

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
25-CR-80103-ROSENBERG/REINHART
CASE NO _____

18 U.S.C. § 1349

18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

v.

SUSAN BRADDOCK,

Defendant.

FILED BY BM D.C.

Jun 27, 2025

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

INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

Medicare Program

1. The Medicare Program (“Medicare”) was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and 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 by 18 U.S.C. § 24(b).

3. Medicare covered different types of benefits and was separated into different

program “parts.” Medicare “Part A” covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare “Part B” was a medical insurance program that covered, among other things, medical services provided by physicians, medical clinics, laboratories, and other qualified health care providers, such as office visits, minor surgical procedures, and laboratory testing, that were medically necessary and ordered by licensed medical doctors or other qualified health care providers.

4. Physicians, clinics, laboratories, and other health care providers (collectively, “providers”) that provided services to beneficiaries were able to apply for and obtain a “provider number.” A provider that received a Medicare provider number was able to file claims with Medicare to obtain reimbursement for services provided to beneficiaries.

5. A Medicare claim was required to contain certain important information, including: (a) the beneficiary’s name and Health Insurance Claim Number (“HICN”); (b) a description of the health care benefit, item, or service that was provided or supplied to the beneficiary; (c) the billing codes for the benefit, item, or service; (d) the date upon which the benefit, item, or service was provided or supplied to the beneficiary; and (e) the name of the referring physician or other health care provider, as well as a unique identifying number, known either as the Unique Physician Identification Number (“UPIN”) or National Provider Identifier (“NPI”).

6. When submitting claims to Medicare for reimbursement, providers were required to certify that: (a) the contents of the forms were true, correct, and complete; (b) the forms were prepared in compliance with the laws and regulations governing Medicare; and (c) the items and services that were purportedly provided, as set forth in the claims, were medically necessary.

7. Medicare would not reimburse providers for claims that were procured through the payment of kickbacks and bribes.

8. CMS acted through fiscal agents called Medicare Administrative Contractors (“MACs”), which were statutory agents for CMS for Medicare Part B. The MACs were private entities that reviewed claims and made payments to providers for services rendered to beneficiaries. The MACs were responsible for processing Medicare claims arising within their assigned geographical area, including determining whether the claim was for a covered service.

9. Novitas Solutions Inc. was the MAC for the consolidated Medicare jurisdictions that included the state of Texas.

10. To receive Medicare reimbursement, providers had to make appropriate applications to the MAC and execute a written provider agreement. The Medicare provider enrollment application for laboratories, clinics, and group practices, CMS Form 855B, was required to be signed by an authorized representative of the provider. CMS Form 855B contained a certification that stated:

I agree to abide by the Medicare laws, regulations, and program instructions that apply to this provider. The Medicare laws, regulations, and program instructions are available through the Medicare contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations and program instructions (including, but not limited to, the federal anti-kickback statute and the Stark law), and on the provider’s compliance with all applicable conditions of participation in Medicare.

11. CMS Form 855B contained additional certifications that the provider “will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.”

12. Payments under Medicare Part B were often made directly to the provider rather than to the patient or beneficiary. For this to occur, the beneficiary would assign the right of payment to the provider. Once such an assignment took place, the provider would assume the responsibility for submitting claims to, and receiving payments from, Medicare.

Genetic Testing

13. Various forms of genetic testing existed using DNA sequencing to detect mutations in genes that could indicate a higher risk of developing certain diseases or health conditions in the future. For example, cancer genetic (“CGx”) testing used DNA sequencing to detect mutations in genes that could indicate a higher risk of developing certain types of cancers in the future. CGx testing was not a method of diagnosing whether an individual presently had cancer. Pharmacogenetic (“PGx”) testing used DNA sequencing to assess how the body’s genetic makeup would affect the response to certain medications. Cardiovascular genetic testing (referred to herein as “cardio testing” or “cardio tests”) used DNA sequencing to detect mutations in genes that can indicate an increased risk of developing serious cardiovascular conditions in the future. CGx, PGx, and cardio genetic testing are referred to herein collectively as “genetic tests” or “genetic testing.”

Medicare Part B Coverage for Laboratory Tests

14. Medicare did not cover laboratory testing that was “not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.” 42 U.S.C. § 1395y(a)(1)(A). Except for certain statutory exceptions, Medicare did not cover “examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint or injury.” 42 C.F.R. § 411.15(a)(1).

