

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

CASE NO.

UNITED STATES OF AMERICA,

Plaintiff,

v.

**APPROXIMATELY \$1,008,709.82 IN U.S.
CURRENCY SEIZED FROM ACCOUNT
NO. 9116035605 AT CITIBANK, N.A. IN
THE NAME OF FLORIDA MED EQUIP
CORP.,**

Defendant *In Rem*.

VERIFIED COMPLAINT FOR FORFEITURE *IN REM*

Plaintiff, the United States of America, by and through its undersigned counsel, alleges as follows:

I. NATURE OF THE ACTION

1. This is a civil action *in rem*, pursuant to 18 U.S.C. § 981(a)(1)(C) and the procedures set forth in Rule G of the Supplemental Rules for Admiralty or Maritime Claims and Asset Forfeiture Actions, the Federal Rules of Civil Procedure, to forfeit seized funds, more fully described as (collectively, the “Defendant Assets”):

- (i) Approximately¹ \$1,008,709.82 in U.S. currency seized from account number 9116035605 at Citibank, N.A. in the name of Florida Med Equip Corp.

II. JURISDICTION AND VENUE

2. This Court has jurisdiction over this subject matter. *See* 28 U.S.C. §§ 1345,

¹ All dates and amounts referenced in this Verified Complaint are approximate.

1355(a); 18 U.S.C. § 981(a)(1).

3. This Court has *in rem* jurisdiction over the Defendant Asset. *See* 28 U.S.C. §§ 1345, 1355(b).

4. Venue for this action is proper in this District because acts or omissions giving rise to the forfeiture occurred in the Southern District of Florida, and because this is the same District where the Defendant Asset was brought upon seizure. *See* 28 U.S.C. §§ 1355(b)(1), 1395; 18 U.S.C. § 981(h).

III. FACTUAL ALLEGATIONS

At all times material to this Action:

A. The Medicare Program and Durable Medical Equipment

5. The Medicare Program (“Medicare”) was a federal health care program that provided free or below-cost health care benefits to individuals who are 65 years of age or older or disabled. The benefits available under Medicare were governed by federal statutes and regulations.

6. 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.

7. Individuals who received benefits under Medicare were commonly referred to as “Medicare beneficiaries.”

8. Medicare was a “health care benefit program,” as defined by 18 U.S.C. § 24(b).

9. Medicare was subdivided into multiple program “parts.”

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

11. DME was equipment designed for repeated use and for a medical purpose, such as

orthotic devices, wheelchairs, prosthetic limbs, back braces, knee braces, wheelchairs, nebulizers, and oxygen concentrators.

12. 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 apply in which the providers agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider’s application, Medicare assigned the enrolled provider a Medicare “provider number.”

13. A provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to Medicare beneficiaries.

14. Enrolled Medicare providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement. Providers were given access to Medicare manuals and services bulletins describing billing procedures, rules, and regulations.

15. To receive payment from Medicare, providers, including DME companies, submitted or caused the submission of claims to Medicare, either directly or through a billing company.

16. A Medicare claim for DME reimbursement was required to set forth, among other things, the name and unique Medicare identification number of the beneficiary, 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.

17. A claim for DME submitted to Medicare qualified for reimbursement only if the equipment 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.

B. FLORIDA MED EQUIP CORP.

18. Florida Med Equip Corp. (“Florida Med”) was an enrolled Medicare provider that purportedly provided DME to Medicare beneficiaries.

19. Florida Med was a Florida corporation located in Sunrise, Florida, which is within the Southern District of Florida.

20. Florida Med’s Citibank, N.A. account number 9116035605 (“account ending in 5605”) was opened on January 10, 2022, using an address at Florida Med’s purported office in Sunrise, Florida.

21. Co-conspirators submitted and caused Florida Med to submit false and fraudulent claims to Medicare totaling \$2,523,500 in U.S. currency for DME that was medically unnecessary and not provided as represented.

22. Alleged beneficiaries of Florida Med’s Medicare claims stated in interviews with law enforcement agents that they did not receive, request, or need any of the DME that was billed for them and had never heard of Florida Med.

23. Alleged providers and prescribers of the DME identified in Florida Med’s Medicare claims stated in interviews with law enforcement agents that they had never heard of Florida Med, and they had not prescribed the DME to the identified beneficiaries. Some of these providers stated that the identified Medicare beneficiaries were not their patients. These providers’ prescriptions accounted for 10% of Florida Med’s total billed Medicare claims.

