

IN THE DISTRICT COURT OF THE UNITED STATES  
FOR THE DISTRICT OF SOUTH CAROLINA  
COLUMBIA DIVISION

UNITED STATES OF AMERICA

v.

**CHINTAN ANJARIA**

Criminal No: 3:23-493

18 U.S.C. § 2  
18 U.S.C. § 1343  
18 U.S.C. § 981(a)(1)(C)  
28 U.S.C. § 2461(c)

**INFORMATION**  
**(Filed Under Seal)**

**COUNT 1**  
**(Wire Fraud)**

**THE UNITED STATES ATTORNEY CHARGES:**

1. The Defendant **CHINTAN ANJARIA** (“**ANJARIA**”), and others, both known and unknown to the Grand Jury, committed wire fraud through a fraudulent kickback scheme.

2. The Defendant **ANJARIA**, a citizen of India, owned, operated, and controlled an entity located in India (hereinafter referred to as the “**ANJARIA Marketing Company**”), which is a company located in the city of Thane in India that operates a call center that generates and sells doctor orders with supporting documentation to Medicare providers authorizing various types of medical services for Medicare beneficiaries in violation of U.S. law.

**INTRODUCTION**

3. The Medicare Program (Medicare) is a federal health care program providing benefits to persons who are over the age of sixty-five and some persons under the age of sixty-five, who are blind, or disabled. Medicare is administered by the Centers for Medicare and

Medicaid Services (“CMS”), a federal agency under the United States Department of Health and Human Services (“HHS”).

4. Medicare is a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), in that it is a public plan affecting commerce under which medical benefits, items, and services are provided to individuals and under which individuals and entities who provide medical benefits, items, or services may obtain payments. Medicare was a “Federal health care program” as defined in Title 42, United States Code, Section 1320a-7b(f).

5. Part B of the Medicare Program is a medical insurance program that covered, among other things, certain durable medical equipment (“DME”). Specifically, Medicare Part B covers medically necessary physician services, including the ordering of durable medical equipment (“DME”) such as ankle, knee, back, and wrist braces.

6. Section 1847(a)(2) of the Social Security Act defines Off-The-Shelf (“OTS”) orthotics as those orthotics described in section 1861(s)(9) of the Act for which payment would otherwise be made under section 1843(h) of the Act, which require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit to the individual. Orthotics that are currently paid under section 1834(h) of the Act and are described in section 1861(s)(9) of the Act are leg, arm, back, and neck braces. The Medicare Benefit Policy Manual (Publication 100-2), Chapter 15, Section 130 provides the longstanding Medicare definition of “braces.” Braces are defined in this section as “rigid or semi-rigid devices which are used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.”

7. OTS orthotic braces, such as ankle, knee, back, and wrist braces, are a type of DME.

8. To receive reimbursement from Medicare for non-physician items such as OTS orthotics, a DME supplier is required to submit a claim, either electronically or in writing, through Form CMS-1500 or UB-92. Claim forms require important information, including: (a) beneficiary's name and identification number; (b) the name and identification number of the referring/ordering provider who ordered the OTS orthotics; (c) the health care benefit item that was provided or supplied to the beneficiary; (d) the billing codes for the specified item; and (e) the date upon which the item was provided or supplied to the beneficiary.

9. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies, procedures, rules, and regulations issued by CMS and its authorized agents and contractors. Health care providers were given and provided with online access to Medicare manuals and services bulletins describing proper billing procedures and billing rules and regulations.

10. Medicare regulations required health care providers enrolled with Medicare to maintain complete and accurate patient medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting actual treatment of the patients to whom services were provided and for whom claims for payment were submitted by the physician. Medicare requires complete and accurate patient medical records so that Medicare may verify that the services were provided as described on the claim form. These records were required to be

sufficient to permit Medicare, through SGS and other contractors, to review the appropriateness of Medicare payments made to the health care provider.

*The Scheme to Defraud*

11. At a time unknown to the United States Attorney, but at least as early as December 2019, in the District of South Carolina, and elsewhere, the Defendant **ANJARIA**, ANJARIA Marketing Company, and others known and unknown to the United States Attorney, knowingly and with the intent to defraud, devised, participated, and carried out a scheme and artifice to defraud and obtain money or property from a health care program, that being Medicare, by means of materially false and fraudulent pretenses, representations, or promises, and the concealment of material facts, and during such period, knowingly transmitted and caused to be transmitted in interstate commerce, by means of wire communications, certain electronic signals, for the purpose of executing the scheme and artifice to defraud, in violation of Title 18, United States Code, Section 1343.

*Manner and Means of the Scheme*

12. The fraudulent scheme was carried out by **ANJARIA**, ANJARIA Marketing Company, and others, both known and unknown to the Grand Jury, in the following manner:

- a. **ANJARIA**, ANJARIA Marketing Company, and others are in the business of identifying Medicare beneficiaries that are eligible for certain healthcare treatment, including OTS orthotics.
- b. **ANJARIA**, ANJARIA Marketing Company, and others conduct marketing which targeted individuals covered by Medicare for OTS orthotics for little to no costs.

