AO 91 (Rev. 11/11) Criminal Complaint

UNITED STATES DISTRICT COURT

for the

District of New Hampshire

United States of America
v.
Goga Danelia

Case No. 26-mj-89-01-AJ

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 06/18/2025 to 12/31/2025 in the county of Rockingham and elsewhere in the _____ District of New Hampshire, the defendant(s) violated: and elsewhere

Code Section	*Offense Description*
18 U.S.C. § 1956(h)	Conspiracy to Commit Money Laundering

This criminal complaint is based on these facts:

see attached affidavit

☑ Continued on the attached sheet.

/s/ Abraham J. Raymond
Complainant's signature

Abraham J. Raymond, SA Dept of Veterans Affairs
Printed name and title

The affiant appeared before me by telephonic conference on this date pursuant to Fed. R. Crim P. 4.1 and affirmed under oath the content of this complaint and affidavit.

Date: March 27, 2026

Andrea K. Johnstone
Judge's signature

City and state: Concord, New Hampshire

Andrea K. Johnstone, US Magistrate Judge
Printed name and title

AFFIDAVIT IN SUPPORT OF CRIMINAL COMPLAINT

I, Abraham J. Raymond, having been duly sworn, do hereby depose and state as follows:

INTRODUCTION AND AGENT BACKGROUND

1. I am a Special Agent with the U.S. Department of Veterans Affairs, Office of Inspector General (VA OIG). I have been a federal law enforcement officer for approximately thirteen years. Prior to joining VA OIG, I was employed as an active-duty Special Agent with the Department of Air Force, Office of Special Investigation (OSI) for approximately five years. During my law enforcement career, I received extensive law enforcement training, including specialized training from the Federal Law Enforcement Training Center, Procurement Fraud Investigators Training Program and Environmental and Economic Crimes Course. Additionally, I deployed to Southwest Asia with the International Contract Corruption Task Force. I graduated from The Citadel, with a bachelor's degree in political science in 2011 and obtained a master's degree in Joint Warfare from the U.S. Air Force - Air Command and Staff College in 2023.

2. I am an "investigative or law enforcement officer of the United States" within the meaning of Title 18, United States Code, Section 2510(7), 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 of the United States Code.

3. This affidavit is being submitted in support of a criminal complaint. For the reasons set forth below, I respectfully submit that this affidavit contains probable cause to believe that GOGA DANELIA has violated 18 U.S.C. § 1956(h) (Conspiracy to Commit Money Laundering), by conspiring to conceal or disguise the nature, the location, the source, the ownership, or the control of the proceeds of specified unlawful activity, in violation of 18 U.S.C. § 1956(a)(1)(B). I make this affidavit based upon personal knowledge derived from my

participation in this investigation and upon information communicated or reported to me during the investigation by other participants in the investigation. This affidavit is intended to show only that there is probable cause to support the complaint for the requested arrest warrant. This affidavit does not set forth all of my knowledge about this matter.

SUMMARY OF CRIMINAL CONDUCT

4. The government's investigation has revealed that GOGA DANELIA ("DANELIA"), CC-1, CC-2, CC-3, and others known and unknown owned, operated, or otherwise performed work for a durable medical equipment company ("DME") called CENTENNIAL MED SUPPLY ("CENTENNIAL"), which has fraudulently billed commercial insurers, Medicare, Medigap insurers, and other public and private payors approximately $2.9 billion dollars' worth of DME, including urinary catheters, that the beneficiaries did not want, did not need, and did not receive. For these claims, CENTENNIAL received several million dollars in payment. These health care funds were then regularly withdrawn from at least six different CENTENNIAL bank accounts and remitted via outgoing international wires to foreign entities located in Hong Kong and elsewhere.

BACKGROUND

Commercial Insurance

5. Private insurers offer various individual and family insurance plans that cover costs for medical items and services, such as DME and urinary catheters, in accordance with their policies and state and federal law, including requirements that such items and services be medically necessary.

Medicare and Medigap

6. Medicare is a federally funded health care program that provides free or below-

cost health care benefits to individuals who are sixty-five years of age or older or disabled. The benefits available under Medicare are governed by federal statutes and regulations. The United States Department of Health and Human Services, through its agency, the Centers for Medicare and Medicaid Services ("CMS"), oversees and administers Medicare. Individuals who receive benefits under Medicare are commonly referred to as "beneficiaries."

7. Medicare is subdivided into multiple program "parts." Medicare Part A covers health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covers physician services and outpatient care, including DME and wound dressings. Medicare Part C provides beneficiaries with the option to receive their Medicare Part A and B benefits through Medicare Advantage Organizations ("MAOs"). Health care providers that provide and supply items and services to beneficiaries, whether under Medicare Part A, B, or C, are referred to "providers."

8. To participate in Medicare Parts A and B, providers are required to submit an enrollment application. As set out in the application, every provider is required to meet certain standards to obtain and retain billing privileges with Medicare, including but not limited to (1) disclosing persons and/or organizations with a five percent or greater ownership interests or managing control; (2) abiding by applicable Medicare laws, regulations, and program instructions; and (3) refraining from knowingly presenting or causing the presentation of a false or fraudulent claim for payment by Medicare. Providers have online access to Medicare manuals and service bulletins describing proper billing procedures and billing rules and regulations.

9. Medicare Supplemental Insurance, or "Medigap," helps fill "gaps" in Medicare Part B coverage and is sold by private health insurance companies. A Medigap plan can help

pay some of the remaining health care costs not covered by Medicare, such as copayments, coinsurance, and deductibles. For DME claims, a Medigap plan generally covers approximately 20% of the claim amount. Medicare Supplemental Insurers are contractually obligated to reimburse claims that are processed by Medicare, even if Medicare has suspended payment of the claims.

10. Under Medicare Part C, MAOs are required to provide Medicare beneficiaries with the same items and services offered under other Medicare plans. MAOs, including Blue Cross & Blue Shield ("BCBS"), Aetna Inc. ("Aetna"), Anthem Insurance Companies Inc. ("Anthem"), The Cigna Group, Humana Inc., UnitedHealth Group Inc. ("UnitedHealthcare"), and others contract with CMS to provide managed care to Medicare beneficiaries.

11. To obtain payment for items or services provided to a beneficiary enrolled in Medicare Part C, providers submit itemized claim forms to the relevant MAO 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 item or service billed is reasonable, medically necessary, and provided as billed.

12. To be eligible for Medicare reimbursement (whether under Medicare Part B, Part C, or Medigap), DME and other claims are required to be reasonable and medically necessary for the treatment or diagnosis of the beneficiary's illness or injury, ordered by a medical professional, properly documented, and provided as represented.

Medicaid

13. Medicaid is a partnership between the various states, including Colorado, Massachusetts, New Hampshire, and elsewhere, and the federal government that provides health care benefits to certain low-income individuals and families residing in each particular

state. Individuals who receive benefits under Medicaid are commonly referred to as Medicaid "recipients".

14. Medicaid reimburses DME companies and other health care providers for medically necessary items and services rendered to recipients.

Health Care Benefit Programs

15. Medicare, Medicare Part C, Medigap, Medicaid, and commercial insurers are "health care benefit programs" as defined by 18 U.S.C. § 24(b).