24. On August 17, 2022, Individual One, the president and registered agent of Florida Med, who was also the sole signatory on Florida Med’s account ending in 5605, left the United States for Cuba.

25. On September 9, 2022, law enforcement agents also visited Florida Med’s

purported office in Sunrise, Florida, which they found was closed. There were no signs indicating Florida Med was an active business.

C. Defendant Asset

26. From May 2022, through September 12, 2022, as a result of claims for reimbursements, Medicare deposited \$1,163,967.79 in U.S. currency into Florida Med's account ending in 5605. This \$1,163,967.79 in U.S. currency constituted 96% of the account ending in 5605's total deposits during that time period.

27. Law enforcement reviewed records for Florida Med's account ending in 5605 and performed an analysis based on generally accepted accounting principles. Based on that analysis, on September 12, 2022, \$1,008,709.82 in U.S. currency on deposit in Florida Med's account ending in 5605, which was entire balance of the account at the time, was traceable to Medicare reimbursements.

28. On September 13, 2022, law enforcement agents served a federal seizure warrant on Citibank, N.A. for the balance of Florida Med's account ending in 5605. *See* Case No. 22-MJ-03567-Becerra (S.D. Fla.).

29. Pursuant to that seizure warrant, Citibank remitted \$1,008,709.82 in U.S. currency from Florida Med's account ending in 5605 to Homeland Security Investigations (HSI).

30. HSI seized the \$1,008,709.82 in U.S. currency, which constitutes the Defendant Asset.

IV. BASIS FOR FORFEITURE

31. Pursuant to 18 U.S.C. § 981(a)(1)(C), any property, real or personal, which constitutes or is derived from proceeds traceable to a specified unlawful activity or a conspiracy

to commit such offense is subject to civil forfeiture.

32. Pursuant to 18 U.S.C. § 1956(c)(7)(F), any act or activity constituting an offense involving a “Federal health care offense” constitutes a specified unlawful activity.

33. Pursuant to 18 U.S.C. §§ 1347 and 1349, health care fraud and conspiracy to commit health care fraud each is a “Federal health care offense.”

FIRST CLAIM
Proceeds of Conspiracy to Commit Health Care Fraud
18 U.S.C. § 981(a)(1)(C)

34. The factual allegations in paragraphs 1 through 30 are re-alleged and incorporated by reference as if fully set forth herein.

35. As set forth above, the Defendant Asset is property that constitutes or is derived from proceeds traceable to a conspiracy to commit health care fraud in violation of 18 U.S.C. § 1349, which is a specified unlawful activity pursuant to 18 U.S.C. § 1956(c)(7)(F).

36. Accordingly, the Defendant Asset is subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C).

SECOND CLAIM
Proceeds of Health Care Fraud
18 U.S.C. § 981(a)(1)(C)

37. The factual allegations in paragraphs 1 through 30 are re-alleged and incorporated by reference as if fully set forth herein.

38. As set forth above, the Defendant Asset is property that constitutes or is derived from proceeds traceable to health care fraud in violation of 18 U.S.C. § 1347, which is a specified unlawful activity pursuant to 18 U.S.C. § 1956(c)(7)(F).

39. Accordingly, the Defendant Asset is subject to forfeiture pursuant to 18 U.S.C. § 981(a)(1)(C).

WHEREFORE, Plaintiff, the United States of America, requests that the Clerk of the Court issue a warrant for the arrest *in rem* of the Defendant Asset; that notice of this action be provided to persons known or thought to have an interest in or right against the Defendant Asset; that the Defendant Asset be forfeited and condemned to the United States of America; and for such other and further relief as may be deemed just, necessary and proper.

Respectfully submitted,

HAYDEN O'BYRNE
UNITED STATES ATTORNEY

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VERIFICATION

I, Anthony Lam, hereby verify and declare, under penalty of perjury, that I am a Special Agent with the United States Department of Health and Human Services Office of Inspector General/Office of Investigations (HHS-OIG) and that the foregoing factual allegations are true and correct to the best of my knowledge and belief.

The sources of my knowledge and information and the grounds of my belief are the official files and records of the United States, information supplied to me by other law enforcement agents, as well as my investigation of this case, together with others, as a Special Agent of HHS-OIG.

Executed on this 11 of June 2025.



Anthony Lam
Special Agent, HHS-OIG