

Case Summary and Background:

On February 11, 2016, a federal grand jury indicted Devos Ltd., doing business as Guaranteed Returns (“Guaranteed Returns”), Dean Volkes (Chief Executive Officer), and Donna Fallon (Chief Financial Officer). According to the indictment, Guaranteed Returns managed the returns of pharmaceutical products for healthcare providers, including numerous hospitals, pharmacies, and long-term care facilities. Pharmaceutical manufacturers often allow expired drugs to be returned for a refund. Guaranteed Returns handled this process for healthcare provider clients in exchange for a fee based on a percentage of the return value.

The indictment charges that Guaranteed Returns promised its clients that it would hold their “indate” (not yet returnable) drug products until they expired, and then return them on clients’ behalf, in exchange for a fee. Instead, according to the indictment, Guaranteed Returns, at CEO Dean Volkes’ direction, stole “indate” drug products that it received from its clients; returned the drugs to manufacturers; and kept the refund money. The indictment also alleges that Guaranteed Returns stole a portion of clients’ refund money by diverting a percentage of the refund into internal Guaranteed Returns accounts via a computerized accounting adjustment. The indictment alleges that through fraud, Guaranteed Returns stole more than \$180 million.

Guaranteed Returns alleges that its customers agreed that Guaranteed Returns could retain “indate”-related moneys without any obligation of payment. (An indictment is an accusation. A defendant is presumed innocent unless and until proven guilty.)

For a complete copy of the current indictment, please visit:

<https://www.justice.gov/usao-edpa/victim-witness-resources>

**** Please return completed survey forms and any supporting documentation, including any victim-impact statement, to the address identified at the end of the survey no later than November 7, 2016. If additional room is needed to complete a response, please continue your answer onto an additional page.**

Section I: Contact Information (please correct if necessary) Victim ID and PIN

Company Name: _____

Company Address: _____

EIN: _____

Name and Title of Individual Completing Form: _____

Contact Information for Individual Completing Form (including email address):

Section II: Guaranteed Returns Business Relationship

1. Did you/your company return pharmaceutical products through Guaranteed Returns?
Yes No

If yes,

Date of initial returns: _____ Date of last return: _____

2. Did you/your company have a contract with Guaranteed Returns, either directly or through a Group Purchasing Organization (GPO)? Yes No

If yes,

a. Date of contract: _____ b. Date of last renewal, if any: _____

c. Name of GPO _____

3. Do you have a copy of the contract? Yes No

a. If Yes, please provide.

4. Did you/your company use other pharmaceutical return companies? Yes No

If yes,

a. Name of Return company: _____

b. Name of other return company: _____

c. Name of other return company: _____

5. Did you/your company receive sales calls from Guaranteed Returns sales personnel?

Yes No

a. Name of Guaranteed Returns representative: _____

b. Name of Prior/Other Guaranteed Returns Representative(s):

U.S. v. GUARANTEED RETURNS, et al.

6. To your knowledge, did you/your company use Guaranteed Returns to return *any* unexpired pharmaceutical products (“indates”) for refund/credit from manufacturers? Yes No

a. How often did you/your company use Guaranteed Returns for this purpose?

b. What volume of indate products did you provide to Guaranteed Returns for return?

7. Who was responsible for selecting products for return from you/your company?
[check all that apply]

Guaranteed Returns representative

You/your company

Name and contact information for above: _____

8. Did you/your company have an understanding regarding the amount of refund or credit that your company would receive from Guaranteed Returns for the processing of “indates”?
Yes No

If yes, what was your understanding: _____

9. Did you/your company have an understanding/belief that Guaranteed Returns could return your “indates” to the manufacturer, receive a refund, and keep the refund related to “indates” product that you submitted for itself? Yes No

a. Did Guaranteed Returns and/or Guaranteed Returns sales representatives tell you/your company that Guaranteed Returns could retain all proceeds related to your indated products? Yes No

b. Did Guaranteed Returns and/or Guaranteed Returns sales representatives tell you/your company that Guaranteed Returns would pay you the refunds/credits related to your indated products? Yes No

c. Do you have any documentation, including correspondence, emails, promotional literature or other documents, related to your understanding? If so, please provide.

10. Are you familiar with the Accelerator Program at Guaranteed Returns?

Yes No

If yes, did you/your company knowingly participate: Yes No

III. Documentation

Please attach and submit contract documents.

Please attach and submit correspondence with Guaranteed Returns.

Please attach and submit other relevant documents. You may include as part of your response a brief statement that explains how you believe any failure to receive remuneration for indated products affected you/your company.

Send PDF of completed form and materials to: USAPAE.VicWit@usdoj.gov **OR**

Send hardcopy of completed form and materials to:

**U.S. Attorney's Office
Eastern District of Pennsylvania
ATTN: Victim Witness Specialist
615 Chestnut Street, Suite 1250
Philadelphia, PA 19106**

IV. Personnel

List personnel involved with pharmaceutical returns from 2009 to 2014:

V. Verification

I certify that the answers above are true and correct to the best of my knowledge and belief.

If you have questions regarding this case or this form, please contact:

USAEO.MCAP@usdoj.gov (844) 527-5299

**** For a Victim-Impact Statement form visit:**

<https://www.justice.gov/usao-edpa/us-v-devos-ltd-dba-guaranteed-returns-et-al>