

FILED

Jun 20 2025

Mark B. Busby
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE**UNITED STATES DISTRICT COURT**

for the

Northern District of California

United States of America

v.

SEVINDIK HUSEYNOV

Case No.

CR 25-70758-MAG*Defendant(s)***CRIMINAL COMPLAINT**

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

On or about the date(s) of January 15, 2025 - June 18, 2025 in the county of Santa Clara in the
Northern District of California, the defendant(s) violated:*Code Section**Offense Description*

18 U.S.C. § 1347

Healthcare Fraud

This criminal complaint is based on these facts:

Please see attached affidavit of HHS-OIG Special Agent Eric Panicucci.

☒ Continued on the attached sheet.

Approved as to form

AUSA Maya Karwande

/s/ Eric Panicucci/SyK w/permission*Complainant's signature*

Eric Panicucci, Special Agent HHS-OIG

Printed name and title

Sworn to before me by telephone.

Date: June 18, 2025City and state: San Jose, CaliforniaSusan van Keulen
Judge's signature

Hon. Susan van Keulen

Printed name and title

**AFFIDAVIT OF ERIC PANICUCCI
IN SUPPORT OF A CRIMINAL COMPLAINT**

I, Eric Panicucci, a Special Agent of the U.S. Department of Health and Human Services, Office of Inspector General (“HHS-OIG”) being first duly sworn, hereby depose and state as follows:

INTRODUCTION

1. I make this affidavit in support of an application for a criminal complaint and arrest warrant for Sevindik Huseynov (“HUSEYNOV”). As set forth below, there is probable cause to believe that beginning on or about January 15, 2025, and continuing through at least June 16, 2025 in the Northern District of California and elsewhere HUSEYNOV engaged in an ongoing scheme to obtain, by means of false and fraudulent pretenses, representations, or promises, money or property owned by, or under the custody and control of health care benefit programs in violation of Title 18 United States Code, Section 1347. Specifically, as set forth in detail below, HUSEYNOV, through his company Vonyes, Inc. (“VONYES”), fraudulently billed Medicare Advantage Organizations (MAOs) for over \$137 million for durable medical equipment and supplies that were not needed or provided. At least \$761,037.63 has been paid to VONYES.

2. The contents of this affidavit are based upon the following: my own investigation; my review of documents and computer records related to this investigation; my conversations with other law enforcement personnel; oral and written communications with others who have personal knowledge of the events and circumstances described herein; information provided by other agents and law enforcement officers; review of public information, including information available on the Internet; review of records received via legal process; and my experience and background as an HHS-OIG Special Agent.

3. Statements made by witnesses and other individuals referenced in this affidavit have been paraphrased. In addition, certain documents and communications referenced in this affidavit are described in excerpted or summary fashion. Since the affidavit is being submitted

for the limited purpose of securing a complaint and arrest warrant, I have not included every fact known to me concerning this investigation. I have set forth only the facts I believe are necessary to establish probable cause for the requested complaint. All figures, dates, and calculations set forth herein are approximate.

AFFIANT BACKGROUND

4. I have been employed as a Special Agent with HHS-OIG since January 2019. During this time, my investigations have focused on health care fraud and financial crimes. I completed the Criminal Investigator Training Program at the Federal Law Enforcement Training Center in Glynco, GA in May 2019. I am a Certified Fraud Examiner by the Association of Certified Fraud Examiners and have Bachelor of Science and Master of Science degrees in criminal justice from Northeastern University in Boston, MA. I have experience investigating fraud and financial crimes, including healthcare fraud, and have received specialized training related to the conduct of these investigations.

5. I am an “investigative or law enforcement officer of the United States” within the meaning of Section 2510(7) of Title 18, United States Code, that is, an officer of the United States who is empowered by law to conduct investigations of, and to make arrests for, offenses enumerated in Title 18, United States Code, Section 2516.

APPLICABLE LAW

6. Title 18, United States Code, Section 1347 makes it a crime to knowingly and willfully execute, or attempt to execute, a scheme or artifice to defraud a health care benefit program, as defined in Title 18, United States Code, Section 24(b), to obtain, by means of false and fraudulent pretenses, representations, or promises, money, or property owned by, or under the custody and control of, said healthcare benefit program, in connection with the delivery of or payment for health care benefits, items, or services, in violation of Title 18, United States Code, Section 1347.