15. If laboratory testing was necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, Medicare imposed additional requirements before covering the testing. “All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary’s specific medical problem.” 42 U.S.C. § 410.32(a).

Telemedicine

16. Telemedicine provided a means of connecting patients to doctors by using telecommunications technology, such as the internet or telephone, to interact with a patient.

17. Medicare Part B covered expenses for specified telehealth services if certain requirements were met. These requirements included that (a) the beneficiary was located in a rural or health professional shortage area; (b) services were delivered via an interactive audio and video telecommunications system; and (c) the beneficiary was in a practitioner’s office or a specified medical facility—not at a beneficiary’s home—during the telehealth service with a remote practitioner. In or around March 2020, in response to the COVID-19 pandemic and in order to enable access to care during the public health emergency, some of these requirements were amended temporarily to, among other things, cover telehealth services for certain office and hospital visits, even if the beneficiary was not located in a rural area or a health professional shortage area and even if the telehealth services were furnished to beneficiaries in their home.

The Defendant, Related Entities and Relevant Persons

18. Big Easy Bad Dog, LLC (“BEBD”) was a limited liability company formed under

the laws of Texas, with its principal place of business in Tarrant County, Texas. BEBD was a telemedicine company.

19. Boca Toxicology, LLC (“Boca Toxicology”) was a limited liability company formed under the laws of Florida with its principal place of business in Palm Beach County, Florida. Boca Toxicology purportedly provided laboratory testing, including genetic testing, to beneficiaries.

20. Claro Scientific Laboratories, Inc. (“Claro”) was a corporation formed under the laws of Delaware with its principal place of business in Boulder County, Colorado. Claro purportedly provided laboratory testing, including genetic testing, to beneficiaries.

21. Defendant **SUSAN BRADDOCK** was a resident of Tarrant County, Texas, and the owner of BEBD.

22. Christopher Licata was a resident of Palm Beach County, Florida, and the owner of Boca Toxicology.

23. Juan Nava Ruiz was a resident of Broward County, Florida.

24. Jeffrey Gazzara was a physician and a resident of New Jersey.

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

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

2. From in or around January 2019, and continuing through in or around December 2022, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

SUSAN BRADDOCK,

did knowingly and willfully, that is, with the intent to further the object of the conspiracy, combine, conspire, confederate and agree with Christopher Licata, Juan Nava Ruiz, Jeffrey Gazzara, and others known and unknown to the United States Attorney, to commit health care fraud, 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

3. It was a purpose of the conspiracy for the defendant and her co-conspirators to unlawfully enrich themselves by, among other things: (a) conducting telemarketing campaigns to pressure beneficiaries to agree to take genetic tests, regardless of whether they needed the tests; (b) generating doctors' orders for medically unnecessary genetic testing through sham telemedicine consultations performed by doctors who did not treat the beneficiaries for any signs or symptoms of diseases that would warrant the testing and who did not use the results of the genetic tests to treat the beneficiaries; (c) paying and receiving illegal kickbacks and bribes in exchange for doctors' orders to support false and fraudulent claims to Medicare; (d) disguising kickbacks and bribes as "software/technology" fees; (e) submitting and causing the submission of false and fraudulent claims to Medicare for genetic tests and telemedicine consultations that were procured through the payment of illegal kickbacks and bribes, were medically unnecessary, and

were ineligible for reimbursement; and (f) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the conspiracy.

Manner and Means

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

4. **SUSAN BRADDOCK** authorized the submission of a CMS Form 855B to Medicare that falsely certified that she, as well as BEBD, would comply with all Medicare rules, regulations, and federal laws, including that she would not pay or receive illegal kickbacks and would not knowingly present or cause to be presented a false and fraudulent claim for payment by Medicare.

5. **SUSAN BRADDOCK** and other co-conspirators, through BEBD, solicited and received illegal kickbacks and bribes from laboratories, including Boca Toxicology and Claro, and through patient recruiters, including Juan Nava Ruiz, in exchange for doctors' orders for genetic tests that were not medically necessary and not eligible for Medicare reimbursement. Telemedicine doctors who contracted with BEBD, including Jeffrey Gazzara, authorized the orders even though those doctors had no prior relationship with the beneficiaries, were not treating the beneficiaries for diseases or symptoms of disease underlying the genetic tests, did not use the test results in the treatment of the beneficiaries, and did not conduct a proper telemedicine visit.

6. **SUSAN BRADDOCK** knew that patient recruiters, including Juan Nava Ruiz, targeted Medicare beneficiaries through aggressive telemarketing campaigns to induce them to accept genetic tests.

