

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
25-CR-60150-SMITH/HUNT
Case No. _____

18 U.S.C. § 1349

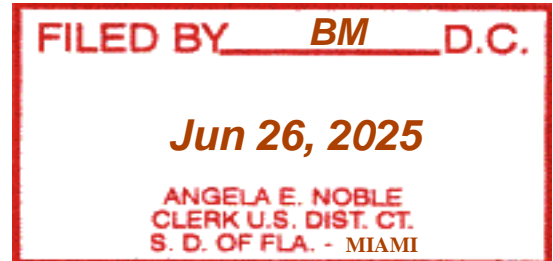
18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

vs.

RICHARD WELDON CROWDER II,

Defendant.



INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

At all times relevant to this Information:

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 A covered

health care services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered physician services and outpatient care, including an individual's access to durable medical equipment ("DME").

Durable Medical Equipment

4. DME was equipment designed for everyday or extended use and for a medical purpose. Orthotic devices were a type of DME that included rigid and semi-rigid devices, such as knee braces, back braces, shoulder braces, and wrist braces ("orthotic DME braces").

5. DME suppliers, physicians, and other health care providers that provided services to beneficiaries were referred to as Medicare "providers."

6. 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.

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

8. A claim for DME 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, Related Entities, and Other Persons

9. New Day Health Solutions Inc. ("New Day") was a Florida corporation located at 1700 North Dixie Highway, Boca Raton, Florida, that purportedly provided DME to Medicare beneficiaries.

10. Liberty Medical Supply LLC (“Liberty”) was a Florida corporation located at 1700 North Dixie Highway, Boca Raton, Florida, that purportedly provided DME to Medicare beneficiaries.

11. RNK Medical Supply Inc. (“RNK”) was a Florida corporation located at 1700 North Dixie Highway, Boca Raton, Florida, that purportedly provided DME to Medicare beneficiaries.

12. Person-1 was a resident of Broward County, Florida, and the listed owner of New Day, Liberty, and RNK (collectively, the “DME Companies”).

13. MEDCARE1 LLC (“MEDCARE 1”) was a Florida corporation located at 10 Fairway Drive, Suite 142, Deerfield Beach, Florida, which was a shell company that existed only to enter into sham contracts with, and receive Medicare funds from, the DME Companies.

14. Defendant **RICHARD WELDON CROWDER II** was a resident of Broward County, Florida, the listed owner of MEDCARE 1, and a beneficial owner of the DME Companies.

Conspiracy to Commit Health Care Fraud
(18 U.S.C. § 1349)

15. From in or around February 2022, and continuing through in or around September 2022, in Broward and Palm Beach Counties, in the Southern District of Florida, and elsewhere, the defendant,

RICHARD WELDON CROWDER II,

did knowingly and willfully, that is, with the intent to further the object of the conspiracy, combine, conspire, confederate, and agree with others known and unknown to the United States Attorney to commit an offense against the United States, that is, 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 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

16. It was a purpose of the conspiracy for the defendant and his co-conspirators to unlawfully enrich themselves by, among other things: (a) offering and paying kickbacks and bribes to marketing companies in exchange for the referral of Medicare beneficiaries for DME without regard to the medical necessity for the prescribed DME or whether the DME was eligible for Medicare reimbursement; (b) paying kickbacks and bribes to telemedicine companies in exchange for doctors' orders for DME for Medicare beneficiaries, without regard to whether the items were medically necessary and eligible for reimbursement; (c) submitting and causing the submission of false and fraudulent claims to Medicare through the DME Companies for DME that was procured through kickbacks, medically unnecessary, and ineligible for reimbursement; (d) concealing the submission of false and fraudulent claims to Medicare; and (e) diverting the fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the conspiracy.

MANNER AND MEANS OF THE CONSPIRACY

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

17. **RICHARD WELDON CROWDER II** installed Person-1 as the listed owner of the DME Companies in order to conceal his own ownership and involvement in the companies. **CROWDER** then submitted and caused the submission of Medicare enrollment documents that falsely and fraudulently listed Person-1 as the sole owner the DME Companies.

18. **RICHARD WELDON CROWDER II** and his co-conspirators paid illegal kickbacks and bribes to marketers that used deceptive and misleading tactics to recruit Medicare beneficiaries to accept DME that they did not want or need.

19. **RICHARD WELDON CROWDER II** and his co-conspirators paid illegal kickbacks and bribes to telemedicine providers to obtain doctors' orders for DME for the recruited Medicare beneficiaries that was medically unnecessary and ineligible for reimbursement.

20. **RICHARD WELDON CROWDER II** and his co-conspirators submitted and caused the submission of false and fraudulent claims to Medicare for DME that were induced through illegal kickbacks and bribes, medically unnecessary, and ineligible for reimbursement. As a result of these false and fraudulent claims, Medicare paid approximately \$381,703 in reimbursements to the DME Companies.

21. **RICHARD WELDON CROWDER II** created sham contracts between the DME Companies and shell corporations that he owned, including MEDCARE 1, in order to conceal his receipt of the fraud proceeds.

22. **RICHARD WELDON CROWDER II** and his co-conspirators used the proceeds of the fraud for their personal use and benefit, the use and benefit of others, and to further the conspiracy.

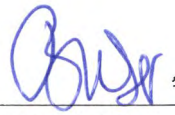
All in violation of Title 18, United States Code, Section 1349.

FORFEITURE ALLEGATIONS

1. The allegations contained in this Information are re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendant, **RICHARD WELDON CROWDER II**, has an interest.

2. Upon conviction of any of the violations of Title 18, United States Code, Section 1349, as alleged in this Information, 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 offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. 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).



HAYDEN P. O'BYRNE
UNITED STATES ATTORNEY



EDUARDO GARDEA, JR.
ASSISTANT UNITED STATES ATTORNEY