UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

February 2026 Grand Jury

UNITED STATES OF AMERICA, Plaintiff, v. BRENDA LEE LOPEZ, Defendant.	CR 2:26-cr-00391-WLH I N D I C T M E N T [18 U.S.C. § 1347: Health Care Fraud; 18 U.S.C. § 1028A(a)(1): Aggravated Identity Theft; 18 U.S.C. § 982(a)(7): Criminal Forfeiture]

The Grand Jury charges:

COUNTS ONE THROUGH SEVEN

[18 U.S.C. §§ 1347, 2(b)]

At times relevant to this Indictment:

A. INTRODUCTORY ALLEGATIONS

Individuals

1. Defendant BRENDA LEE LOPEZ was a resident of Norwalk, California.

2. Physician 1 was a medical doctor licensed to practice in California. Physician 1 was a resident of Manhattan Beach,

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California, until he relocated to Hungary in or around August 2023.

3. Nurse Practitioners 1, 2 and 3 were each nurse practitioners licensed to practice in California.

Entities

4. Laboratory 1 was a diagnostic testing laboratory located in Torrance, California.

5. Practice 1 was a medical practice located in Los Angeles, California. Defendant LOPEZ worked as the office manager for Practice 1.

6. Practice 2 was a medical office and surgery center located in Hawthorne, California. Physician 1 owned Practice 2.

7. Quality Care Medical Management LLC ("QC Medical") was a purported medical practice located at 11900 Avalon Boulevard, Suite 101, Los Angeles, California 90061. Defendant LOPEZ owned, operated, and controlled QC Medical and its bank accounts.

8. Leisure Care Mobile Services, Inc. ("Leisure Care") was a business located at 6401 Warner Avenue, Suite 138, Huntington Beach, California 92647. Defendant LOPEZ controlled Leisure Care and its bank accounts.

The Medicare Program

9. Medicare was a federal health care benefit program, affecting commerce, that provided benefits to individuals who were 65 years of age and older 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. 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).

10. Individuals who qualified for Medicare benefits were referred to as Medicare "beneficiaries." Each beneficiary was given a unique health insurance claim number.

11. Laboratories, physicians, and other health care providers who provided services to beneficiaries that were reimbursed by Medicare were referred to as Medicare "providers."

12. Medicare required prospective providers to be licensed by a state or local agency. After obtaining the applicable license, Medicare required prospective providers to submit an application in which the prospective provider agreed to, among other things: (a) comply with all Medicare-related laws and regulations, including the Anti-Kickback Statute, Title 42, United States Code, Section 1320a-7b(b), which prohibits the offering, paying, soliciting, and receiving of any remuneration for the referral of Medicare beneficiaries; and (b) not submit claims for payment to Medicare knowing they were false or fraudulent or with deliberate ignorance or reckless disregard of their truth or falsity. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number," which was used for the processing and payment of claims submitted by the provider.

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

Diagnostic Laboratory Testing

14. Nucleic acid amplification tests ("NAATs") were diagnostic laboratory tests that identified bacteria, viruses, and other pathogens in biological specimens including urine, blood, and saliva. NAATs could identify, for example, urinary tract infections, pneumonia, strep, and sexually transmitted diseases, among other diseases caused by bacteria, viruses, and other pathogens.

15. Definitive urine drug tests ("UDTs") were diagnostic laboratory tests that used advanced analytical methods such as mass spectrometry to identify and quantify specific medications, illicit substances, and metabolites present in the human body.

16. Medicare did not cover items or services, including diagnostic laboratory tests, that were "not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member." Title 42, United States Code, Section 1395y(a)(1)(A). Medicare did not pay for items or services that were procured through the payment of illegal kickbacks.

17. To conduct diagnostic laboratory tests, such as NAATs and UDTs, a laboratory had to obtain a biological specimen from the patient. Physicians, nurse practitioners, and other authorized providers collected biological specimens from patients and submitted them to laboratories with requisition forms, also known as "doctors' orders," for testing.