7. Title 18, United States Code, Section 24(b) defines a health care benefit program as any public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual, and includes any individual or entity who is providing a medical benefit, item, or service for which payment may be made under the plan or contract. Medicare is a health care benefit program as defined by 18 U.S.C. § 24(b).

STATEMENT OF PROBABLE CAUSE

The Medicare Program

8. The Medicare Program (“Medicare”) is a federal health care program that provides free or below-cost health benefits to certain individuals, primarily persons aged 65 years or older or the disabled. Medicare is administered by HHS through its agency, the Centers for Medicare & Medicaid Services (“CMS”). Individuals who receive benefits under Medicare are commonly referred to as Medicare “beneficiaries.”

9. Medicare is divided into different programs or “parts.” “Part A” covers health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. “Part B” covers physician services and outpatient care, including an individual’s access to Durable Medical Equipment (“DME”) and wound dressings. “Part C,” also known as “Medicare Advantage,” provides Medicare beneficiaries with the option to receive their Medicare benefits through a wide variety of private managed care plans. Private health insurance companies offering Part C plans are known as Medicare Advantage Organizations (“MAOs”). MAOs are required to provide Medicare beneficiaries with the same services (except hospice care) and supplies offered under other Medicare plans. Health care providers that provide and supply items and services to beneficiaries, whether under Medicare Part A, B, or C, are referred to “providers.”

10. MAOs, including Humana, Health Care Service Corporation (“HCSC”), CVS Health Corporation (“CVS”), UnitedHealth Group (“UHC”), Elevance Health (“Elevance”), Molina Healthcare (“Molina”), and others, contract with CMS to provide managed care to

Medicare beneficiaries. In Medicare Advantage, the Government pays each MAO a monthly fixed, capitated (per beneficiary) amount, adjusted by the expected risk of each beneficiary. As such, these companies are “health care benefit programs,” as defined by 18 U.S.C. § 24(b).

11. MAOs often make payments directly to providers, rather than to the Medicare beneficiaries that receive the health care benefits, items, and services. To obtain payment for services or treatment provided to a beneficiary enrolled in a Part C MAO sponsored plan, providers submit itemized claim forms to the MAO (i.e., Humana, Molina, HCSC) certifying that the contents of the form are true, correct, and complete, and that the form was prepared in compliance with the laws and regulations governing Medicare. The provider also certifies that the services being billed were medically necessary and were in fact provided as billed. The claim forms are typically submitted electronically.

12. A provider need not be enrolled with Medicare to submit claims to MAOs for services provided to Medicare beneficiaries and, if not enrolled, is considered a non-participating provider. Such a provider does not have to enroll with or enter an agreement with an MAO to bill that MAO. An unenrolled provider is treated as an out-of-network provider and does not have to disclose corporate information such as ownership information or banking information. In my training and experience, I am aware that some individuals committing health care fraud will avoid registering with Medicare Parts A and/or B due to the many disclosures necessary to enroll as a provider and bill those program parts.

Background on HUSEYNOV and VONYES

13. HUSEYNOV is an Azerbaijani national currently residing in Sunnyvale, California.

14. According to California Secretary of State records, Vonyes, Inc. (“VONYES”) was registered as a California corporation on January 15, 2025. VONYES’ principal place of business is listed as 830 Stewart Drive, Suite 270, Sunnyvale, CA 94085. The incorporator signature on the document was “SEVINDIK HUSEYNOV”. A statement of information filed

with the California Secretary of State on January 30, 2025, identified HUSEYNOV as VONYES' chief executive officer, chief financial officer, secretary, and director. Since VONYES was registered, HUSEYNOV has been the sole registered officer or director of VONYES.

15. The agent for service of process for VONYES is listed as VCorp Agent Services, Inc. ("VCorp"). According to VCorp records, HUSEYNOV was VCorp's sole contact at VONYES. VCorp documents list a telephone number ending in x6310, which according to T-Mobile records is subscribed to HUSEYNOV, as the VONYES contact number. The email address is listed as admin@vonyesinc.com. VCorp records showed a receipt for a \$1,213 payment to VCorp dated January 14, 2025 that corresponds to a debit card transaction with "VCORP SERVICES" on HUSEYNOV's Bank of America account ending in 0892. Based on the transaction information, I believe that HUSEYNOV paid the VCorp fee for the VONYES registration.

