

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW HAMPSHIRE**

**UNITED STATES OF AMERICA**

**v.**

**LEO ANZIVINO, JR.**

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**No. 1:25-cr-**

**INDICTMENT**

The Grand Jury charges that:

**General Allegations**

At all times material to this Indictment, unless otherwise specified:

**The Medicare Program**

1. The Medicare Program (“Medicare”) was a federal health care program providing benefits to individuals who were sixty-five years of age or older, blind, 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”). 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).

2. Medicare was subdivided into multiple parts. Medicare Part B covered, among other things, items and services supplied and provided by physicians, medical clinics, and durable medical equipment (“DME”) suppliers, including office visits, minor surgical procedures, and DME, that were medically necessary and ordered by licensed medical doctors or other qualified health care providers.

3. Individuals who qualified for Medicare benefits were commonly referred to as Medicare “beneficiaries.” Each beneficiary was given a unique Medicare beneficiary

identification (“MBI”) number.

4. DME companies, physicians, and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare “providers.” To participate in Medicare, providers were required to submit an application in which the providers agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider’s application, Medicare assigned the provider a unique Medicare “provider number.” A health care provider with a Medicare provider number could file true and accurate claims with Medicare to obtain reimbursement for medically necessary services rendered to beneficiaries.

5. Enrolled providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers were required to abide by the Federal Anti-Kickback Statute and other laws and regulations. Providers were given online access to Medicare manuals and services bulletins describing billing procedures, rules, and regulations.

6. To bill Medicare for services rendered, a provider submitted a claim form (Form 1500). A Form 1500 was required to contain true and accurate information, as well as be based on medically necessary services.

### **Durable Medical Equipment**

7. DME was reusable medical equipment such as orthotic devices which are items applied to the outside of the body to support a body part. Orthotic devices were a type of DME that included knee braces, back braces, shoulder braces, and wrist braces.

8. DME was covered by Medicare under Part B. Medicare would pay claims for the provision of DME only if the equipment was ordered by a licensed provider, was reasonable and medically necessary for the treatment of a diagnosed and covered condition, and was actually

provided to beneficiaries.

9. Medicare reimbursed DME companies and other providers for 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.

10. A Medicare claim for DME reimbursement was required to set forth, among other things, the beneficiary's name and unique MBI 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.

11. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary to the treatment of the beneficiary's illness or injury and prescribed by a physician who has conducted a needs assessment, evaluated, and/or treated the beneficiary.

#### **The Defendant and Related Companies**

12. Advanced Medical Supply Corp. ("Advanced") was a DME company located and doing business in the District of New Hampshire. Advanced maintained a bank account ending in x7801 at Bank 1, located in the District of New Hampshire ("Advanced New Hampshire Account").

13. Company 1 was a purported DME management company located in the Middle District of Florida. Company 1 was owned and operated by Co-Conspirator 1, a resident of the Middle District of Florida. Company 1 maintained a bank account ending in 7189 at Bank 2, located in the Middle District of Florida ("Company 1 Florida Account").

14. Co-Conspirator 2 funded Company 1 and Advanced.

15. Advanced opened and maintained a bank account ending in x6338 at Bank 2,

which had branches in the District of Massachusetts (“Advanced Massachusetts Account”).

16. Defendant LEO ANZIVINO, JR., a resident of Massachusetts, was listed as the owner of Advanced on Medicare enrollment documents, documents filed with the New Hampshire Secretary of State, and other documents.

17. Although not listed on Advanced’s documents filed with the New Hampshire Secretary of State or Medicare, Co-conspirator 1, Co-conspirator 2, and other co-conspirators were, in fact, beneficial owners and operators of Advanced.

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

18. Paragraphs 1 through 17 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth therein.

19. From in or around December 2023, and continuing through in or around March 2024, the exact dates being unknown to the Grand Jury, in the District of New Hampshire, and elsewhere, the defendant,

LEO ANZIVINO, JR.,

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 Codes, 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, Section 1347.

