COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: PHILADELPHIA

Magisterial District Number: MC-01-51
MDJ: Hon. PHILA MUNICIPAL COURT
Address: 1301 FILBERT STREET, RM 208
PHILADELPHIA, PA 19107
Telephone: (215) 686-7000

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA VS.

DEFENDANT: (NAME and ADDRESS):

First Name	Middle Name	Last Name	Gen.
GHADA	JAFFER	MAHJOUB	

[redacted]
JENKINTOWN, PA 19046

NCIC Extradition Code Type

- ☒ 1-Felony Full
- ☐ 2-Felony Ltd.
- ☐ 3-Felony Surrounding States
- ☐ 4-Felony No Ext.
- ☐ 5-Felony Pend.
- ☐ 6-Felony Pend. Extradition Determ.
- ☐ A-Misdemeanor Full
- ☐ B-Misdemeanor Limited
- ☐ C-Misdemeanor Surrounding States
- ☐ D-Misdemeanor No Extradition
- ☐ E-Misdemeanor Pending
- ☐ F-Misdemeanor Pending Extradition Determ.
- ☐ Distance: _____

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint Number	Incident Number	Request Lab Services?
	/ /		MFI230192130		☐ YES ☒ NO

GENDER		POB	Add'l DOB	Co-Defendant(s)
☐ Male ☒ Female	First Name: [redacted] Middle Name: Last Name: Gen.	SUDAN	/ /	☐
	AKA: GHANA MAHJOUB			

RACE: ☐ White ☐ Asian ☒ Black ☐ Native American ☐ Unknown

ETHNICITY: ☐ Hispanic ☒ Non-Hispanic ☐ Unknown

HAIR COLOR: ☐ GRY (Gray) ☐ RED (Red/Aubn.) ☐ SDY (Sandy) ☐ BLU (Blue) ☐ PLE (Purple) ☐ BRO (Brown) ☒ BLK (Black) ☐ ONG (Orange) ☐ WHI (White) ☐ XXX (Unk./Bald) ☐ GRN (Green) ☐ PNK (Pink) ☐ BLN (Blonde / Strawberry)

EYE COLOR: ☐ BLK (Black) ☐ BLU (Blue) ☒ BRO (Brown) ☐ GRN (Green) ☐ GRY (Gray) ☐ HAZ (Hazel) ☐ MAR (Maroon) ☐ PNK (Pink) ☐ MUL (Multicolored) ☐ XXX (Unknown)

DNA	☐ YES ☒ NO	DNA Location	WEIGHT (lbs.)
FBI Number		MNU Number	150
Defendant Fingerprinted	☐ YES ☒ NO		Ft. HEIGHT In.
Fingerprint Classification:			5 6

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat ☐	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. ☐	School Veh. ☐	Oth. NCIC Veh. Code	Reg. same as Def. ☐

VIN	Year	Make	Model	Style	Color

Office of the attorney for the Commonwealth ☒ Approved ☐ Disapproved because: _____

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

ERIC STRYD, SDAG — (Name of the attorney for the Commonwealth)

[signature] — (Signature of the attorney for the Commonwealth)

6/8/2026 — (Date)

I, BRYAN LEE HESS — (Name of the Affiant)

BADGE#1004 — (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of PA OFFICE OF ATTORNEY GENERAL — (Identify Department or Agency Represented and Political Subdivision)

PA0222400 — (Police Agency ORI Number)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above
   ☐ I accuse the defendant whose name is unknown to me but who is described as _____
   ☐ I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe
   with violating the penal laws of the Commonwealth of Pennsylvania at [301] (Subdivision Code) 7318 GERMANTOWN AVE (Place-Political Subdivision)
   PHILADELPHIA, PA 19119
   in PHILA County [51] (County Code) on or about JANUARY 1, 2020 - JULY 31, 2022 (Offense Date)

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230192130	Incident Number
Defendant Name	First: GHADA	Middle: JAFFER	Last: MAHJOUB	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older 0

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☒	1	1407	A(1)	of the	62 P.S.	1	F-3	2699	26D

PennDOT Data (if applicable)	Accident Number	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance): MEDICAID FRAUD - 1 CONTINUOUS COUNT. KNOWINGLY OR INTENTIONALLY PRESENT FOR ALLOWANCE OR PAYMENT ANY FALSE OR FRAUDULENT CLAIM FOR FURNISHING SERVICES UNDER MEDICAL ASSISTANCE.

Acts of the accused associated with this Offense:
SEE AFFIDAVIT OF PROBABLE CAUSE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older 0

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	2	1407	A(4)	of the	62 P.S.	1	F-3	2699	26D

PennDOT Data (if applicable)	Accident Number	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance): MEDICAID FRAUD - 1 CONTINUOUS COUNT. SUBMIT A CLAIM FOR SERVICES, SUPPLIES, OR EQUIPMENT NOT RENDERED TO A RECIPIENT.

Acts of the accused associated with this Offense:
SEE AFFIDAVIT OF PROBABLE CAUSE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older 0

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	3	1407	A(7)	of the	62 P.S.	1	F-3	2699	26D

PennDOT Data (if applicable)	Accident Number	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance): MEDICAID FRAUD - 1 CONTINUOUS COUNT. SUBMIT A CLAIM WHICH MISREPRESENTS THE DESCRIPTION OF SERVICES.

Acts of the accused associated with this Offense:
SEE AFFIDAVIT OF PROBABLE CAUSE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230192130	Incident Number
Defendant Name	First: GHADA	Middle: JAFFER	Last: MAHJOUB	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older 0

☐ Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	4	1407	A(9)	of the	62 P.S.	1	F-3	2699	26D

PennDOT Data (if applicable)	Accident Number	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance): MEDICAID FRAUD - 1 CONTINUOUS COUNT.
SUBMIT A CLAIM FOR SERVICES NOT RENDERED BY THE PROVIDER.

Acts of the accused associated with this Offense:
SEE AFFIDAVIT OF PROBABLE CAUSE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older 0

☐ Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	5	3922	A(1)	of the	18 PA C.S.A	1	F-3	2399	23H

PennDOT Data (if applicable)	Accident Number	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance): THEFT BY DECEPTION - 1 CONTINUOUS COUNT.
INTENTIONALLY OBTAINS PROPERTY OF ANOTHER BY DECEPTION, CREATE OR ENFORCES A FALSE IMPRESSION, INCLUDING VALUE, INTENTION OR OTHER STATE OF MIND

Acts of the accused associated with this Offense:
SEE AFFIDAVIT OF PROBABLE CAUSE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older 0

☐ Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	6	4911	A(1)	of the	18 PA C.S.A	1	F-3	2699	90Z

PennDOT Data (if applicable)	Accident Number	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance): TAMPERING WITH PUBLIC RECORDS - 1 CONTINUOUS COUNT.
KNOWLINGLY MAKES FALSE ENTRY IN, OR FALSE ALTERATION OF, ANY RECORD OR DOCUMENT OR THING BELONGING TO, OR RECEIVED OR KEPT BY GOVERNMENT.

Acts of the accused associated with this Offense:
SEE AFFIDAVIT OF PROBABLE CAUSE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230192130	Incident Number
Defendant Name	First: GHADA	Middle: JAFFER	Last: MAHJOUB	

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.

3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

4. This complaint consists of the preceding page(s) numbered 1 through 3.

5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

06/10/2026 — (Date)
2026 — (Year)
(Signature of Affiant)

AND NOW, on this date 6/10/26 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

1 — (Magisterial District Court Number)
(Issuing Authority)
Hon Lauren Fischer
SEAL

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number	Incident Number MFI230192130F
Defendant Name	First: GHADA	Middle: JAFFER	Last: MAHJOUB	

AFFIDAVIT of PROBABLE CAUSE

Your Affiant, Bryan L. Hess, badge number 1004, is a sworn law enforcement officer employed as a Special Agent II with the Pennsylvania Office of Attorney General, Bureau of Criminal Investigations, Medicaid Fraud Control Section located at 1000 Madison Ave, Suite 310, Norristown, PA 19403, having been so employed since August 2025. Your Affiant has received training and has experience in the investigation of Medical Assistance/Medicaid fraud, including billing requirements under the Pennsylvania Medical Assistance (MA) Program administered by the Pennsylvania Department of Human Services (DHS). Through training and experience, Your Affiant is familiar with the requirements for Medical Assistance provider enrollment, documentation standards, supervision requirements, and reimbursement regulations.

Your Affiant was assigned to investigate allegations of Medicaid Fraud committed by Ghada Jaffer MAHJOUB (hereafter "MAHJOUB") during the period between January 1, 2020, and July 31, 2022. MAHJOUB was a licensed Behavioral Specialist employed as a contract service provider for three Medicaid providers during this period: Allied Associates in Mental Health, located at 7318 Germantown Avenue, Philadelphia, PA 19119 (hereafter "ALLIED"); Pan American Mental Health Services, located at 2561 N. Front Street, Philadelphia, PA 19133 (hereafter "PAN AMERICAN"); and Dunbar Community Counseling Services, located at 4232 Parkside Avenue, Philadelphia, PA 19104 (hereafter "DUNBAR").

On or about January 26, 2023, the Pennsylvania Office of Attorney General Medicaid Fraud Control Section received a referral from Community Behavioral Health of Philadelphia (hereafter "CBH"), which contained allegations that MAHJOUB was improperly billing for behavioral health services while employed at the above-noted agencies. CBH's Compliance Department initiated an across-provider audit of the three agencies that employed MAHJOUB during the period under investigation. This audit discovered that MAHJOUB reported working an average of 125 hours per week across all three agencies. These times coincided with the period that the agencies received monthly payments from Medicaid.

Your Affiant obtained and reviewed relevant records from the Medicaid-funded Managed Care Organization (MCO), CBH. CBH is the behavioral health Managed Care Organization for behavioral health services for MA recipients who are residents of Philadelphia County. CBH contracts with providers, including ALLIED, PAN AMERICAN, and DUNBAR.

Your Affiant obtained and reviewed records from ALLIED, PAN AMERICAN, and DUNBAR, which revealed the following:

- MAHJOUB was paid to provide services to children as a licensed Behavioral Specialist in and around the Philadelphia area, both in the school and home/community setting.
- MAHJOUB completed encounter forms to record the days and times she worked for a particular agency and recipient. The encounter forms were then used as a basis for the agency to bill MA.
- Your Affiant conducted an analysis of agency records submitted by MAHJOUB during the relevant time period and found at least 500 overlapping service units resulting in at least $9,845.00 paid by MA for services that could not have been provided.

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number	Incident Number MFI230192130F
Defendant Name	First: GHADA	Middle: JAFFER	Last: MAHJOUB	

AFFIDAVIT of PROBABLE CAUSE

- A review of client records from the relevant period revealed identical or substantially similar progress notes across different recipients and dates, reasons for telehealth services routinely documented as "CORONAVIRUS-19 NATIONAL EMERGENCY", and numerous overlapping times of service between multiple agencies and recipients.

Your Affiant interviewed MAHJOUB on February 26, 2026, at her counseling practice, Hope Outpatient and Ghada Counseling Services, located at 8019 Frankford Avenue, Philadelphia, PA 19136. During this interview, Mahjoub confirmed that she had worked as a contractor for all three agencies previously noted during the period under investigation; she was a Medicaid provider during the stated period and remains a Medicaid provider to date. MAHJOUB also reported that she was trained and is familiar with documentation and billing practices and procedures, that she personally prepared encounter forms, case notes, and fee sheets that were then used to bill Medicaid for services, and that she was required to obtain signatures from a parent, guardian, or teacher to confirm that services were actually provided. MAHJOUB admitted to Your Affiant that she had knowingly submitted encounter forms, case notes, and/or fee sheets for services that she knew had not been provided.

MAHJOUB knowingly submitted fraudulent encounter forms, indicating she provided services as a licensed Behavioral Specialist, for services she did not provide. These falsified encounter forms resulted in the MA program paying at least $9,845.00 for at least 500 service units, which were not provided.

I, Bryan L. Hess, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this 10 day of June 2026

6/10/26 Date , Magisterial District Judge

Acm Lauren Fischer

My commission expires first ~~Monday of January~~, March 31, 2029

SEAL