16. HUSEYNOV used the email account huseynov.sev33@gmail.com, which is subscribed in his name, to communicate with VCorp representatives about paperwork related to the VONYES corporate filings. For example, on January 30, 2025, huseynov.sev33@gmail.com emailed a service representative at VCorp the following:

Hello, Recently i received documents from the Vcorp for Vonyes Inc. and there was a mistake. In the STATEMENT OF INFORMATION CORPORATION officer and director is listed as SEVINDIK SEVINDIK and it should be Sevindik Huseynov. Thank you

17. To bill Medicare or a Medicare Advantage plan, a DME supplier is required to obtain a National Provider Identifier ("NPI") number through the National Plan and Provider Enumeration System ("NPPES"). Upon approval, a provider acquires a unique 10-digit NPI. After an NPI is provided, NPPES publicly publishes certain parts of the NPI record to include the provider's name, specialty, taxonomy, and practice address

18. According to the NPPES NPI Registry, VONYES is a provider of durable medical equipment and medical supplies with an enumeration date of January 17, 2025 and NPI number NPI1891506887. HUSEYNOV is listed as the "Authorized Official" and President of VONYES.

19. VONYES is located in an office building managed by CEO Business Centers. Bank statements from HUSEYNOV's personal Bank of America checking account ending in 0892¹ show recurring monthly payments of \$750 to "CEO Bus Centers." I believe these are the monthly rent payments for the VONYES office space and that HUSEYNOV is paying the rent out of his personal account.

VONYES Billing Pattern Indicates Fraud

20. Since at least January 15, 2025 to the present, HUSEYNOV, through VONYES, has defrauded Medicare Advantage plans by submitting false and fraudulent claims for DME. The claims are fraudulent because the beneficiaries did not need the DME, ask for the DME, or receive the DME.

21. According to MA encounter data², between March 28, 2025 and June 14, 2025, VONYES submitted over 7,200 claims for DME for Medicare Advantage beneficiaries to at least 8 MAOs, including Humana, HCSC, CVS, UHC, Elevance, and Molina, among others. In total, in only a three-month period, VONYES billed MAOs for over \$137 million in DME.³

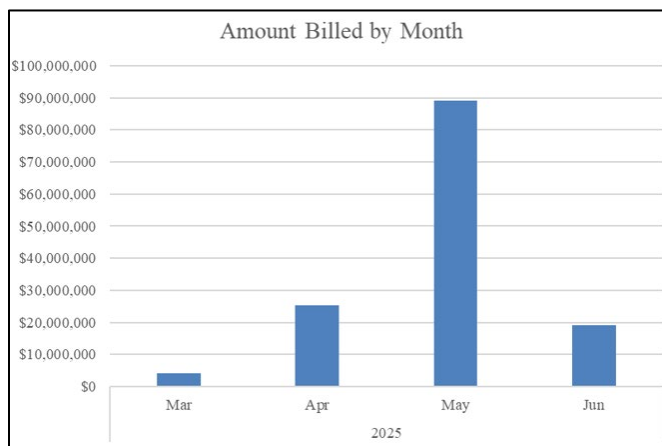
¹ This account was opened in April 20, 2023 ("HUSEYNOV Acct. 0892"). HUSEYNOV was the sole signatory on the account. Activity on HUSEYNOV Acct. 0892—for example purchases at restaurants, grocery stores, liquor stores, and gas stations near HUSEYNOV's residence—indicate this is HUSEYNOV's personal checking account that was opened prior to the creation of VONYES.

² MAOs must submit MA encounter data to CMS for each item or service provided to a Medicare beneficiary to CMS. 42 CFR §§ 422.310(b) and 423.329(b)(3). CMS maintains the encounter data, which includes claim information such as claim control number, beneficiary ID, billing provider NPI, referring provider NPI, procedure codes, diagnosis codes, dates of service, and amounts billed.

³ These numbers are approximate due to how MAOs report claims and payment data to CMS. MAOs submit their Medicare Part C claims data to CMS, which memorializes the services provided to the Medicare Part C beneficiaries but does not include official paid amounts for those services. MAOs are not required to submit paid amounts for the reported claims. While some do provide this information, others elect to report no paid amounts, or to report fee-for-service equivalent billed or paid amounts. CMS does not independently verify the amounts.