### **Purpose of the Conspiracy**

20. It was a purpose of the conspiracy for LEO ANZIVINO, JR. and his co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting or causing the submission of false enrollment documents to Medicare; (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 defendant and his co-conspirators, and to further the fraud.

### **Manner and Means**

The manner and means by which LEO ANZIVINO, JR. and his co-conspirators sought to accomplish the purpose of the conspiracy included, among others, the following:

21. Beginning on or about December 18, 2023, LEO ANZIVINO, JR. agreed to be, and became, the nominee owner of Advanced, while Co-Conspirator 1 exercised beneficial ownership and control over Advanced.

22. LEO ANZIVINO, JR., Co-Conspirator 1, and their co-conspirators concealed and disguised Co-Conspirator 1's ownership interest and/or control over Advanced by, among other things, making material misrepresentations and omissions in corporate filings with the State of New Hampshire, Medicare enrollment applications, and other documents.

23. On or about January 9, 2024, LEO ANZIVINO, JR. and Co-Conspirator 1 caused the submission of false certifications to Medicare that Advanced would comply with all Medicare rules, regulations, and federal laws.

24. LEO ANZIVINO, JR. submitted and caused the submission of false and fraudulent

bank account opening documents to Bank 1, including beneficial ownership information, in connection with the Advanced New Hampshire Account. As part of the account opening process, LEO ANZIVINO, JR. falsified account opening paperwork by indicating that he exercised exclusive control over the Advanced New Hampshire Account when, in fact, as LEO ANZIVINO, JR. then and there knew, Co-Conspirator 1 controlled the Advanced New Hampshire Account.

25. LEO ANZIVINO, JR., Co-conspirator 1, and other co-conspirators billed, and caused billings to be submitted to, Medicare for items and services purportedly provided to Medicare beneficiaries that were medically unnecessary, ineligible for Medicare reimbursement, and/or not provided as represented.

26. LEO ANZIVINO, JR., Co-Conspirator 1, and other co-conspirators submitted and caused the submission through interstate wires of false and fraudulent claims to Medicare for DME purportedly provided by Advanced, in the amount of approximately \$6,325,040.06, and received approximately \$2,844,617.61 in payments from Medicare, into the Advanced New Hampshire Account, as a result of these fraudulent claims.

27. LEO ANZIVINO, JR., at the direction of Co-Conspirator 1, transferred the health care fraud proceeds deposited by Medicare into the Advanced New Hampshire Account, to the Advanced Massachusetts Account, for the purpose of concealing and disguising Co-Conspirator 1's control over the health care fraud proceeds.

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

**COUNT 2**  
**Conspiracy to Commit Money Laundering**  
**(18 U.S.C. § 1956(h))**

28. Paragraphs 1 through 17 of this Indictment are realleged and incorporated by reference as though fully set forth herein.

29. From in or around February 2024, and continuing through in or around March 2024, in the District of New Hampshire, and elsewhere, the defendant,

LEO ANZIVINO, JR.,

did knowingly and intentionally combine, conspire, confederate, and agree with others, known and unknown to the Grand Jury, to commit certain offenses against the United States in violation of Title 18, United States Code, Sections 1956 and 1957, to wit:

- a. to knowingly conduct and attempt to conduct financial transactions affecting interstate commerce, which transactions involved the proceeds of specified unlawful activity, that is, health care fraud and conspiracy to commit health care fraud, knowing that the transactions were designed in whole or in part to conceal and disguise the nature, location, source, ownership, and control of the proceeds of specified unlawful activity, and that while conducting and attempting to conduct such financial transactions, knew that the property involved in the financial transactions represented the proceeds of some form of unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(i); and
- b. to knowingly engage and attempt to engage, in monetary transactions by, through, or to a financial institution, affecting interstate and foreign commerce, in criminally derived property of a value greater than \$10,000, such property having been derived from a specified unlawful activity, that is, health care fraud and conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1957.

All in violation of Title 18, United States Code, Section 1956(h).