18. Claims for reimbursement of laboratory tests such as NAATs and UDTs were submitted to Medicare and other Federal health care programs using Common Procedural Terminology ("CPT")

codes, a set of standardized codes used by medical professionals, laboratories, and other medical providers to describe the services they provided. There were CPT codes for NAATs for different bacteria, viruses, and other pathogens; detection tests for candida species (yeast); and UDTs.

B. THE SCHEME TO DEFRAUD

19. Beginning no later than in or around June 2024, and continuing through at least in or around April 2025, in Los Angeles County, within the Central District of California, and elsewhere, defendant LOPEZ, together with others known and unknown to the Grand Jury, knowingly, willfully, and with the intent to defraud, executed and willfully caused to be executed a scheme and artifice: (1) to defraud a health care benefit program, namely, Medicare, as to material matters; and (2) to obtain money from a health care benefit program, namely, Medicare, by means of materially false and fraudulent pretenses, representations, and promises, and the concealment of material facts, in connection with the delivery of and payment for health care benefits, items, and services.

C. MEANS TO ACCOMPLISH THE SCHEME TO DEFRAUD

20. The fraudulent scheme operated, in substance, in the following manner:

a. Defendant LOPEZ, while working as the office manager for Practice 1, obtained the name and other means of identification of Physician 1, who had previously seen patients at the location of Practice 1. Defendant LOPEZ also obtained the name and other means of identification of Nurse

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Practitioners 1, 2, and 3, who had previously worked for Practice 1.

b. Defendant LOPEZ used Physician 1's name and signature to create a false commercial lease agreement purportedly between defendant LOPEZ, as the "Landlord," and Physician 1 and Practice 2, as the "Tenants," for a stated lease term of October 2022 through October 2024, for 11900 Avalon Boulevard, Suite 101, Los Angeles, CA 90061.

c. Defendant LOPEZ created a false California Secretary of State Statement of Information Address Change form for Practice 2. On the falsified form, defendant LOPEZ changed the address of Practice 2 to the address of QC Medical and dated the form October 17, 2022.

d. Defendant LOPEZ used Physician 1's name and forged signature on false and fraudulent requisition forms for diagnostic laboratory tests, including NAATs and UDTs, that Physician 1, who was then a resident of Hungary, had not ordered. Many of the requisition forms were for patients of Practice 1.

e. Defendant LOPEZ used Nurse Practitioner 1's, 2's, and 3's names and forged signatures on false and fraudulent requisition forms without their permission or knowledge for diagnostic laboratory tests, including NAATs and UDTs, that Nurse Practitioners 1, 2 and 3 had not ordered. Defendant LOPEZ falsely stated on the requisition forms that Nurse Practitioners 1, 2, and 3 were medical providers employed by Practice 2 and Leisure Care, when they had no knowledge of those companies and

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had never worked for them. Many of the requisition forms were for patients of Practice 1.

f. Defendant LOPEZ offered to pay Nurse Practitioner 2 approximately $12,780 after Nurse Practitioner 2 learned that defendant LOPEZ used Nurse Practitioner 2's name and forged signature to order diagnostic laboratory tests and confronted defendant LOPEZ about it.

g. Defendant LOPEZ used confidential personally identifiable information of Medicare beneficiaries on the false and fraudulent laboratory test requisition forms, even though those beneficiaries had not provided specimens for laboratory testing. This included beneficiaries who were, in fact, deceased at the time that the requisition forms stated the samples were purportedly collected.

h. Defendant LOPEZ provided the false and fraudulent requisition forms for diagnostic laboratory tests, including NAATs and UDTs, to Laboratory 1, knowing and intending that Laboratory 1 would submit false and fraudulent claims for reimbursement of the testing services to Medicare, in exchange for payments to defendant LOPEZ, QC Medical, and others. Defendant LOPEZ used the funds to enrich herself, including by spending some of the funds at a casino, and to pay others who aided her as part of the scheme.

i. Defendant LOPEZ submitted and caused others to submit false and fraudulent claims to Medicare by Laboratory 1. Those claims sought reimbursement for purported diagnostic laboratory tests, including NAATs and UDTs, performed on behalf of, and using the names and personally identifiable information

of, Medicare beneficiaries who had not provided specimens for laboratory testing, including beneficiaries who were deceased at the time that the requisition forms stated the samples were purportedly collected; and ordered by Physician 1 and Nurse Practitioners 1, 2, and 3, when those providers had not ordered the tests.