22. Claims data received thus far in the investigation directly from CVS, HCSC, Humana, and Molina show that VONYES has been paid at least \$761,037.63⁴

23. I have reviewed the VONYES MAO encounter data as part of my investigation. MAO encounter data indicates VONYES began billing in March 2025, with a drastic spike in May 2025 when VONYES billed for over \$89 million of DME provided to Medicare beneficiaries in a single month. Based on my training and experience, this billing pattern, combined with a trend of Medicare beneficiaries reporting not receiving products billed by VONYES, is consistent with other fraudulent “bust-out” schemes, i.e., schemes where providers illegally obtain beneficiary lists and personal information to submit fraudulent MAOs for large amounts in a short period of time hoping to get paid as much as possible before the MAOs catch on.



24. All of VONYES’ billed claims to MAOs relate to six DME products including orthotic braces and alginate wound dressings, which are expensive medical products. Based on my training and experience, I know that “bust out” schemes tend to target orthotic braces and other high-value products like alginate wound dressings as a way increase the billed amount on

⁴ It is not uncommon, even for legitimate provider claims to MAOs, for health care providers to bill a higher amount than they ultimately receive, as payments are often reduced due to factors such as fee schedule payment limits, claim adjustments, denials, voids, or reversals. Collection and analysis of MAO claims data is ongoing. Amounts presented are preliminary and expected to increase significantly pending the receipt and analysis of data from additional MAOs.

fraudulent claims. I also know that it is unusual for a legitimate DME company to repeatedly bill patients for the same items, as it is unlikely that patients would require identical combinations of equipment on a recurring basis without a clear medical justification.

25. Analysis of the billing data also shows that many Medicare Advantage beneficiaries were billed for multiple different orthotic braces and wound dressings simultaneously and that identical claims for multiple DME products were submitted for numerous beneficiaries. Based on my training and experience, it is unusual for an individual to have a legitimate medical need for two wrist braces (for each side), two knee braces (for each side), a back brace, and wound dressing at the same time. Such clustered billing is an indication of fraud, especially when a high volume of claims for the same set of DME are submitted close in time.

26. In reviewing the data, I also noticed that the referring provider was often located in a different state from the Medicare Advantage beneficiary. It is unusual for a referring physician to be in a different geographic area from the patient. This pattern is another indication of fraudulent billing.

Beneficiary Complaints and Interviews Confirm Fraud

27. HHS-OIG and FBI have received numerous complaints and referrals from MAOs regarding VONYES submitting claims for services not rendered. In addition, I have reviewed records from multiple MAOs documenting the numerous complaints received from beneficiaries regarding fraudulent claims.

28. Between March 25, 2025 and May 19, 2025, seven individuals contacted the FBI's Internet Crime Complaint Center ("IC3"), a platform where individuals and organizations can submit tips about cybercrime and internet-facilitated crime, and reported VONYES billed their health insurance for products they did not receive. For example, on May 19, 2025, B.C. reported that VONYES had billed UHC for over \$25,000 in DME products she did not receive between February 21, 2025 and March 25, 2025.

29. HHS-OIG has also received at least four complaints from beneficiaries and MAOs regarding fraudulent claims submitted by VONYES.

30. For example, on or about April 1, 2025, VONYES billed Aetna (a subsidiary of CVS) for seven products (two knee braces, two wrist-hand braces, a back brace, and two alginate wound dressings) purportedly provided to T.W., totaling \$29,030 billed. Aetna paid VONYES \$7,069.57. On April 30, 2025, T.W. submitted a web complaint to HHS-OIG and reported that, “[i]n reviewing the recent claims on my Medicare Advantage account, I noticed a series of 7 medical services that are fake [...] the timeframe of the fraudulent services is February 19, 2025 – March 21, 2025.” Law enforcement interviewed T.W. on April 30, 2025. T.W. stated she submitted a web complaint to HHS-OIG after noticing a series of claims that VONYES billed to her Aetna Medicare Advantage plan for products she did not receive. T.W. confirmed she neither needed nor received the products billed by VONYES.

31. In another example, on or about May 15, 2025, L.W. submitted a web complaint to HHS-OIG and reported that “[a] company named Vonyes, Inc submitted a claim for 5 pieces of durable medical equipment with a date of service of 4/21/2025. I have never heard of this company and did not receive any medical equipment nor is it needed.” L.W. provided a statement from UnitedHealthcare showing VONYES billed UnitedHealthcare for medical supplies (two knee braces, two wrist-hand braces, and a back brace) purportedly provided to L.W. on April 21, 2025 totaling \$29,324 and that UnitedHealthcare denied the claim.

