenure at the U.S. Attorney's Office, which concluded on January 22, 2023? No
15. Did this matter involve the participation of or consultation with Magistrate Judge Marty Fulgueira Elfenbein during her tenure at the U.S. Attorney's Office, which concluded on March 5, 2024? No
16. Did this matter involve the participation of or consultation with Magistrate Judge Ellen F. D'Angelo during her tenure at the U.S. Attorney's Office, which concluded on October 7, 2024? No

By: _____

Timothy Abraham

Assistant United States Attorney

FL Bar No.

1143729

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: EDUARDO TIELES RUIZ

Case No: _____

Count #: 1-4

Health Care Fraud

Title 18, United States Code, Section 1347

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

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

* **Max. Supervised Release:** Three (3) Years

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