**COUNTS 3-6**  
**Money Laundering**  
**(18 U.S.C. §§ 1956(a)(1)(B)(i) & 2)**

30. Paragraphs 1 through 17 are realleged and incorporated by reference as though fully set forth herein.

31. On or about the dates specified below, with respect to each count, in the District of New Hampshire, and elsewhere, the defendant,

LEO ANZIVINO, JR.,

did knowingly engage in the following monetary transactions by, through, and to a financial institution, affecting interstate commerce, knowing that the property involved in the financial transaction represented the proceeds of some form of unlawful activity, that is, health care fraud and conspiracy to commit health care fraud, knowing that the transaction was designed in whole and in part to conceal and disguise the nature, the location, the source, the ownership, and the control of the proceeds of specified unlawful activity.

<b>COUNT</b>	<b>APPROXIMATE DATE OF TRANSACTION</b>	<b>DESCRIPTION OF TRANSACTION</b>
<b>3</b>	February 20, 2024	Wire transfer in the approximate amount of \$1.6 million from the Advanced New Hampshire Account to the Advanced Massachusetts Account
<b>4</b>	March 1, 2024	Wire transfer in the approximate amount of \$830,000 from the Advanced New Hampshire Account to the Advanced Massachusetts Account
<b>5</b>	March 6, 2024	Wire transfer in the approximate amount of \$520,000 from the Advanced New Hampshire Account to the Advanced Massachusetts Account



6	March 26, 2024	Wire transfer in the approximate amount of \$144,938 from the Advanced New Hampshire Account to the Advanced Massachusetts Account
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(Title 18, United States Code, Sections 1956(a)(1)(B)(i) and 3551 et seq.)

**NOTICE OF FORFEITURE**

32. The allegations contained in Count One of this Indictment are realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to the provisions of 18 U.S.C. § 982(a)(7).

33. Upon conviction of the offense alleged in Count One, the defendant, LEO ANZIVINO, JR., shall forfeit to the United States of America, pursuant to 18 U.S.C. § 982(a)(7), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense. The property to be forfeited includes, but is not limited to, an order of forfeiture in the amount of approximately \$353,768.29 in U.S. Currency, seized from JP Morgan Chase Bank acct. #585066338, in the name of Advanced Medical Supply Corp., which represents the amount LEO ANZIVINO, JR. received during this offense, which constitutes property involved in the offense.

34. The allegations contained in Counts Two through Six of this Indictment are realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to the provisions of 18 U.S.C. § 982(a)(1).

35. Upon conviction of the offense alleged in Counts One through Six, the defendant, LEO ANZIVINO, JR., shall forfeit to the United States of America, pursuant to 18 U.S.C. § 982(a)(1), any property, real or personal, involved in such offense and any property traceable to such property. The property to be forfeited includes, but is not limited to, an order of forfeiture in

the amount of approximately \$353,768.29 in U.S. Currency, seized from JP Morgan Chase Bank acct. #585066338, in the name of Advanced Medical Supply Corp., which represents the amount LEO ANZIVINO, JR. received during this offense, which constitutes property involved in the offense.

36. If any of the property described above, 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 of America shall be entitled to forfeiture of substitute property under the provisions of 21 U.S.C. § 853(p), as incorporated by 18 U.S.C. § 982(b)(1).

A TRUE BILL.

Dated:

10/11/25

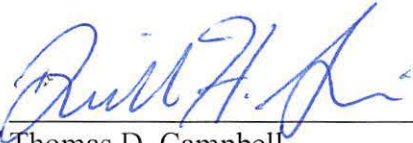
Beth Arsmault  
Foreperson of the Grand Jury

JOHN J. MCCORMACK  
Acting United States Attorney  
District of New Hampshire

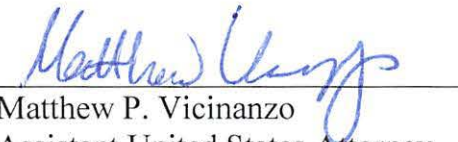
LORINDA LARYEA

Acting Chief  
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By:



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