32. On or about April 11, 2025, VONYES billed Cigna for five DME products (two knee braces, two wrist-hand braces, and a back brace) purportedly provided to L.T., totaling \$24,124. Cigna paid \$4,400.60 for this claim. L.T.’s husband submitted a complaint to Cigna and reported L.T. did not receive the products billed by VONYES and did not know the referring provider listed on the claim. On June 16, 2025, law enforcement interviewed L.T., who stated she did not receive the products billed by VONYES and was not familiar with the referring provider listed on the claim. L.T.’s husband, who handles their family’s medical paperwork, explained that

he saw a statement from Cigna showing that VONYES billed for products that he knew his wife did not receive and called Cigna to report suspected fraud.

33. On May 2, 2025, a representative of Molina submitted a web complaint to HHS-OIG and reported that Molina of Wisconsin identified VONYES as a “phantom DME provider billing a similar scheme to other providers suspected to be billing for DME not provided” based on analysis of claims showing a “clear pattern of billing identical claims.” Molina identified a pattern where VONYES submitted one claim for each member that contained seven claim lines and four procedure codes. Each claim was billed with codes for two wrist-hand braces, two knee braces, one back brace, and one alginate wound dressing. Molina further noted that VONYES submitted claims for members who were not actively enrolled with Molina at the time of billing.

34. According to Molina records, between April 10, 2025 and May 9, 2025 at least three members reported not receiving services billed by VONYES. For example, Molina records show that VONYES billed \$23,640 for DME products (two knee braces, two wrist-hand braces, a back brace, and an alginate wound dressing) provided to S.J. on March 20, 2025. On May 9, 2025, S.J. reported she did not receive products that VONYES billed to Molina. Molina denied the claim. In another example, VONYES billed \$29,030 for DME products (an alginate wound dressing on February 19, 2025; and two knee braces, two wrist-hand braces, a back brace and an alginate wound brace on March 21, 2025) resulting in payment totaling \$4,310.44. On June 16, 2026, law enforcement interviewed D.B.2. who reported he did not order or receive the products VONYES billed to Molina and was not familiar with the referring provider listed on the claims. D.B.2. explained that he received a notice of denial in the mail and called Molina to report suspected fraud. D.B.2. was not familiar with the physician who was listed as the referring provider on the claims.

35. According to Humana records, between April 7, 2025 and April 8, 2025, six members reported not receiving DME products billed by VONYES. For example, Humana records show that VONYES billed \$8,400 for DME products (two knee braces) allegedly provided to C.B. on April 1, 2025. On April 7, 2025, C.B. reported she did not receive products

billed by VONYES and did not know the referring physician listed on the claim. Humana did not pay the claim VONYES submitted for C.B.

36. According to Florida Blue Cross Blue Shield (“Florida BCBS”) records, VONYES billed approximately \$730,000 to Florida BCBS for MA members. Florida BCBS issued payments to VONYES for approximately \$93,000, but implemented a stop payment on the checks after it received multiple complaints from members who reported not receiving DME products billed by VONYES.

37. According to the Special Investigations Manager at Blue Cross and Blue Shield of Minnesota (BCBS), who was interviewed on April 25, 2025, BCBS has received 28 fraud referrals from beneficiaries regarding VONYES. All of the complainants stated they had never heard of VONYES and did not order or receive any of the products on the claims. The investigator noted that the VONYES fraud was one of the worst he has seen during his employment.

38. According to CVS records, between April 2, 2025 and May 1, 2025, at least 20 members reported not receiving products billed by VONYES. For example, on or about March 24, 2025, VONYES billed Aetna (a CVS MA plan) for seven products (two knee braces, two wrist-hand braces, a back brace, and two alginate wound dressings) purportedly provided to D.B.1, totaling \$29,030 billed (CVS did not pay this claim). On April 2, 2025, D.B.1. reported he did not request or receive products that VONYES billed to CVS.

39. CVS records show that on or about March 14, 2025, VONYES billed Aetna for six products (two knee braces, two wrist-hand braces, a back brace, and two alginate wound dressings) allegedly provided to D.P. on March 13, 2025. The products consisted of two knee braces, two wrist braces, one back brace and alginate wound dressing. On June 17, 2025, law enforcement interviewed D.P. who reported he was not familiar with VONYES, did not receive products billed by VONYES, and had no need for orthotic braces or wound dressings.

40. CVS records show that on that same day, March 14, 2025, VONYES submitted an identical claim for D.H. The products again consisted of two knee braces, two wrist braces, one

back brace and one alginate wound dressing. On June 17, 2025 law enforcement interviewed D.H. who reported he had never heard of VONYES, has not recently received medical equipment, and does not have a condition that would require medical equipment or wound dressings.