The Defendant and Relevant Individuals and Entities

16. DANELIA is a Georgian citizen. Upon information and belief, DANELIA entered the United States on or around March 5, 2023, via the southern border. His bank account records reflect a Brooklyn, New York address. His vehicle registration records reflect a Philadelphia, Pennsylvania, address.. DANELIA and CC-1 regularly facilitated the movement of health care funds to foreign entities via outgoing international wire transfers.

17. Upon information and belief, DANELIA was recently arrested and detained by Immigration and Customs Enforcement in New York and was transferred to the Pine Prairie ICE Processing Center in the Western District of Louisiana. Upon further information and belief, he is scheduled to be transferred to Miami, Florida on March 27, 2026, and deported on or about Saturday, March 28, 2026.

18. CENTENNIAL is a DME company incorporated on or about January 1, 2024, under the laws of Colorado with a principal place of business located at 1805 S. Bellaire Street, Suite 480-01, Denver, Colorado 80222. From about January 01, 2024, until about June 20, 2025, Colorado Secretary of State records show that CENTENNIAL was under the sole management of Owner 1. On or around June 20, 2025, Articles of Amendment were filed removing Owner

1 and adding CC-1 as the sole authorized member and manager of CENTENNIAL.

19. Co-Conspirator 1 ("CC-1") is a Georgian citizen whose location is currently unknown but believed to be outside the continental United States. CC-1 is listed as the current sole officer and manager for CENTENNIAL. CC-1 is also listed as the sole signatory for at least six different CENTENNIAL bank accounts.

20. Co-Conspirator 2 ("CC-2") is an individual with unknown citizenship residing in an unknown location. CC-2 is the registered user for an encrypted messaging account ending in user ID x4266.

21. Co-Conspirator 3 ("CC-3") is a Georgian citizen whose location is currently unknown. CC-3 assisted CC-1 with the movement of health care funds overseas, after DANELIA departed the Denver, Colorado area on or around November 19, 2025.

22. Owner 1 is the former officer and owner of CENTENNIAL. Owner 1 enrolled CENTENNIAL with Medicare but sold the company to CC-1. Owner 1 did not submit any claims to public or private health care payors prior to CENTENNIAL being sold to CC-1.

23. According to Employee 1, Employee 1 and Employee 2 were both office employees for CENTENNIAL after it was purchased by CC-1. Employee 1 and Employee 2 were primarily responsible for sorting and scanning mail (including health insurance reimbursement checks) and then emailing those scans to CC-2. CC-2 would then instruct Employee 1 and Employee 2 which banks to deposit the various health insurance checks into.

24. To bill Medicare or any other public or private health plan, a DME company is required to obtain a National Provider Identifier ("NPI") number through the National Plan and Provider Enumeration System ("NPPES"). Upon approval, the health care provider acquires a unique 10-digit NPI. After an NPI is provided, NPPES publishes certain parts of the NPI record

to the NPPES NPI Registry. The NPPES NPI Registry shows that CENTENNIAL is an active health care organization nominally owned by CC-1, with an enumeration date of March 03, 2024, and an NPI number of 1609626167.

PROBABLE CAUSE

25. As outlined in greater detail below, there is probable cause to believe that from in or around June 2025, and continuing through at least December 2025, DANELIA, CC-1, CC-2, CC-3, and others known and unknown conspired to launder proceeds of a health care fraud and wire fraud conspiracy that defrauded dozens of public and private health insurance companies. Specifically, in summary, approximately one week after DANELIA appears to have arrived in the Denver, Colorado, area in June 2025, CC-1 became the owner of CENTENNIAL, which proceeded to submit over $2.9 billion in false and fraudulent claims to Medicare, Medigap insurers, Medicaid, and other public and private payors.[1] DANELIA traveled to banks throughout the Greater Denver area with CC-1 in order to withdraw health care fraud proceeds from CENTENNIAL business bank accounts via cashier checks. Those cashiers checks were then deposited into other CENTENNIAL bank accounts, before being wired to overseas entities. Finally, as described in more detail below, DANELIA appears to have been paid from CENTENNIAL financial accounts, with cash withdrawals from CENTENNIAL financial accounts occurring shortly before cash deposits in the same or similar amounts were made into DANELIA's personal bank account.

26. This case is part of a larger investigation into fraudulent claims for DME that

[1] On or around June 30, 2025, Medicare implemented an emergency payment suspension on CENTENNIAL based upon credible allegations of fraud. After this date, CENTENNIAL could still submit claims to Medicare, but any claims paid by Medicare would have been deposited into a Medicare escrow account instead of having been paid directly to CENTENNIAL. As of February 2026, claims data from Medicare showed a "paid" amount for CENTENNIAL of approximately $1.2 billion; however, the overwhelming majority of these funds are held in a Medicare escrow account. This payment suspension would not have applied to claims submitted to Medigap or private insurers.

began in Spring 2023, when the FBI and HHS-OIG identified a nationwide scheme to defraud numerous health care benefit programs, including Medicare and Medigap Supplemental Insurers, by submitting claims for DME, predominantly continuous glucose monitors and urinary catheters, which were neither medically necessary nor provided as represented. The investigation revealed that several associated individuals, both domestic and abroad (the "Organization"), purchased DME companies that were already enrolled with Medicare and other health care benefit programs, changed the ownership information with the respective secretaries of state utilizing the names of nominee owners, but failed to submit enrollment applications reflecting the change in ownership with the health care benefit programs. The Organization further directed nominee owners to open bank accounts in the names of the DME companies for the purpose of receiving the proceeds of the fraud scheme. Following the sales, the DME companies submitted billions of dollars in claims to Medicare and other health care benefit programs for DME, primarily continuous glucose monitors and urinary catheters, that were not medically necessary and were not dispensed as represented. Tens to hundreds of millions of dollars have been reimbursed by these health care benefit programs and received into these accounts, and subsequently transferred to other accounts, including accounts overseas.

Analysis of Claims Data

27. As part of the investigation, law enforcement obtained claims data for CENTENNIAL from CMS, UnitedHealthcare, Anthem, BCBS Illinois, BCBS New Mexico, BCBS Montana, BCBS Texas, BCBS Oklahoma, and the Department of Veterans Affairs. Law enforcement's analysis of the claims data has revealed trends that, in my training and experience, are indicative of fraud.

28. An analysis of CENTENNIAL's Medicare billing records indicates that CENTENNIAL billed Medicare for purportedly supplying items from June 18, 2025, through February 10, 2026, for approximately 174 beneficiaries who had been deceased for 30 or more days. Medicare providers who repeatedly bill for items or services provided to deceased beneficiaries are often using Medicare beneficiary information that has been purchased or unlawfully transferred, rather than collected in the ordinary course of their provision of bona fide medical services to beneficiaries. As such, repeated billing of items or services to deceased beneficiaries is an indicator that the entity is engaged in fraudulent billing for items or services that are not medically necessary and/or not actually provided.

29. Analysis of CENTENNIAL's Medicare billing records for the same time period also indicates that approximately 66% of beneficiaries had no prior relationship with the referring provider. Medicare providers who repeatedly bill for services rendered to beneficiaries who did not have an established relationship with the referring provider are often using Medicare beneficiary information that has been purchased or unlawfully transferred rather than collected in the ordinary course of their provision of bona fide medical services to beneficiaries. As such, repeated billing for items or services purportedly referred by providers who did not have an established relationship with beneficiaries is an indicator that the entity is engaged in fraudulent billing for items or services that are not medically necessary and/or not actually provided.

30. Between June 18, 2025, through February 10, 2026, CENTENNIAL submitted claims to Medicare for urinary catheters in the amount of approximately $2,906,146,461, of which Medicare determined it would pay approximately $1,241,212,067.[2]

[2] As noted above, most of that amount is held in a Medicare escrow account due to payment suspension.

Beneficiary Complaints and Interviews

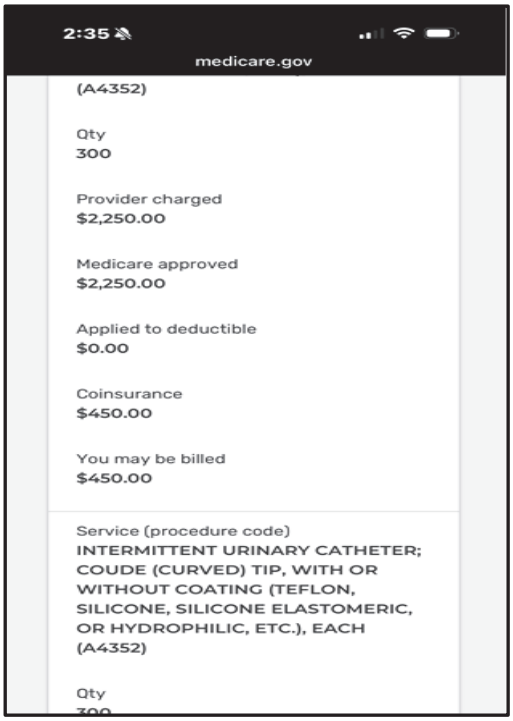
31. From July 2025 until the present, government and private insurers have received thousands of complaints from beneficiaries reporting that CENTENNIAL billed their insurance plans for DME that the beneficiaries did not request, did not receive, or did not need. Many beneficiaries also posted complaints about CENTENNIAL on online public forums.[3]

32. For example, between August 2025 through at least December 2025, UnitedHealthcare has received over 200 complaints about CENTENNIAL from their members. From my review of these complaints, they include statements such as "*Provider is billing for services member did not receive*" and *"member did not receive supplies or order them"*. These complaints are from members that receive either traditional commercial insurance or have a Medicare Supplemental Policy with UnitedHealthcare.

33. On or about September 23, 2025, Beneficiary 1 (who resides in the State of New York) filed a complaint with the Federal Bureau of Investigation – National Threat Operation Center ("FBI-NTOC") regarding charges from CENTENNIAL for DME that Beneficiary 1 did not ask for or receive. Included in Beneficiary 1's complaint was the following excerpt: "*This company charged my Medicare account thousands of dollars on separate occasions for catheters. I did not order and I do not use*." On September 24, 2025, law enforcement conducted a telephonic interview with Beneficiary 1, who stated that he received an email alert from Medicare advising him that a recent claim had been resolved. Beneficiary 1, who stated that he had previously been a medical provider for nearly three decades, then logged into his Medicare account and discovered the fraudulent billing by CENTENNIAL. During this interview with Beneficiary 1, he stated that he does not need catheters, does not use catheters, had never been

[3] Reference: https://www.bbb.org/us/co/denver/profile/medical-supplies/centennial-med-supply-llc-1296-1000186770

prescribed catheters, and no catheters had ever been sent to him. Beneficiary 1 then provided law enforcement with several different screenshots that he received from Medicare detailing the claims submitted by CENTENNIAL (two of which are seen below):



34. On or about December 3, 2025, law enforcement interviewed Medicare Beneficiary 2 (who resides in the State of New Hampshire) about catheters billed to her Medicare and Medigap plans by CENTENNIAL. When law enforcement explained the reason for their visit, Beneficiary 2 stated that she had just received paperwork from Medicare detailing charges for urinary catheters submitted to her health insurer and she was planning to call Medicare to report the fraudulent charges. Beneficiary 2 stated that she had never needed catheters, never discussed catheters with her physician, no catheters had ever been sent to her home, and she had never heard of nor seen the physician (Physician 1 discussed below) listed on the insurance claims. Beneficiary 2 then provided law enforcement with a copy of the Explanation of Benefits ("EOB") that she received from Medicare and her Medigap insurer,

Anthem, a portion of which is seen below:

Section 1 - Claim summary

007318050200

Fraud

Services provided for: [redacted]

Member's ID: [redacted] Date Prepared: 10/31/25

Relationship: Account Holder

Claim Number: 304131496700
Services provided by: Centennial Med Supply
Medicare assignment status:
This provider accepted Medicare assignment.
Patient Account: [redacted]
Claim receipt date: 10/23/25

Explanation of payment:

- ► Q00 The impact of prior payer(s) adjudication including payments and/or adjustments.
- ► MA3 Denied - requested medical documentation not submitted (RMA)
- ► 23 THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.
- ► 226 INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.

	Charges $		Payments $					
Date of service					You pay			
Services received								
Reason Code	Total charged	Patient savings	Medicare pays	Your health plan pays	Copay	Deductible	Coinsurance	Services not covered
05/01/25 Incontinence Supply MA3, Q00	2,250.00	486.00	1,764.00	0.00	0.00	0.00	0.00	0.00
05/30/25 Incontinence Supply MA3, Q00	2,250.00	486.00	1,764.00	0.00	0.00	0.00	0.00	0.00

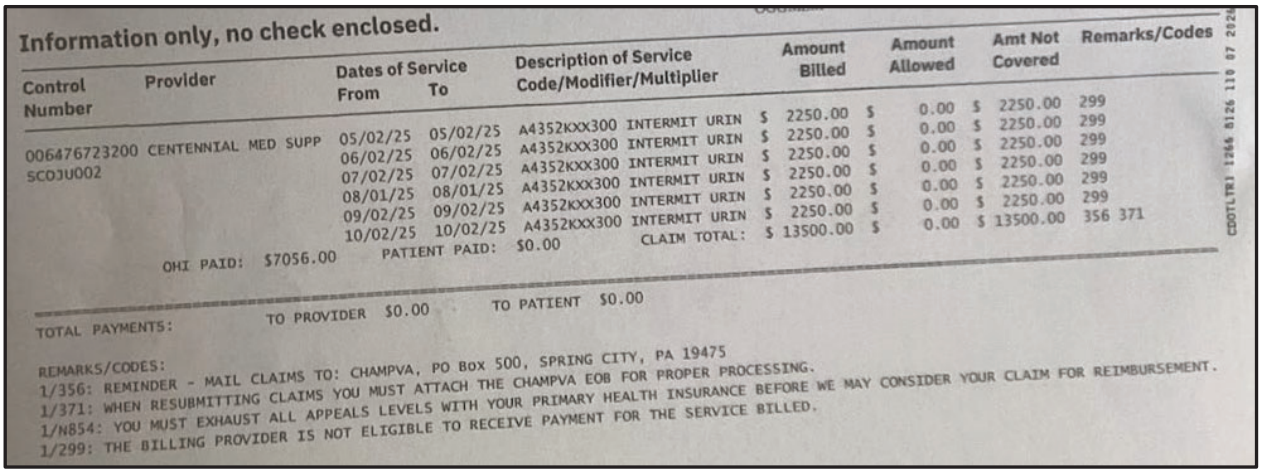
Section 1 - Claim summary
(continued)

	Charges $		Payments $					
Date of service					You pay			
Services received								
Reason Code	Total charged	Patient savings	Medicare pays	Your health plan pays	Copay	Deductible	Coinsurance	Services not covered
07/01/25 Incontinence Supply Q00	2,250.00	2,250.00	0.00	0.00	0.00	0.00	0.00	0.00
08/01/25 Incontinence Supply MA3, Q00	2,250.00	486.00	1,764.00	0.00	0.00	0.00	0.00	0.00
08/29/25 Incontinence Supply MA3, Q00	2,250.00	486.00	1,764.00	0.00	0.00	0.00	0.00	0.00
10/01/25 Incontinence Supply Q00	2,250.00	2,250.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal	**13,500.00**	**6,444.00**	**7,056.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

35. On or about December 10, 2025, law enforcement interviewed Medicare Beneficiary 3 (who also resides in the State of New Hampshire) about catheters billed to her

Medicare and Medigap plans by CENTENNIAL. When law enforcement explained the reason for their visit, Beneficiary 3 stated that she was already aware of a fraudulent order for catheters that had been billed to her health insurance by CENTENNIAL because a representative from UnitedHealthcare had previously called her to see if she was using the catheters. Beneficiary 3 recalled telling the representative from UnitedHealthcare that the order was fraudulent – as she had never been prescribed catheters and had never received any catheters. Beneficiary 3 recalled that CENTENNIAL had billed approximately $13,500 to her Medicare and Medigap insurers for the fraudulent catheters.

36. On or about January 21, 2026, Beneficiary 3 emailed law enforcement to alert them that CENTENNIAL now appeared to be billing the Department of Veterans Affairs for fraudulent catheters, as well. Included in Beneficiary's 3 email was the following: *"I received this EOB from DVA. It seems they are billing the VA now. I will report it to them."* Also attached to this email was a copy of the EOB that CHAMPVA[4] sent to Beneficiary 3 outlining the billing, an except is seen below:



Information only, no check enclosed.

Control Number	Provider	Dates of Service From	To	Description of Service Code/Modifier/Multiplier	Amount Billed	Amount Allowed	Amt Not Covered	Remarks/Codes
006476723200 SCOJU002	CENTENNIAL MED SUPP	05/02/25	05/02/25	A4352KXX300 INTERMIT URIN	$ 2250.00	$ 0.00	$ 2250.00	299
		06/02/25	06/02/25	A4352KXX300 INTERMIT URIN	$ 2250.00	$ 0.00	$ 2250.00	299
		07/02/25	07/02/25	A4352KXX300 INTERMIT URIN	$ 2250.00	$ 0.00	$ 2250.00	299
		08/01/25	08/01/25	A4352KXX300 INTERMIT URIN	$ 2250.00	$ 0.00	$ 2250.00	299
		09/02/25	09/02/25	A4352KXX300 INTERMIT URIN	$ 2250.00	$ 0.00	$ 2250.00	299
		10/02/25	10/02/25	A4352KXX300 INTERMIT URIN	$ 2250.00	$ 0.00	$ 2250.00	299
				CLAIM TOTAL:	$ 13500.00	$ 0.00	$ 13500.00	356 371

OHI PAID: $7056.00 PATIENT PAID: $0.00

TOTAL PAYMENTS: TO PROVIDER $0.00 TO PATIENT $0.00

REMARKS/CODES:
1/356: REMINDER - MAIL CLAIMS TO: CHAMPVA, PO Box 500, SPRING CITY, PA 19475
1/371: WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.
1/N854: YOU MUST EXHAUST ALL APPEALS LEVELS WITH YOUR PRIMARY HEALTH INSURANCE BEFORE WE MAY CONSIDER YOUR CLAIM FOR REIMBURSEMENT.
1/299: THE BILLING PROVIDER IS NOT ELIGIBLE TO RECEIVE PAYMENT FOR THE SERVICE BILLED.

CDOTLTR1 1264 8126 110 07 2026

[4] CHAMPVA is a premium-free government sponsored health insurance program for spouses, dependents, and survivors of veterans who are disabled due to a service-connected condition, or who died from such condition. As of late-January 2026, CHAMPVA has received approximately 4,873 claims from CENTENNIAL. The billed amount on these claims is approximately $10.9 million.

37. On or about December 29, 2025, Beneficiary 4 (who resides in the State of Ohio) filed a complaint with FBI-NTOC about fraudulent billing submitted to their Medicare plan by CENTENNIAL. On or about January 7, 2026, law enforcement interviewed Beneficiary 4 about their complaint. During this interview, Beneficiary 4 discussed that when he was reviewing his quarterly Medicare statements, he noticed that his Medicare and his Medigap plans were billed approximately five times for urinary catheters. Beneficiary 4 did not receive catheters, does not use catheters, and had never heard of either CENTENNIAL or the referring provider listed on the Medicare statement. Beneficiary 4 discussed with law enforcement how he then called the Cleveland Clinic, where the alleged referring provider on the Medicare claims worked, in order to see if they had any record of the catheters that CENTENNIAL had billed to his insurers. Beneficiary 4 recounted for law enforcement that the Cleveland Clinic staff informed him that they did not show a bill in their system for the catheters and that they did not show Beneficiary 4 as having even seen the alleged referring provider on the claims since CENTENNIAL started billing for the alleged catheters.

Physician and Medical Practice Interviews

38. Data maintained by CMS shows that between June 20, 2025, and June 27, 2025, Medicare received claims from CENTENNIAL for approximately 26 beneficiaries residing in New Hampshire (including Beneficiary 2 discussed above) who were purportedly prescribed intermittent urinary catheters by Physician 1. Physician 1 works at a medical practice in Portsmouth, New Hampshire. On February 2, 2026, law enforcement contacted Physician 1's office and requested that they confirm whether Physician 1 had in fact referred these 26 patients to CENTENNIAL for intermittent urinary catheters. In response, on February 10, 2026, Physician 1 provided a signed attestation confirming that she did not treat, order, or prescribe

intermittent urinary catheters for any of the patients listed on the Medicare claims data billed by CENTENNIAL.

39. Data maintained by CMS shows that between June 20, 2025, and July 28, 2025, Medicare received claims from CENTENNIAL for approximately 32 beneficiaries residing in New Hampshire (including Beneficiary 3 discussed above) who were purportedly prescribed intermittent urinary catheters by Physician 2. Physician 2 currently works at a medical practice in Stratham, New Hampshire and previously worked at a different medical practice in Bedford, New Hampshire. In early February 2026, law enforcement contacted both Physician 2's current and former office and requested that they confirm whether Physician 2 had in fact referred these 32 patients to CENTENNIAL for intermittent urinary catheters. In response, on or around February 11, 2026, both Physician 2 and the Director of Physician Services for Physician 2's former practice provided signed attestations confirming that they had no record of Physician 2 ordering or prescribing any of the items billed by CENTENNIAL.

Claims Submission

40. In my training and experience, individuals involved in health care fraud schemes may attempt to evade detection and prosecution by using technology to obscure their association with the scheme. For example, individuals may use virtual private networks ("VPNs") in order to avoid associating claims submission with their personal computers, or to conceal their true identity of location.[5] They may also create fraudulent profiles on electronic claims submission platforms to make it appear that a third party is responsible for the claim's submission.

[5] VPNs serve as isolated, virtual environments on a physical server operated by a hosting provider. VPN hosting providers use virtualization technology to split a single physical server into multiple private server environments, or "instances." Once a VPN is assigned to a specific account, an individual in control of that account can use the VPN to run virtualized operating systems from their computer over the Internet—for example, to perform computing tasks like file generation and storage.

41. Following the acquisition of CENTENNIAL by CC-1, a contract was executed with Billing Company 1, with what appears to be an electronic signature of CC-1 signing on behalf of CENTENNIAL. An account profile for Billing Company 1 was created in CC-1's name. In addition, someone using CENTENNIAL's business address who identified themselves as CC-1, corresponded with Billing Company 1 regarding claim submission and other matters. A review of CENTENNIAL's account history for Billing Company 1 showed numerous logins by the CC-1 account and other users who utilized VPNs to access the claim submission system, as well as logins from IP addresses in Russia and the Philippines. There were no logins from non-VPN IP addresses in the vicinity of Denver, CO (the location of CENTENNIAL) or elsewhere in the United States. The CENTENNIAL account at Billing Company 1 used Billing Company 1 to submit fraudulent claims to Medicare for DME that was never ordered or delivered on behalf of CENTENNIAL. Based upon law enforcement review of billing records, through CENTENNIAL's account with Billing Company 1, fraudulent DME claims were submitted for reimbursement, which were reimbursed by public and private health insurers, including supplemental insurers located in the District of New Hampshire.

Financial Records

42. A review of CENTENNIAL's financial records obtained via grand jury subpoena did not reveal financial activity consistent with running a large-scale, legitimate DME business. For example, this review was unable to conclusively identify a large and consistent stream of expenses tied to business activities typically expected with the operation of DME companies, such as DME purchases, shipping and packaging fees, and storage fees. In fact, no such expenses appear on the accounts analyzed to date.

43. As mentioned above, over the course of this investigation, law enforcement has

obtained financial records for several accounts related to CENTENNIAL, CC-1, and DANELIA. Of relevance for the purposes of this affidavit are the following accounts: (1) J.P. Morgan Chase account x0222 in the name of Centennial Med Supply, LLC ("JPMC x0222"); (2) Wells Fargo account x6653 in the name of Centennial Med Supply, LLC ("WF x6653"); (3) First Bank account x9032 in the name of Centennial Med Supply, LLC DBA Centennial Med Group ("1st x9032"); (4) Bank of America Account x7339 in the name of Centennial Med Supply, LLC ("BoA x7339"); (5) UMB Financial Corporation account x4112 in the name of Centennial Med Supply, LLC DBA Centennial Med Group ("UMB x4112"); (6) US Bank account x1728 ("US Bank x1728"); and (7) Goga Danelia's personal Bank of America account x9118.

44. Based on the records reviewed by the investigative team, CC-1 appears to be the sole signatory on the account paperwork for the six known CENTENNIAL accounts, during the relevant timeframe.

45. Records obtained from the six banks with CENTENNIAL accounts listed above show that between July 2025 and continuing through at least December 2025, the six CENTENNIAL accounts received several million dollars (collectively) in deposits from Government and commercial health insurers such as Medicare, Tricare, BCBS of Texas, BCBS of Illinois, BCBS Oklahoma, BCBS New Mexico, UnitedHealthcare, Aetna, Manhattan Life, EBPA,[6] and dozens more.

46. In addition to the health care payments, the financial accounts for

[6] I am aware of the fact that EBPA is based in Exeter, New Hampshire and is a third-party administrator for a wide array of services including medical and dental services. Based on my review of secondary checks deposited into CENTENNIAL bank accounts, several checks appear to reference that EBPA is the Administrator for the University System of New Hampshire. At least $14,000 of checks issued by EBPA were deposited in CENTENNIAL accounts, and EBPA records identify more than $18,000 was paid for University System of New Hampshire beneficiaries. EBPA records reflect that approximately $144,000 in claims were submitted by CENTENNIAL for 11 unique University System of New Hampshire beneficiaries.

CENTENNIAL also reveal deposits and withdrawals associated with other companies believed to be involved in the same collective scheme to defraud Government and private payors for unwanted and unordered DME.

47. For example, in and around October through December 2025, Wells Fargo ("WF") x6653 received approximately $477,807 (via five separate checks) from a different DME company under investigation by a different investigative team for a similar health care fraud scheme as that of CENTENNIAL. Additionally, in and around December 2025 and January 2026, BoA x7339 remitted approximately $284,000 (via three separate checks) to a third DME company under investigation for allegedly perpetrating a similar scheme to defraud as that of CENTENNIAL. The exact reason for these payments remains under investigation.

48. Further, from the investigative team's review of the six known CENTENNIAL accounts, there appears to be millions of dollars in outgoing wire transfers to foreign entities located in Hong Kong and elsewhere. These wire transfers appear to have been primarily funded by believed health care fraud proceeds.

49. These outgoing wire transfers from the CENTENNIAL accounts with JPMC, WF, First Bank, Bank of America, UMB, and US Bank to foreign entities total no less than approximately $13 million. As mentioned above, by and large, these wire transfers appear to have been funded directly or indirectly with proceeds of believed health care fraud.

50. Although CC-1 appears to be the only authorized signatory on the six known CENTENNIAL accounts (during the relevant timeframe), based on a combination of cell phone data, bank surveillance video, law enforcement surveillance, license plate reader ("LPR") data, witness testimony, and cooperating co-conspirators statements, there exists probable cause to believe that DANELIA, CC-1, CC-2, CC-3, and others known and unknown all worked in

coordination with one another to execute their alleged fraudulent scheme.

51. Based on my review of financial records and time zone information included in cell phone records obtained during the course of this investigation, I believe that DANELIA arrived in the Denver, CO area on or around June 6, 2025. At this time, CENTENNIAL was in the process of being sold by Owner 1 to CC-1. Owner 1 discussed during a voluntary interview in December 2025 with law enforcement that he sold CENTENNIAL to CC-1 on May 15, 2025, but the deal did not close until June 12, 2025 – approximately six days after DANELIA is believed to have arrived in the Denver area.

52. On June 18, 2025, records from JPMC show that the signatory for JPMC x0222 was updated, removing Owner 1 on the account and replacing him with CC-1.

53. Records from BoA, First Bank, US Bank, and WF all reflect that CC-1 opened business accounts at their respective financial institutions in the name of CENTENNIAL MED SUPPLY, LLC or CENTENNIAL MED SUPPLY LLC DBA CENTENNIAL MED GROUP, all on June 20, 2025.

54. According to records received from Wells Fargo, CC-1 entered a branch location on June 20, 2025, "to open a business checking account" and had "an individual with him to assist[] him in translating for us and provides guidance on the transaction. A new small business that operates as a middle man for medical supplies that come from manufacturers outside the United States." According to the records, "they started coming in once a week to take care of a wire to their business partner that escalated to almost every day. . . . After creating every wire, most foreign to Hong Kong, they reach out to their 'regional manager' for approval that it looks good." Based on my investigation, including surveillance footage referenced below which clearly shows DANELIA and CC-1 conducting financial transactions at multiple bank locations

throughout the greater Denver area, I believe this "individual . . . translating" to be DANELIA.

55. Also on June 20, 2025, CENTENNIAL began billing Medicare for medical supplies allegedly provided to Medicare beneficiaries.

56. Records from UMB Financial Corporation reflect that CC-1 opened a business account with them in the name of CENTENNIAL MED SUPPLY LLC DBA CENTENNIAL MED GROUP on or about June 23, 2025.

57. Employee 1 stated that she was hired by CENTENNIAL on or about July 1, 2025, and that she worked there until on or about November 7, 2025. Employee 1 was hired for an Office Manager position and, along with Employee 2, physically worked in the CENTENNIAL office. Although Employee 1 stated that she primarily interacted with Employee 2 and CC-2 during her tenure with CENTENNIAL, she recalled two instances when an unknown male came to the CENTENNIAL office in order to retrieve keys and checkbooks. Upon being shown a photograph of DANELIA, Employee 1 identified DANELIA as the unknown individual that she was referring to. Notably, Employee 1 was also shown a photograph of CC-1, whom she did not recognize.

58. On July 7, 2025, JPMC x0222, received three payments from a Medicare contractor totaling approximately $1,039,049. Preceding these payments, JPMC x0222 had an approximate account balance of $265.

59. Then, beginning on July 8, 2025, multiple cashier's checks in the amount of $89,000 (or greater) were drawn from JPMC x0222. These cashier's checks were then deposited into other CENTENNIAL accounts, including WF x6653.

60. Also on July 8, 2025, WF x6653 had an available account balance of approximately $5,106. Then, WF x6653 began receiving the cashier's checks drawn from JPMC

x0222. In total, from July 8, 2025, through July 21, 2025, WF x6653 received approximately $458,520 in credits from cashier's checks drawn from JPMC x0222. These cashier's checks were overwhelmingly funded by the Medicare contractor deposits on July 7, 2025.

61. Next, beginning on July 14, 2025, WF x6653 began to shift these deposited funds, via outgoing wires, to various purported business accounts located overseas (primarily in Hong Kong).

62. From a review of overall account activity, bank surveillance footage and other bank records, and FBI surveillance, as discussed in more detail below, it appears that during this alleged scheme, DANELIA and CC-1 primarily used WF x6653 and BoA x7339 to remit these outgoing wire transfers, whereas 1st x9032 and JPMC x0222 were regularly used to receive deposits of health insurance funds and remit cashier's checks[7]. In my training and experience, I believe that the account structure, including the fact of six known business checking accounts (most of which were opened shortly after CC-1 purchased the company), and cycling of funds, is indicative of a scheme to conceal, disguise, and launder potential ill-gotten health care fraud proceeds while also attempting to limit detection by law enforcement and bank personnel.

Surveillance Records

63. During the course of this investigation, law enforcement has conducted physical surveillance of DANELIA and CC-1, as well as obtained surveillance footage and other records from some of the banks where CENTENNIAL maintained their various accounts. Overall, this surveillance has been consistent with CC-1 and DANELIA handling movement of funds via

[7] UMB x4112 appears to have had relativity minimal account activity in the months that it was open. However, the account appears to have been used both to deposit health care checks, as well as remit a few international wires.

withdrawals, cashier's checks, and wire transfers.[8] In comparison, Employee 1 and Employee 2 appear to have handled depositing the various health insurance checks into CENTENNIAL accounts.

64. In one example, on September 22, 2025, an FBI Surveillance Team that had been tasked with surveilling CC-1 observed CC-1 and an unknown male (later identified as DANELIA) depart a Denver-area residence at approximately 9:34 AM (MST). The two were observed driving in a Toyota Prius with Pennsylvania plates MMM6932 (the "Prius"). Vehicle registration documents obtained from the Pennsylvania Department of Transportation lists *GOGA DANELIA INC* as the registered owner of the Prius. At approximately 9:45 AM (MST) the Prius was observed in the vicinity of a Staples office store. Approximately four minutes later, the individual later identified as DANELIA was observed exiting Staples and then the Prius departed the area. Next, at approximately 9:57 AM (MST), the individual later identified as DANELIA and CC-1 were observed entering a WF bank, where they remained for approximately 25 minutes. Based on information, belief, and my review of additional records, I believe that DANELIA and CC-1 were inside WF remitting an international wire of approximately $96,850.

65. Three days later, on September 25, 2025, an FBI Surveillance Team observed CC-1 and the same unknown man (later identified as DANELIA) depart the same residence, driving the Prius, travel to the same Staples[9], and then proceed to the same WF branch as that of September 22, 2025. The FBI Surveillance team observed the man later identified as

[8] It is believed that DANELIA departed the Denver, Colorado area on or around November 19, 2025. After that time, it is believed CC-1 worked with CC-3 in order to withdraw funds via cashier's checks and conduct wire transfers. CC-1 is then believed to have also departed the Denver, Colorado area in early-December 2025.
[9] Unlike September 22, 2025, the FBI Surveillance team was unable to observe anyone exit the Prius and enter Staples on September 25, 2025.

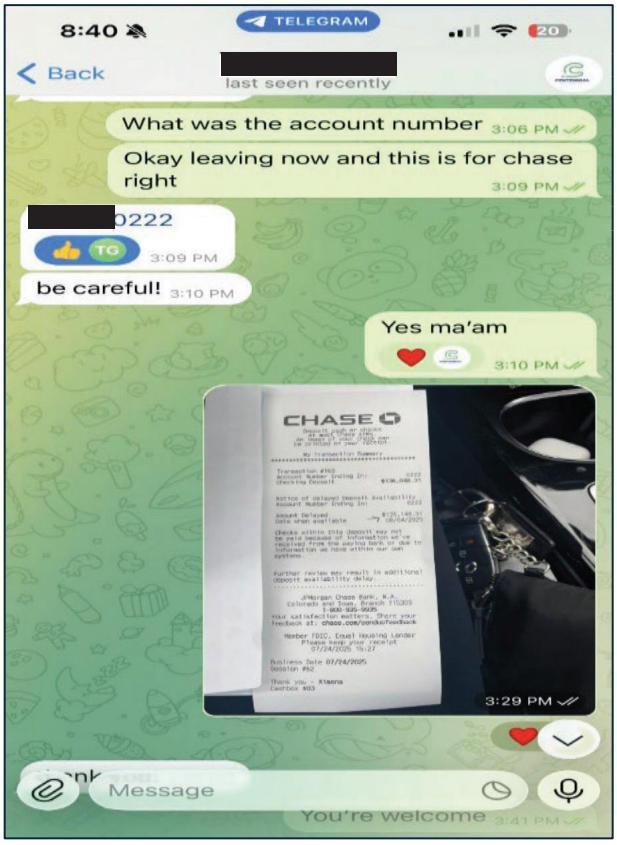
DANELIA and CC-1 inside WF for approximately fifty minutes before they exited. Additionally, when they exited, the man later identified as DANELIA was observed carrying paperwork in his hands. Based on my training and experience, I know it is common for bank personnel to provide paperwork when a customer completes an in-branch deposit or debit, such as a wire transfer, for example. Based on information, belief, and my review of additional records, I believe that DANELIA and CC-1 were inside WF remitting an international wire of approximately $98,200.

66. Notably, the activity the FBI Surveillance team observed on September 22, 2025 and September 25, 2025, is consistent with activity observed by law enforcement in separate (but believed to be related) DME fraud schemes. Information obtained from interviews of involved parties, as well as from devices collected from charged individuals, reflect that individuals involved in these schemes are recruited to serve as straw owners for fraudulent DME companies, and directed to open bank accounts for those companies. These straw owners, among other things, are sent invoices via an encrypted messaging chat which are then directed to provide to bank branches to facilitate and "paper over" outgoing international wires. In at least one other case, the DME owner was observed going to Staples to pay to print these invoices. Once printed, the DME owner would then go to the bank to wire money to the companies shown on the invoice. These straw owners were told to reference the invoice number on the wire transfer.

67. As mentioned previously, in addition to physical surveillance conducted in the case, the investigative team has also obtained bank surveillance footage from several financial institutions where CENTENNIAL maintained business accounts.

68. From law enforcement's review of this footage, the records are consistent with

what Employee 1 described to investigators during her voluntary interview in December 2025. For example, Employee 1 described how she would sort and scan the incoming mail and then email the scans to CC-2 via an encrypted email account. CC-2 would then instruct Employee 1, and/or Employee 2, to deposit the insurance checks into certain banks. The banks that Employee 1 recalled depositing insurance checks into were: BoA, WF, First Bank, and JPMC. An example of this exchange is seen in the below screenshots[10] from a conversation between Employee 1 and CC-2:



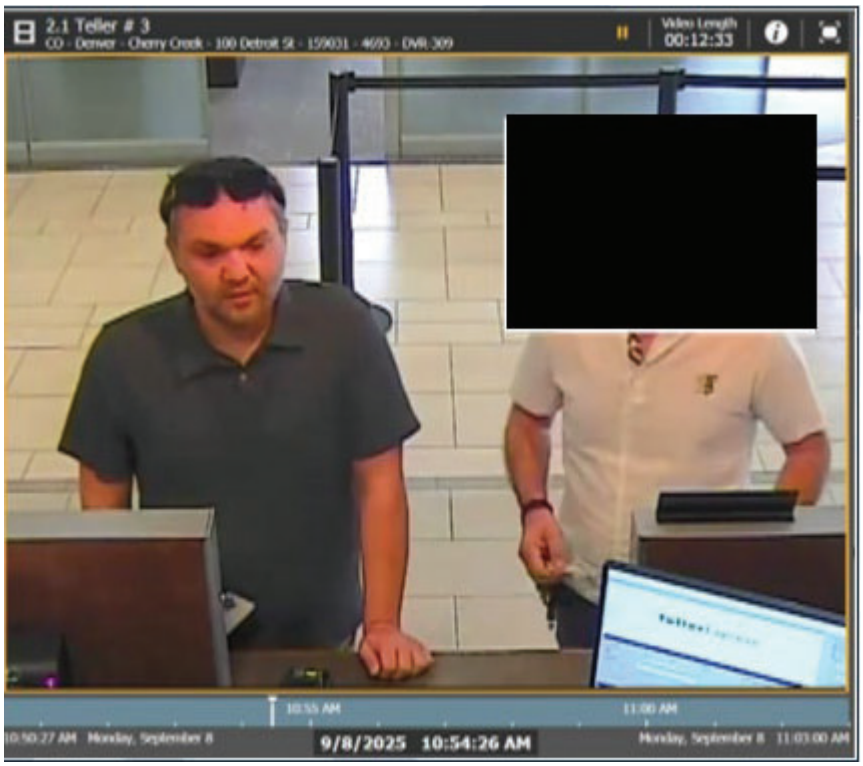
69. Additionally, from reviewing the various bank surveillance footage, and statements of bank personnel, it is evident that DANELIA and CC-1 routinely handled account

[10] These screenshots appear to show a check from Tricare for approximately $135,148.31 and a check from Humana for approximately $900. Account records for JPMC x0222 show that two checks matching these payees and amounts were deposited into JPMC x0222 on or around July 24, 2025.

withdrawals – including international wire transfers and the movement of funds between the several CENTENNIAL accounts via cashier's checks.

70. For example, surveillance footage provided by JPMC captures an interaction that occurred on September 8, 2025, from approximately 10:50 AM to 11:03 AM (MST). From my review of this footage, DANELIA appears to be conversing back and forth with the bank teller, while CC-1 largely stands next to DANELIA. It is important to note that the surveillance footage does not capture any audio. However, in my training and experience, it appears that DANELIA is the individual who is conducting this transaction with JPMC, while CC-1 is present and only assists sparingly.

71. From my review of records from JPMC x0222, I have identified a $95,780 cashier's check withdrawal that occurred on September 8, 2025, at approximately 10:55 AM. I believe this is the transaction captured on the above referenced surveillance footage, for which DANELIA appears to be the primary facilitator and CC-1 appears on the account record as authorizing the withdrawal. An image from this transaction is included below, with DANELIA on the left and CC-1 on the right:



72. Then, approximately sixteen minutes later at or around 11:11 AM on September 8, 2025, the above discussed cashier's check drawn from JPMC x0222 was deposited into WF x6653. In quick succession, these funds were then debited from WF x6653 and sent overseas via an international wire.

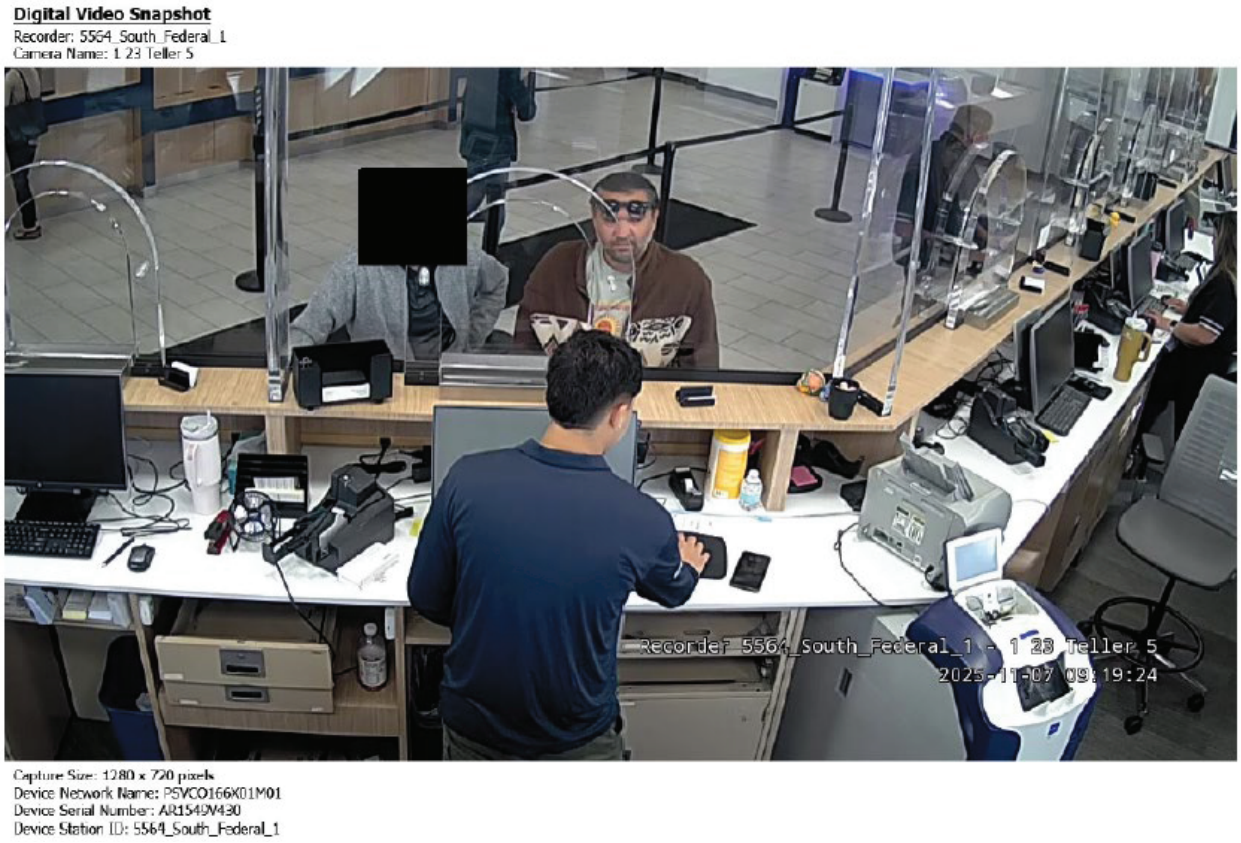
73. I have reviewed surveillance materials from JPMC, Wells Fargo, US Bank, and Bank of America, which show DANELIA with CC-1 appearing to conduct monetary transactions at those institutions.

74. From my review of account records, surveillance footage, LPR data[11] and physical surveillance, I believe what occurred on September 8, 2025 at JPMC and WF was repeated dozens of times by DANELIA and CC-1 during the timeframe that CENTENNIAL

[11] For example, on or around October 17, 2025, at approximately 11:47 AM, LPR data captured the Prius entering a surface parking lot adjacent to a UMB Bank located at 3500 S. Oneida Way, Denver, CO 80224. From my review of account records for UMB x4112, the CENTENNIAL account has numerous transactions at this same UMB Bank location.

was operational.

75. Surveillance footage from additional banks similarly aligns with DANELIA's presence for additional transactions that appear, from my training and experience, to be part of the scheme. For example, financial records indicate that on November 7, 2025, a cashier's check was withdrawn in person from CENTENNIAL's US Bank account x1728 in the amount of $98,300.00. That withdrawal is time-stamped 9:17 AM MST. I believe that withdrawal to be captured in surveillance footage depicted in the image below, with DANELIA on the right and CC-1 on the left:



On the same day, CENTENNIAL's BofA x7339 records show a deposit of a US cashier's check in the amount of $98,300. Over subsequent days, multiple wires were transmitted from that BofA account to overseas entities in amounts of more than $90,000 each.

DANELIA Financial Account Records

76. While the investigation is ongoing, and law enforcement and bank personnel are still searching for, gathering, and reviewing additional surveillance footage, law enforcement has identified DANELIA and CC-1 on bank surveillance materials on the following dates, which also correspond to dates of financial transactions in CENTENNIAL's accounts of the types described above (e.g., withdrawals and transfers of funds, rather than depositing health insurance checks): September 8, September 30, October 7, October 30, November 7, November 13.

77. In addition, as described above, law enforcement surveillance observed DANELIA and CC-1 entering a Wells Fargo branch on September 22 and 25, dates on which Wells Fargo records indicate that international outgoing wires were sent from the CENTENNIAL account.

78. In my training and experience, visits to at least four banks on numerous occasions to transfer money as occurred here (but not deposit the initial checks from health insurers) is highly unusual and appears to be designed to limit detection by bank employees and law enforcement. In light of the foregoing and of the Wells Fargo records described above indicating that CC-1 used assistance of another individual (who, based on other surveillance footage, I believe to be DANELIA) to translate and provide guidance on transactions on several occasions, and their calls for "regional manager" approval of outbound wires, and based on my training and experience, I believe DANELIA knew or should have known that the account structure and activity was designed to conceal illicit proceeds.

79. Finally, from a review of account records for DANELIA's personal bank account, BoA x9918, it appears that around the same dates where he has several cash deposits, there are similar, and sometimes identical, cash withdrawals made from various CENTENNIAL

accounts. Based on my training and experience, I am familiar with the fact that individuals engaged in potential criminal activity will commonly receive payment for their involvement in criminal schemes via cash, cryptocurrency, peer-to-peer payment applications, and other non-traditional payroll methods in an effort to limit potential detection by law enforcement.

80. As an example, on or around September 22, 2025, there exists a $10,000 cash withdrawal made from CENTENNIAL account BoA x7339. Also, on or around September 22, 2025, account records show that DANELIA deposited approximately $8,750 in cash into his personal BoA x9918 account and CC-1 deposited approximately $250 in cash into his personal account.

81. Next, or around October 1, 2025, there exists a $6,600 cash withdrawal from CENTENNIAL account WF x6653. Approximately two days later, there exists an approximate $6,600 cash deposit made into DANELIA's personal account, BoA x9918.

82. Finally, on or around October 15, 2025, there exists a $5,000 cash withdrawal from CENTENNIAL account BoA x7339. On the same date, on or around October 15, 2025, account records show that DANELIA has a $5,000 cash deposit made into his personal account, BoA x9918. A surveillance image showing Danelia depositing that cash is below:

CONCLUSION

83. Based on the facts set forth above, I respectfully submit that probable cause exists to believe that, between at least June 2025 and continuing through in or around December 2025, in the District of New Hampshire, and elsewhere, Defendant DANELIA, together with others, conspired to commit money laundering, in violation of Title 18, United States Code, Section 1965(h).

Respectfully submitted,

Abraham J. Raymond

Abraham J. Raymond
Special Agent
U.S. Department of Veterans Affairs, Office of Inspector General

Attested to by the applicant in accordance with
the requirements of Fed. R. Crim. P. 4.1 by telephone.

Andrea K. Johnstone
United States Magistrate Judge

on March 27, 2026 Date