21. As a result of the fraudulent scheme, from in or around June 2024 through in or around April 2025, defendant LOPEZ caused Laboratory 1 to submit false and fraudulent claims to Medicare for approximately $9,087,013.07 for diagnostic testing services that were not provided as represented, ineligible for reimbursement, and medically unnecessary. Medicare paid Laboratory 1 approximately $2,117,994.87 based on these claims.

D. EXECUTIONS OF THE FRAUDULENT SCHEME

22. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendant LOPEZ, together with others known and unknown to the Grand Jury, knowingly and willfully executed and willfully caused the execution of the fraudulent scheme described above by submitting and causing to be submitted to Medicare the following false and fraudulent claims for payment for purported diagnostic laboratory testing services:

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COUNT	BENE-FICIARY	CPT CODE(S) BILLED	CLAIM NO.	DATE	APPROX. AMOUNT BILLED
ONE	D.S.	87481, 87500, 87640, 87653, 87798	551124200685050	7/18/24	$1,190.00
TWO	T.L.	87481, 87500, 87640, 87653, 87798	551824326228020	11/21/24	$1,190.00
THREE	V.J.	87481, 87500, 87640, 87653, 87798	551124365641290	12/28/24	$1,190.00
FOUR	B.G.	87581, 87498, 87798, 87486	551825048266550	2/16/25	$1,120.00
FIVE	E.M.	87481, 87500, 87640, 87653, 87798	551825048268250	2/16/25	$1,190.00
SIX	E.M.	G0483	551125093900850	4/3/25	$375.00
SEVEN	B.G.	G0483	551825104066020	4/12/25	$375.00

COUNTS EIGHT THROUGH THIRTEEN

[18 U.S.C. §§ 1028A(a)(1), 2(b)]

23. The Grand Jury re-alleges paragraphs 1 through 18 and 20 through 22 of this Indictment here.

24. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendant LOPEZ knowingly transferred, possessed, and used, and willfully caused to be transferred, possessed, and used, without lawful authority, a means of identification of another person that defendant LOPEZ knew belonged to another person, that is, the name of that person as identified below, during and in relation to a felony violation of Title 18, United States Code, Section 1347, as charged in the Counts of this Indictment identified below:

COUNT	DATE	MEANS OF IDENTIFICATION	FELONY VIOLATION
EIGHT	11/8/24	Nurse Practitioner 1's name	Count Two
NINE	12/17/24	Nurse Practitioner 1's name	Count Three
TEN	1/16/25	Nurse Practitioner 1's name	Count Four
ELEVEN	1/28/25	Nurse Practitioner 1's name	Count Five
TWELVE	3/26/25	Nurse Practitioner 2's name	Count Six
THIRTEEN	3/27/25	Nurse Practitioner 3's name	Count Seven

FORFEITURE ALLEGATION

[18 U.S.C. § 982(a)(7)]

1. Pursuant to Rule 32.2(a), Fed. R. Crim. P., notice is hereby given that the United States will seek forfeiture as part of any sentence, pursuant to Title 18, United States Code, Section 982(a)(7), in the event of the defendant's conviction of the offenses set forth in any of Counts One through Thirteen of this Indictment.

2. The defendant, if so convicted, shall forfeit to the United States of America the following:

(a) All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of any offense of conviction; and

(b) To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).

3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), the defendant, if so convicted, shall forfeit substitute property, up to the total value of the property described in the preceding paragraph if, as a result of any act or omission of the defendant, the property described in the preceding paragraph, or any portion thereof (a) cannot be located upon the exercise of due diligence; (b) has been transferred, 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 that cannot be divided without difficulty.

A TRUE BILL

/S/
Foreperson

TODD BLANCHE
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BILAL A. ESSAYLI
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