41. There are also publicly available complaints about the VONYES fraud. For example, on the VONYES website numerous individuals posted comments between March 31, 2025 and April 7, 2025, stating that VONYES had submitted fraudulent claims in their names.

42. On June 18, 2025, I spoke with Dr. J.S., who had been listed as a referring provider on multiple billing claims filed by VONYES. Dr. J.S. confirmed that he has never prescribed medical equipment furnished by VONYES, that he has not familiar with VONYES, and that the beneficiaries listed on the claims are not patients of his.

Financial Records Summary

43. Law enforcement has identified several business accounts held by VONYES that are controlled by HUSEYNOV, including Bank of America Acct. 4938, HomeStreet Bank Acct. 3084, and Wells Fargo Acct. 2815 ⁵ These accounts receive payments from health insurance companies, including MAOs, for fraudulent claims submitted for DME allegedly provided by VONYES. Activity on the VONYES bank accounts indicate they are controlled by HUSEYNOV.

44. I have reviewed the bank records for these VONYES accounts. Review of account activity on VONYES business accounts did not identify patterns of transactions typically associated with DME businesses. For example, review of account activity did not identify substantial transactions with well-known DME wholesalers or shipping or logistics companies. Based on my training and experience, fraudulent DME providers involved in “bust-out” schemes

^{5 5} Financial record collection and analysis is ongoing. Amounts presented are preliminary and expected to increase significantly pending the receipt and analysis of additional records.

do not acquire any DME inventory to account for the high volume of claims billed to MAOs and other insurance companies.

45. In addition, it is unusual for a legitimate business to have numerous business accounts and to open and close them quickly and for funds to be transferred among different business accounts. This pattern of transfers is consistent with money laundering. It is also unusual for business accounts to be closed based on suspected fraud. Based on my training and experience, I know that health insurance companies will often stop payments on checks issued based on suspected fraudulent claims. Multiple instances of checks being returned and bank accounts being closed is a red flag of fraudulent billing.

Bank of America Acct. 4938

46. According to Bank of America records, the VONYES checking account ending in 4938 (“VONYES Acct. 4938”) was opened on January 22, 2025. HUSEYNOV was listed as the CEO and the sole signatory on the account. Based on a comparison of HUSEYNOV’s signature on file with the California Department of Motor Vehicles and the signature on the signature page of the Bank of America Acct. 4938, I believe that HUSEYNOV signed the card. BOA Acct. 4938 received numerous large deposits from checks from health insurance companies to VONYES, including payments from Florida BCBS and BlueCross BlueShield of Texas. VONYES Acct. 4938 also received a wire transfer from a VONYES account ending in 1693 (“VONYES Acct. 1693”) at JP Morgan Chase Bank.

HomeStreet Acct. 3084

47. According to information provided by HomeStreet Bank, VONYES checking account ending in 3084 (“VONYES Acct. 3084”) was opened in February 2025. On June 13, 2025, law enforcement interviewed a manager at HomeStreet Bank in Santa Clara, CA (“Bank Manager 1”). Bank Manager 1 reported that on or about February 2025, HUSEYNOV came to HomeStreet Bank and Bank Manager 1 helped him open VONYES Acct. 3084. HUSEYNOV presented the required paperwork to open a business account, which included his personal

identification, articles of incorporation for the business, and other business records related to VONYES. Bank Manager 1 was familiar with HUSEYNOV because she had assisted him on approximately eight occasions and regularly checked his identification, including during the process of opening the account and before each outgoing wire transfer.

48. HUSEYNOV began making deposits, receiving wire transfers, and sending wire transfers. In April 2025, VONYES Acct. 3084 received multiple large wires from other accounts VONYES held at other banks, totaling \$288,900.00.

49. HUSEYNOV also sent wires from the HomeStreet account to a Pushi Trade Ltd. Account at Standard Charter Bank in Hong Kong.

50. In May 2025, HUSEYNOV deposited a large check from Blue Cross Medicare Advantage Plan for over \$166,000 that was later returned. Then, Wells Fargo contacted HomeStreet regarding a suspected fraudulent wire transfer sent to VONYES Acct. 3084. After Bank Manager 1 learned of the returned deposited item from Blue Cross Medicare Advantage Plan and the suspected fraudulent wire transfer, HomeStreet closed VONYES Acct. 3084.