7. **SUSAN BRADDOCK** used agreements that contained a flat fee for “software/technology” to make it appear that BEBD was not selling doctors’ orders in exchange for illegal kickbacks and bribes. In reality, **BRADDOCK** solicited volume-based payments for doctors’ orders for genetic testing, typically \$125 per order.

8. **SUSAN BRADDOCK** caused BEBD to bill for telemedicine consultations that were medically unnecessary, were not provided as billed, and that served to compensate BEBD for procuring orders for medically unnecessary genetic testing that she sold to patient recruiters. Causing BEBD to bill Medicare for these telemedicine consultations and collecting payments from the patient recruiters allowed **BRADDOCK** to be compensated twice for a single consultation.

9. **SUSAN BRADDOCK**, Christopher Licata, Juan Nava Ruiz, Jeffrey Gazzara, and other co-conspirators caused laboratories, including Boca Toxicology, Claro, and others, to submit false and fraudulent claims to Medicare in the approximate amount of \$20,292,303 for genetic testing that was medically unnecessary, obtained through illegal kickbacks and bribes, and ineligible for Medicare reimbursement. As a result of these false and fraudulent claims, Medicare made payments to laboratories, including Boca Toxicology, Claro, and others, of approximately \$8,797,062 on these claims.

10. **SUSAN BRADDOCK**, Jeffrey Gazzara, and other co-conspirators submitted and caused BEBD to submit false and fraudulent claims to Medicare in the approximate amount of \$4,373,942 for telemedicine consultations for genetic testing that were medically unnecessary, ineligible for Medicare reimbursement, and not provided as billed. As a result of these false and fraudulent claims, Medicare paid BEBD approximately \$784,268 on these claims.

11. **SUSAN BRADDOCK**, through BEBD, personally received approximately \$1,041,018 in kickbacks and bribes from her co-conspirators and in reimbursements from Medicare for medically unnecessary and improper telemedicine consultations.

12. **SUSAN BRADDOCK**, Christopher Licata, Juan Nava Ruiz, Jeffrey Gazzara, and other co-conspirators used the proceeds of the fraud to benefit themselves and others, and to further the conspiracy.

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

FORFEITURE ALLEGATIONS

1. The allegations of this Information are 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, **SUSAN BRADDOCK**, has an interest.

2. Upon conviction of a violation 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).

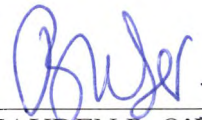
3. If any of the property subject to forfeiture, as a result of any act or omission of the defendant:

- 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 divided without difficulty,

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

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

LORINDA I. LARYEA, ACTING CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE



REGINALD CUYLER JR.
OWEN DUNN
TRIAL ATTORNEYS
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE

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

UNITED STATES OF AMERICA

CASE NO.: 25-CR-80103-ROSENBERG/REINHART

v.

SUSAN BRADDOCK,

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) No
List language and/or dialect: _____
4. This case will take 0 days for the parties to try.
5. Please check appropriate category and type of offense listed below:

(Check only one)	(Check only one)
I <input checked="" type="checkbox"/> 0 to 5 days	<input type="checkbox"/> Petty
II <input type="checkbox"/> 6 to 10 days	<input type="checkbox"/> Minor
III <input type="checkbox"/> 11 to 20 days	<input type="checkbox"/> Misdemeanor
IV <input type="checkbox"/> 21 to 60 days	<input checked="" type="checkbox"/> Felony
V <input type="checkbox"/> 61 days and over	
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) _____
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: _____

REGINALD CUYLER JR.

DOJ Trial Attorney

FL Bar No.

0114062

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: SUSAN BRADDOCK

Case No: _____

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud

*** Max. Term of Imprisonment:** 10 years

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

*** Max. Supervised Release:** 3 years

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

UNITED STATES DISTRICT COURT

for the
Southern District of Florida

United States of America

v.

Susan Braddock,

Defendant

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)

Case No. **25-CR-80103-ROSENBERG/REINHART**

WAIVER OF AN INDICTMENT

I understand that I have been accused of one or more offenses punishable by imprisonment for more than one year. I was advised in open court of my rights and the nature of the proposed charges against me.

After receiving this advice, I waive my right to prosecution by indictment and consent to prosecution by information.

Date: _____

Defendant's signature

Signature of defendant's attorney

NINA SPIZER, ESQ.
Printed name of defendant's attorney

Judge's signature

Judge's printed name and title