- c. If a Medicare beneficiary responds to the marketing that has been generated by **ANJARIA**, ANJARIA Marketing Company, and others that beneficiary is either:
  - i. Routed to a call center operated by **ANJARIA**, ANJARIA Marketing Company and others in India; or
  - ii. That Medicare beneficiary's information is obtained by a third party, who then provides that Medicare beneficiary's information to **ANJARIA**, ANJARIA Marketing Company, and others. Once that Medicare beneficiary's information is given by the third party to **ANJARIA**, ANJARIA Marketing Company, and others, he/she is called by **ANJARIA**, ANJARIA Marketing Company, and others.
- d. Once **ANJARIA**, ANJARIA Marketing Company, and others are in communication with a Medicare beneficiary, they obtain various information, including but not limited to, the beneficiary's OTS orthotic request, personal identifying information, insurance information to include Medicare number, and their address.
- e. **ANJARIA**, ANJARIA Marketing Company, and others evaluated whether Medicare would pay for a Medicare beneficiary's receipt of a certain brace or braces by confirming the Medicare beneficiary was having pain, or other ailments, in certain areas of their body.
- f. Once confirmed that Medicare would pay for a Medicare beneficiary's OTS brace, **ANJARIA**, ANJARIA Marketing Supply, and others obtained

various other information from the Medicare beneficiary, including their size and weight to determine the size of the brace to be potentially shipped, medical history, and other information to meet Medicare eligibility requirements.

- g. After obtaining the necessary information to bill Medicare, **ANJARIA**, ANJARIA Marketing Company, and others, would funnel Medicare beneficiaries and the collected medical information to certain tele-doctors.
- h. These tele-doctors were usually not the Medicare beneficiary's primary physician and did not see the Medicare beneficiary in person.
- i. The tele-doctors were used by **ANJARIA**, ANJARIA Marketing Company, and others to produce OTS orthotic patient prescriptions and other records supporting medical necessity.
- j. The tele-doctors would then return a signed prescription to **ANJARIA**, ANJARIA Marketing Company, and others. Once the signed prescription was received, **ANJARIA**, ANJARIA Marketing Company, and others would upload the signed prescription to complete the Medicare beneficiary's order.
- k. Fictitious invoices were created by **ANJAIRA**, ANJARIA Marketing Company, and others to hide the violation of law, that is the selling of doctor orders.
- l. The DME company then paid **ANJARIA**, ANJARIA Marketing Company, and others a certain amount per doctor order.

- m. **ANJARIA**, ANJARIA Marketing Company, and others then provided the doctor orders with supporting documentation to the DME company via Dropbox, a commercial online document storage platform.
- n. The completed doctor orders allowed the DME company to ship Medicare beneficiaries the OTS brace or braces and submit claims for reimbursement to Medicare.
- o. **ANJARIA**, ANJARIA Marketing Company, and others provided doctor orders for OTS brace or braces to DME companies located in the District of South Carolina and elsewhere.

13. It was the purpose of the scheme and artifice for **ANJARIA**, ANJARIA Marketing Company, and others, to enrich themselves and maximize profits at the expense of the United States and patients.

14. Through the scheme described above, A&M Medical, a DME company located in the District of South Carolina, paid **ANJARIA**, ANJARIA Marketing Company, and others, \$37,500.00 for 100 doctor orders. Once the payment for the doctor orders was received by **ANJARIA**, ANJARIA Marketing Company, and others, a total of \$5,000.00 was paid by **ANJARIA**, ANJARIA Marketing Company, and others to a liaison in the District of South Carolina known to the Government for the referral to A&M Medical.

15. It was further part of the scheme described above, that A&M Medical was paid approximately \$28,755.00 by Medicare for claims submitted from the doctor orders purchased from **ANJARIA**, ANJARIA Marketing Company, and others.

All in violation of Title 18, United States Code, Sections 1343 and 2.

## **FORFEITURE**

### **WIRE FRAUD:**

Upon conviction for violation of Title 18, United States Code, Section 1343 as charged in this Information, the Defendant, **CHINTAN ANJARIA**, shall forfeit to the United States any property, real or personal, constituting, derived from or traceable to proceeds the Defendant obtained directly or indirectly as a result of such offense.

### **PROPERTY:**

Pursuant to 18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461(c), the property which is subject to forfeiture upon conviction of the Defendant for the offense charged in this Information includes, but is not limited to, the following:

#### **Cash Proceeds/Forfeiture Judgment:**

A sum of money equal to all property the Defendant obtained as a result of the offense charged in this Information, approximately \$32,500.00 and all interest and proceeds traceable thereto as a result for his violation of 18 U.S.C. § 1343.

### **SUBSTITUTION OF ASSETS:**

If any of the property described above as being subject to forfeiture, as a result of any act or omission of the Defendant:

- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with, a third person;
- (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 which cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by 18 U.S.C. § 982(b)(1) to seek forfeiture of any other property of Defendant up to



an amount equivalent to the value of the above-described forfeitable property;

Pursuant to Title 18, United States Code, Section 981(a)(1)(C) and Title 28, United States Code, Section 2461(c).

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