Wells Fargo Acct. 2815

51. According to documents and information provided by Wells Fargo, HUSEYNOV opened the Wells Fargo VONYES Acct. 2815 on or about January 22, 2025. HUSEYNOV was the sole signatory on the account. Between April 1, 2025 and May 9, 2025, HUSEYNOV deposited four checks from BlueCross Medicare Advantage Plan to VONYES totaling \$860,024.59 that were returned due to stop payment requests.

52. HUSEYNOV was captured on bank surveillance, as pictured below on the left, when making the BlueCross Medicare Advantage Plan deposit into VONYES Acct. 2815 on May 9, 2025. HUSEYNOV was identified by comparison with the photo on his California driver's license, as depicted below on the right.



Wire Transfers to Standard Chartered Bank Hong Kong

53. Analysis of financial records identified numerous large transfers from VONYES accounts to offshore accounts at Standard Chartered Bank Hong Kong. Most transfers were to an account for an entity named Pushi Trade Limited (“PUSHI TRADE LTD”). Based on my training and experience, I recognize that the movement of funds between accounts controlled by the same entity, followed by international wire transfers, is indicative of potential money laundering activity. Examples of wire transfers between VONYES accounts and Hong Kong based entities are below:

Date	From	To	Amount
4/15/2025	VONYES Acct. 4938, Bank of America	VONYES, Acct. 3402, Standard Chartered Bank Hong Kong ⁶	\$60,990.00
4/24/2025	VONYES Acct. 3084, HomeStreet Bank	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$84,530.00

⁶ Bank of America wire transfer records indicate the April 15, 2025 wire transfer was directed to a VONYES account at Standard Chartered Bank Hong Kong; however, the account number matches the account for PUSHI TRADE LIMITED, consistent with the other transactions represented in this table.

4/29/2025	VONYES Acct. 3084, HomeStreet Bank	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$95,400.00
5/1/2025	VONYES Acct. 3084, HomeStreet Bank	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$90,860.00
5/7/2025	VONYES Acct. 3084, HomeStreet Bank	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$192,450.00
5/12/2025	VONYES Acct. 2815, Wells Fargo	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$86,100.00
5/12/2025	VONYES Acct. 2815, Wells Fargo	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$97,350.00
5/13/2025	VONYES Acct. 2815, Wells Fargo	PUSHI TRADE LIMITED, Acct. 3402, Standard Chartered Bank Hong Kong	\$95,100.00
Total			\$802,780.00

Surveillance of HUSEYNOV and VONYES Office Location

54. On June 12, 2025, a Thursday at approximately 10:10 a.m., HHS-OIG conducted surveillance of VONYES, 830 Stewart Drive, Ste. 270, Sunnyvale, CA 94085. HHS-OIG agents observed that Suite 270, located on the second floor, was marked with a sign for VONYES; however, the office appeared to be closed and the interior lights were off. Based on my training, experience, and familiarity with Medicare accreditation standards for DME suppliers, legitimate DME companies typically maintain a physical facility that is accessible to the public and staffed during posted business hours. Based on my training and experience, I believe that VONYES is using the office as a façade for a legitimate company but, is in fact, submitting false and fraudulent Medicare Part C claims for DME.

55. On June 16, 2025, FBI conducted surveillance of HUSEYNOV. At approximately 9:00 a.m., HUSEYNOV departed his residence in Sunnyvale and drove to a California Check Cashing Store where he was observed depositing a check from Blue Cross Blue Shield made out to VONYES. At approximately 10:15 a.m., HUSEYNOV drove to 830 Stewart Drive,

Sunnyvale, CA 94085 (VONYES' office address) and entered the building. At approximately 10:30 a.m., HUSEYNOV drove to Western Union at 734 South Fair Oaks Ave., Sunnyvale, CA 94086. HUSEYNOV later drove to Safeway at 150 E El Camino Real, Sunnyvale, CA 94087 and went to the Western Union inside where he attempted to make multiple transactions.

HUSEYNOV then drove to Quincy Liquors, 982 E El Camino Real, Sunnyvale, CA 94087, and then drove back to California Check Cashing Store at 2325 El Camino Real, Santa Clara, CA 95050, where he took papers from the Toyota Camry and re-entered the check cashing store.

