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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

CHRISTOPHER DZIALO,

Defendant.
_____/

Case: 5:26-cr-20383
Assigned To : Levy, Judith E.
Referral Judge: Patti, Anthony P.
Assign. Date : 6/16/2026
IND USA V. DZIALO (CMC)

Violations: 18 U.S.C. § 1341
18 U.S.C. § 1347

INDICTMENT

THE GRAND JURY CHARGES:

GENERAL ALLEGATIONS

At all times relevant to this indictment:

1. Blue Cross Blue Shield of Michigan (BCBSM) was a health insurance company providing coverage plans to individuals, families, and employer groups. The plans offered by BCBSM affected commerce, meeting the definition of a "health care benefit program" under 18 U.S.C. § 24.

2. OptumRX was a pharmacy benefit manager (PBM). PBMs manage prescription drug services for a variety of health care benefit programs. OptumRX was contracted to provide services for BCBSM. These services included claim intake or receipt, claim review and adjudication, and payment on valid claims.

3. Christopher DZIALO was a BCBSM plan subscriber or "member." Through his BCBSM plan membership, DZIALO had access to prescription drug services and related benefits, managed by OptumRX.

4. One of the services provided by BCBSM was Direct Member Reimbursement (DMR), whereby BCBSM would repay members for out-of-pocket medical or pharmacy services. Often, a subscriber pays out-of-pocket for medical services because the subscriber receives services from a facility or provider that were not covered within the BCBSM insurance network.

5. In order to receive reimbursements for medical or pharmacy procedures that were paid out-of-pocket, BCBSM subscribers must have completed a DMR form, provided a statement from the rendering provider confirming services were received, and provided a copy of a paid receipt stating the rendered services.

6. BCBSM members submitted medical DMR claims via the BCBSM member portal, which could be accessed on BCBSM.com or through the BCBSM mobile application. When submitting a medical DMR claim on the member portal, the member needed to include their BCBSM contract ID number, the date of the medical service received, the name of the patient who received the medical service, the reimbursement amount sought, the medical provider information, and other related medical procedure information. The subscriber was then prompted to

upload and attach supporting claim documents, such as receipts of service. Before the subscriber submitted the claim form digitally, the member portal required the user to acknowledge an attestation statement, which states the subscriber must "certify that the above information is true to the best of my knowledge" and acknowledge that "false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution."

7. As it related to BCBSM, OptumRX required that all prescription drug claims be submitted via the mail. These claims generally required substantial the same or similarly supporting documentation as DMR claims submitted for medical services via the BCBSM member portal.

8. Once BCBSM (or OptumRX) approved a DMR claim, a reimbursement check from BCBSM (or OptumRx for pharmacy claims) would be mailed to the requesting member.

COUNTS ONE - THREE
18 U.S.C. § 1341
Mail Fraud

9. The allegations set forth in paragraphs 1-8 are repeated, realleged, and incorporated by reference as though fully set forth herein.

10. Beginning on a date unknown, but at least as early as June 2023, in the Eastern District of Michigan, and elsewhere, defendant Christopher DZIALO, with the intent to defraud, knowingly devised and executed a scheme and artifice

to defraud and obtain money by materially false and fraudulent pretenses, representations, and promises.

11. The purpose of the scheme and artifice was for DZIALO to improperly and unlawfully obtain DMR benefits from BCBSM and OptumRX for medical and prescription services that were not rendered.

12. It was part of the scheme and artifice that DZIALO would submit false and fraudulent DMR claims, both via the BCBSM member portal and via mailed submission to OptumRX. DZIALO would submit these claims with knowledge that he had not received the medications and services for which he sought reimbursement; in fact, the medications and services for which he sought reimbursement were never rendered or provided to anyone.

13. It was further a part of the scheme and artifice that for each of the submitted DMR claims, DZIALO would upload or otherwise append or attachment false and fraudulent supporting documentation, purporting to show that certain services were obtained or medications were received. DZIALO provided these documents knowing that they were false and that he had not received or obtained the services or medications reflected within the documentation.

14. It was further a part of the scheme and artifice that for each of the submitted DMR claims, DZIALO would falsely attest or certify that claim

information was true to the best of his knowledge. DZIALO made these false certifications knowingly.

15. It was further a part of the scheme and artifice that upon receipt of DMR payment checks from BCBSM or OptumRX, DZIALO would either deposit them into his bank account or negotiate them for cash.

16. On or about the dates below, in the Eastern District of Michigan, and elsewhere, for the purpose of executing or attempting to execute the above-described scheme and artifice to defraud, the defendant, Christopher DZIALO knowingly made use of the mails to submit pharmacy claims and likewise knowingly caused checks to be delivered by mail; with each mailing be a separate count of the indictment:

Count	**Date**	**Nature of Mailing**
1.	July 19, 2023	Kroger Pharmacy claim for $15,503.47
2.	August 14, 2023	Walgreens Pharmacy claim for $13,583.68
3.	October 20, 2023	Walgreens Pharmacy claim for $5304.08

17. All in violation of Title 18, United States Code, Section 1341.

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COUNTS FOUR - EIGHT
18 U.S.C. § 1347
Health Care Fraud

18. The allegations set forth in paragraphs 1-15 are repeated, realleged, and incorporated by reference as though fully set forth herein.

19. On or about the dates below, in the Eastern District of Michigan, and elsewhere, the defendant, Christopher DZIALO knowingly and voluntarily executed or attempted to execute a scheme or artifice to defraud a BCBSM or obtained, by means of false or fraudulent pretenses, representations, or promises, any of the property owned by, or under the custody or control of, BCBSM, in connection with the delivery of or payment for health care benefits, items or devices; with each claim being a separate count of the indictment:

Count	Date of Submission	Description of Claim
4.	June 30, 2023	$68,483.16 claim for services provided by Garden State Healthcare Associates between June 2, 2023, and June 10, 2023
5.	August 8, 2024	$9,635 claim for services provided by Epic Brain Centers on April 20, 2024
6.	January 27, 2025	$15,335 claim for services provided by Epic Brain Centers on May 5, 2024
7.	January 27, 2025	$15,335 claim for services provided by Epic Brain Centers on May 24, 2024
8.	January 27, 2025	$15,335 claim for services provided by Epic Brain Centers on June 2, 2024

20. All in violation of Title 18, United States Code, Section 1347.

THIS IS A TRUE BILL

s/ Grand Jury Foreperson
GRAND JURY FOREPERSON

JEROME F. GORGON, JR.
United States Attorney

s/ John K. Neal
JOHN K. NEAL
Chief, Anti-Corruption Unit

s/ Ryan A. Particka
RYAN A. PARTICKA
Assistant United States Attorney

S/ ALEXSANDRS K. BOMIS
ALEKSANDRS K. BOMIS
Assistant United States Attorney

Dated: June 16, 2026