56. Based on my training and experience, HUSEYNOV's activity on June 16, 2025 is consistent with conduct of an individual operating a fraudulent DME company. For example, legitimate DME companies typically maintain financial accounts with banks to deposit payments from insurance companies. In this case, HUSEYNOV was observed conducting business at various check cashing stores and money transmitting businesses. I suspect that HUSEYNOV uses the VONYES office location to receive mail, including checks, that he then either deposits into one of the many VONYES bank accounts, or cashes at a check cashing store.

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CONCLUSION

57. Based on the foregoing, my training and experience, and the training and experience of agents and investigators involved in this investigation, I respectfully submit there is probable cause to believe Sevindik HUSEYNOV, through the business entity VONYES submitted and caused the submission of false and fraudulent claims to Medicare Part C Plan providers thereby causing them to send fraudulently obtained funds to accounts he controlled.

58. Accordingly, I submit there is probable cause to believe that, in the Northern District of California and elsewhere, HUSEYNOV has committed health care fraud in violation of Title 18, United States Code, Section 1347.

/s/ Eric Panicucci/SvK w/permission

Eric Panicucci
Special Agent
HHS-OIG

Sworn to before me over the telephone and signed
by me pursuant to Fed.R.Crim.P 4.1 and 4(d)
this 18th day of June, 2025.



HON. SUSAN VAN KESTEREN
United States Magistrate Judge

DEFENDANT INFORMATION RELATIVE TO A CRIMINAL ACTION - IN U.S. DISTRICT COURT
 BY: ☒ COMPLAINT ☐ INFORMATION ☐ INDICTMENT
☐ SUPERSEDING
OFFENSE CHARGED

18 U.S.C. § 1347 - Healthcare Fraud

- ☐
- Petty
-
- ☐
- Minor
-
- ☐
- Misdemeanor
-
- ☒
- Felony

PENALTY: Maximum of 10 years imprisonment, \$250,000 fine or twice the amount of gain or loss associated with the offense, \$100 special assessment, 3 years supervised release, restitution

Name of District Court, and/or Judge/Magistrate Location

NORTHERN DISTRICT OF CALIFORNIA

SAN JOSE DIVISION

DEFENDANT - U.S.

SEVINDIK HUSEYNOV

DISTRICT COURT NUMBER

CR 25-70758-MAG**FILED**

Jun 20 2025

 Mark B. Busby
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 SAN JOSE
PROCEEDING

Name of Complainant Agency, or Person (& Title, if any)

FBI and HHS-OIG

☐ person is awaiting trial in another Federal or State Court, give name of court

☐ this person/proceeding is transferred from another district per (circle one) FRCrP 20, 21, or 40. Show District

☐ this is a reprosecution of charges previously dismissed which were dismissed on motion of:

☐ U.S. ATTORNEY ☐ DEFENSE
SHOW
DOCKET NO.
☐ this prosecution relates to a pending case involving this same defendant
MAGISTRATE
CASE NO.
☐ prior proceedings or appearance(s) before U.S. Magistrate regarding this defendant were recorded under

 Name and Office of Person
 Furnishing Information on this form Craig H. Missakian

☒ U.S. Attorney ☐ Other U.S. Agency

 Name of Assistant U.S.
 Attorney (if assigned) AUSA Maya Karwande
DEFENDANT**IS NOT IN CUSTODY**

Has not been arrested, pending outcome this proceeding.

 1) ☒ If not detained give date any prior summons was served on above charges

 2) ☐ Is a Fugitive

 3) ☐ Is on Bail or Release from (show District)
IS IN CUSTODY
 4) ☒ On this charge

 5) ☐ On another conviction

☐ Federal ☐ State

 6) ☐ Awaiting trial on other charges

If answer to (6) is "Yes", show name of institution

 Has detainer
 been filed? ☐ Yes ☐ No

 If "Yes"
 give date
 filed

**DATE OF
 ARREST**

Month/Day/Year

Or... if Arresting Agency & Warrant were not

**DATE TRANSFERRED
 TO U.S. CUSTODY**

Month/Day/Year

☐ This report amends AO 257 previously submitted
ADDITIONAL INFORMATION OR COMMENTS**PROCESS:**
☐ SUMMONS ☐ NO PROCESS* ☒ WARRANT

Bail Amount: _____

If Summons, complete following:

☐ Arraignment ☐ Initial Appearance

Defendant Address:

* Where defendant previously apprehended on complaint, no new summons or warrant needed, since Magistrate has scheduled arraignment

Date/Time: _____ Before Judge: _____

Comments: