

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No.

16-20461

18 U.S.C. § 1349

18 U.S.C. § 1347

18 U.S.C. § 371

42 U.S.C. § 1320a-7b(b)(1)(A)

18 U.S.C. § 1956(h)

18 U.S.C. § 1956(a)(1)(B)(i)

18 U.S.C. § 982

18 U.S.C. § 981(A)(1)(C)

18 U.S.C. § 2

CR - MARTINEZ

GOODMAN

UNITED STATES OF AMERICA

vs.

**MILDREY DE LA CARIDAD GONZALEZ,
MILKA YARLIN ALFARO,
ADRIANA DAMAS JALIL, and
LUIS ENRIQUE LUZARDO,**

Defendants.

INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times material to this Indictment:

The Medicare Program

1. The Medicare Program ("Medicare") was a federally funded program that provided free or below-cost health care benefits to certain individuals, primarily the elderly, blind, and disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services ("HHS"), through its agency, the Centers for Medicare and Medicaid Services ("CMS"), oversaw and administered

Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare “beneficiaries.”

2. Medicare was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), and a “Federal health care program,” as defined by Title 42, United States Code, Section 1320-7b(f).

3. Medicare programs covering different types of benefits were separated into different program “parts.” “Part A” of the Medicare program covered certain eligible home health care costs for medical services provided by a home health agency (“HHA”), also referred to as a “provider,” to persons who already qualified for Medicare and who additionally required home health services because of an illness or disability that caused them to be homebound. Payments for home health care medical services were typically made directly to a Medicare-certified HHA or provider based on claims submitted to the Medicare program for qualifying services that had been provided to eligible beneficiaries.

4. CMS did not directly pay Medicare Part A claims submitted by Medicare-certified HHAs. CMS contracted with different private companies to administer the Medicare Part A program throughout different parts of the United States. In the State of Florida, CMS contracted with Palmetto Government Benefits Administrators (“Palmetto”). As administrator, Palmetto was to receive, adjudicate and pay claims submitted by HHA providers under the Part A program for home health claims. Additionally, CMS separately contracted with companies in order to review HHA providers’ claims data. CMS first contracted with TriCenturion, a Program Safeguard Contractor. Subsequently, on December 15, 2008, CMS contracted with SafeGuard Services, a Zone Program Integrity Contractor. Both TriCenturion and SafeGuard Services safeguarded the Medicare Trust Fund by reviewing HHA providers’ claims for potential fraud, waste, and/or abuse.

Part A Coverage and Regulations

Reimbursements

5. The Medicare Part A program reimbursed 100% of the allowable charges for participating HHAs providing home health care services only if the patient qualified for home health benefits. A patient qualified for home health benefits only if the patient:

- a. was confined to the home, also referred to as homebound;
- b. was under the care of a physician who specifically determined there was a need for home health care and established the Plan of Care ("P.O.C."); and
- c. the determining physician signed a certification statement specifying that the beneficiary needed intermittent skilled nursing, physical therapy, speech therapy, or a continued need for occupational therapy; the beneficiary was confined to the home; that a POC for furnishing services was established and periodically reviewed; and that the services were furnished while the beneficiary was under the care of the physician who established the P.O.C.

Record Keeping Requirements

6. Medicare Part A regulations required HHAs providing services to Medicare patients to maintain complete and accurate medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting the actual treatment of patients to whom services were provided and for whom claims for reimbursement were submitted by the HHA. These medical records were required to be sufficiently complete to permit Medicare, through Palmetto and other contractors, to review the appropriateness of Medicare payments made to the HHA under the Part A program.

7. Among the written records required to document the appropriateness of home health care claims submitted under Part A of Medicare were a: (i) P.O.C. that included the

physician order, diagnoses, types of services/frequency of visits, prognosis/rehab potential, functional limitations/activities permitted, medications/treatments/nutritional requirements, safety measures/discharge plans, goals, and the physician's signature; and (ii) a signed certification statement by an attending physician certifying that the patient was confined to his or her home and was in need of the planned home health services.

8. Additionally, Medicare Part A regulations required HHAs to maintain medical records of every visit made by a nurse, therapist, or home health aide to a patient. The record of a nurse's visit was required to describe, among other things, any significant observed signs or symptoms, any treatment and drugs administered, any reactions by the patient, any teaching and the understanding of the patient, and any changes in the patient's physical or emotional condition. The home health aide was required to document the hands-on personal care provided to the beneficiary as the services were deemed necessary to maintain the beneficiary's health or to facilitate treatment of the beneficiary's primary illness or injury. These written medical records were generally created and maintained in the form of "skilled nursing progress notes" and "home health aide notes/observations."

9. Medicare regulations allowed Medicare certified HHAs to subcontract home health care services to nursing companies, therapy staffing services agencies, registries, or groups (nursing groups), which would bill the certified home health agency. The Medicare certified HHA would, in turn, bill Medicare for all services rendered to the patient. The HHA's professional supervision over subcontracted-for services required the same quality controls and supervision as of its own salaried employees.

10. In order to receive Medicare reimbursements, HHAs were required to complete a Provider/Supplier Enrollment Application, also known as Form CMS-855A, as well as provide supporting documentation. HHAs were required to provide truthful and accurate information,

including accurately listing the names of all people who have an ownership or security interest in the provider company.

The Defendant, Relevant Entities and Individuals

11. MA Home Health Agency Inc. (“MA”) was a Florida corporation that did business in Miami-Dade County, Florida, as a home health agency.

12. Golden Home Health Care, Inc. (“Golden”) was a Florida corporation that did business in Miami-Dade County, Florida, as a home health agency.

13. Metro Dade Home Health, Inc. (“Metro Dade”) was a Florida corporation that did business in Miami-Dade County, Florida, as a home health agency.

14. Nova Home Health Care, Inc. (“Nova”) was a Florida corporation that did business in Miami-Dade County, Florida, as a home health agency.

15. Homestead Home Health Care, LLC (“Homestead”) was a Florida corporation that did business in Miami-Dade County, Florida, as a home health agency.

16. Finetech Home Health, Inc. (“Finetech”) was a Florida corporation that did business in Miami-Dade County, Florida, as a home health agency.

17. Blue Ribbon Acquisitions LLC (“Blue Ribbon”) was a Florida corporation with its registered place of business in Doral, Florida.

18. Life Consulting Group, LLC (“Life Consulting”) was a Florida corporation with its registered place of business in Miami Springs, Florida.

19. Ultimate Care Professional Services, Inc. (“Ultimate Care”) was a Florida corporation with its registered place of business in Miami, Florida.

20. D&D Staffing Company Group, Inc. (“D&D Staffing”) was a Florida corporation with its registered place of business in Miami, Florida.

21. Defendant **MILDREY DE LA CARIDAD GONZALEZ** was a resident of Miami-Dade County. On or about April 17, 2013, **GONZALEZ** became the president of Life Consulting. On or about June 12, 2013, **GONZALEZ** became the president of Blue Ribbon.

22. Defendant **MILKA YARLIN ALFARO** was a resident of Miami-Dade County.

23. Defendant **ADRIANA DAMAS JALIL** was a resident of Miami-Dade County.

[REDACTED]

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24. Defendant **LUIS ENRIQUE LUZARDO** was a resident of Miami-Dade County. From on or about May 20, 2015, until on or about September 30, 2015, **LUZARDO** was the registered president of D&D Staffing.

25. Co-Conspirator 1, a resident of Miami-Dade County, was employed as an administrator at MA and Golden, and assisted in the administration of Metro Dade.

26. From approximately 2011 until in or around February 2016, Co-Conspirator 2, a resident of Miami-Dade County, was the registered agent of approximately six separate Florida corporations that purportedly provided home health staffing services.

27. Co-Conspirator 3, a resident of Miami-Dade County, was a registered nurse located in the State of Florida.

COUNT 1
Conspiracy to Commit Health Care Fraud and Wire Fraud
(18 U.S.C. § 1349)

1. Paragraphs 1 through 27 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around 2011, and continuing through in or around February of 2016, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

MILDREY DE LA CARIDAD GONZALEZ
and
MILKA YARLIN ALFARO,

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with each other, and Co-Conspirator 1, Co-Conspirator 2, Co-Conspirator 3, and others, known and unknown to the Grand Jury, to commit offenses against the United States, that is:

- a. to knowingly and willfully execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1347; and
- b. to knowingly and with the intent to defraud, devise and intend to devise, a scheme and artifice to defraud and for obtaining money and property by means of materially false and fraudulent pretenses, representations, and promises, knowing the pretenses, representations, and promises were false and fraudulent when made, and for the purpose of executing the scheme and artifice, did knowingly transmit and cause to be transmitted by means of wire communication in interstate commerce, certain writings, signs, signals, pictures, and sounds, in violation of Title 18, United States Code, Section 1343.

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of

false and fraudulent claims to health care benefit programs; and (c) diverting fraud proceeds for the personal use and benefit of themselves and others.

Manner and Means of the Conspiracy

The manner and means by which the defendants and their co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among other things, the following:

4. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO**, and their co-conspirators recruited and paid certain other co-conspirators (“the Nominee Owners”) to falsely and fraudulently represent themselves to be the owners of MA, Golden, Metro Dade, Nova, Homestead, and Finetech (together, “the Subject Facilities”).

5. At the direction of **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO**, and their co-conspirators, certain co-conspirators completed and signed Medicare Applications on behalf of each of the Subject Facilities, where they fraudulently represented to Medicare, among other things, that the Nominee Owners were the actual owners of the Subject Facilities and that the Subjects Facilities would comply with the Medicare rules and regulations, including the Federal Anti-Kickback Statute.

6. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO**, and other co-conspirators caused these false and fraudulent applications to be submitted to Medicare.

7. As a result of the submission of these false and fraudulent applications, Medicare gave provider numbers to each of the Subject Facilities, which allowed them to submit claims for services purportedly rendered to eligible Medicare beneficiaries.

8. After causing the falsified Medicare applications to be submitted to Medicare, **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO**, and other co-

conspirators paid bribes and kickbacks to Medicare beneficiaries and patient recruiters in exchange for the referral of Medicare beneficiaries to be placed at the Subject Facilities.

9. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO,** and other co-conspirators caused the Subject Facilities to file false and fraudulent claims to Medicare for home health services that: (i) were the result of the payment of bribes and kickbacks to patient recruiters in exchange for patient referrals; and (ii) were not medically necessary. **GONZALEZ, ALFARO,** and other co-conspirators also caused the Subject Facilities to submit claims to Medicare for home health services while continuing to fraudulently misrepresent the identities of the true owners of the Subject Facilities.

10. As a result of these false and fraudulent claims, Medicare made over \$24,000,000 in overpayments funded by the Medicare Part A Program to the Subject Facilities.

11. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO,** and other co-conspirators used proceeds from false and fraudulent Medicare Part A claims for their own use, the use of others, and to further the fraud.

All in violation of Title 18, United States Code, Section 1349.

COUNTS 2 - 7
Health Care Fraud
(18 U.S.C. § 1347)

1. Paragraphs 1 through 22 and 25 through 27 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around 2011, and continuing through in or around February of 2016, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

MILDREY DE LA CARIDAD GONZALEZ
and
MILKA YARLIN ALFARO,

in connection with the delivery of and payment for health care benefits, items, and services, did

knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined by Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, that is, the defendant submitted and caused the submission of false and fraudulent claims to Medicare, seeking reimbursement for the cost of various home health services.

Purpose of the Scheme and Artifice

3. It was the purpose of the scheme and artifice for the defendants and their accomplices to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to health care benefit programs; (b) concealing the submission of false and fraudulent claims to health care benefit programs, and the receipt and transfer of fraud proceeds; and (c) diverting fraud proceeds for the personal use and benefit of themselves and others.

The Scheme and Artifice

4. The allegations contained in paragraphs 4 through 11 of the Manner and Means section of Count 1 of the Indictment are re-alleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

Acts in Execution or Attempted Execution of the Scheme and Artifice

5. On or about the dates set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, **MILDREY GONZALEZ** and **MILKA YARLIN ALFARO**, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, as

defined by Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in that the defendants falsely and fraudulently misrepresented the owners of healthcare companies, paid kickbacks for beneficiary referrals, and submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that MA and Golden provided home health services to Medicare beneficiaries pursuant to physicians' orders and prescriptions:

Count	Medicare Beneficiary	Provider Name	Approximate Claim Date	Medicare Claim Number	Approximate Amount Paid
2	I.R.	MA	June 6, 2013	21311201611907FLR	\$6,366
3	D.G.	MA	November 15, 2013	21328702755607FLR	\$6,366
4	N.G.	Golden	August 27, 2014	21420402450907FLR	\$5,659
5	D.D.M.	Golden	January 9, 2015	21436303101507FLR	\$2,180
6	E.B.	Golden	October 5, 2015	21527803821207FLR	\$3,445
7	H.M.	Golden	October 16, 2015	21527903257007FLR	\$3,364

In violation of Title 18, United States Code, Sections 1347 and 2.

COUNT 8
Conspiracy to Defraud the United States
and Pay and Receive Health Care Kickbacks
(18 U.S.C. § 371)

1. Paragraphs 1 through 23 and 25 through 27 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.
2. From in or around 2011, and continuing through in or around February of 2016, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**MILDREY DE LA CARIDAD GONZALEZ,
MILKA YARLIN ALFARO, and
ADRIANA DAMAS JALIL,**

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with Co-Conspirator 1, Co-Conspirator 2, Co-Conspirator 3, each other, and others known and unknown to the Grand Jury, to commit offenses against the United States, that is:

- a. to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of the United States Department of Health and Human Services in its administration and oversight of the Medicare program; in violation of Title 18, United States Code, Section 371; and to commit offenses against the United States, that is:
- b. to knowingly and willfully offering and paying remuneration, including, kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to a person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A); and to commit offenses against the United States, that is:
- c. to knowingly and willfully solicit and receive remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, including by check, as set forth below, to a person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A).

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) paying kickbacks and bribes for referring Medicare beneficiaries to the MA, Golden, Metro Dade, Nova, Homestead, and Finetech (together, “the Subject Facilities”) to serve as patients; and (b) submitting and causing the submission of claims to Medicare for home health services that the Subject Facilities purportedly provided to those beneficiaries obtained as a result of kickbacks and bribes.

Manner and Means of the Conspiracy

The manner and means by which the defendants and their co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among other things, the following:

4. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO,** and other co-conspirators paid kickbacks to other co-conspirators, including **ADRIANA DAMAS JALIL**, Co-Conspirator 2, and Co-Conspirator 3, in return for referring Medicare beneficiaries to the Subject Facilities for home health services.

5. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO,** and other co-conspirators caused the Subject Facilities to submit claims to Medicare for home health services purportedly provided to the recruited Medicare beneficiaries.

6. **MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO,** and other co-conspirators caused Medicare to make payments to the Subject Facilities based upon the claims for home health services submitted on behalf of the recruited Medicare beneficiaries.

OVERT ACTS

In furtherance of the conspiracy, and to accomplish its object and purpose, at least one co-conspirator committed and caused to be committed, in the Southern District of Florida, at least one of the following overt acts, among others:

7. On or about November 15, 2011, **MILDREY DE LA CARIDAD GONZALEZ** and **MILKA YARLIN ALFARO** caused MA to submit a Medicare provider application bearing false and fraudulent information regarding, among other things, their ownership of MA.

8. On or about March 17, 2014, **MILDREY DE LA CARIDAD GONZALEZ** and other co-conspirators caused the creation of a fictitious “promissory note” designed to conceal the fact that **GONZALEZ** was the true owner of Golden.

9. On or about April 7, 2014, **MILDREY DE LA CARIDAD GONZALEZ** and **MILKA YARLIN ALFARO** caused Golden to submit a Medicare provider application bearing false and fraudulent information regarding, among other things, their ownership of Golden.

10. On or about December 22, 2014, **MILKA YARLIN ALFARO** caused a kickback of approximately \$13,200 to be paid to **ADRIANA DAMAS JALIL** by means of three checks from Golden’s corporate bank account, numbered 1825, 1725, and 1653, written to Ultimate Care.

11. On or about January 16, 2015, **MILKA YARLIN ALFARO** caused a kickback in the approximate amount of \$6,600 to be paid to **ADRIANA DAMAS JALIL** by means of checks from Golden’s corporate bank account, numbered 1955 and 1898, written to Ultimate Care.

12. On or about February 9, 2015, **MILKA YARLIN ALFARO** caused a kickback in the approximate amount of \$6,600 to be paid to **ADRIANA DAMAS JALIL** by means of checks from Golden’s corporate bank account, numbered 2232 and 2123, written to Ultimate Care.

13. In or around March 2015, **MILDREY DE LA CARIDAD GONZALEZ** and other co-conspirators caused the creation of a fictitious “promissory note” designed to conceal the fact that **GONZALEZ** was the true owner of Metro Dade.

14. On or about March 18, 2015, **MILKA YARLIN ALFARO** and **MILDREY DE LA CARIDAD GONZALEZ** caused Metro Dade to submit a Medicare provider application

bearing false and fraudulent information regarding, among other things, their ownership of Metro Dade.

15. On or about March 25, 2015, **MILKA YARLIN ALFARO** caused a kickback in the approximate amount of \$4,400 to be paid to **ADRIANA DAMAS JALIL** by means of checks from Golden's corporate bank account, numbered 2335 and 2381, written to Ultimate Care.

16. On or about May 15, 2015, **MILKA YARLIN ALFARO** caused a kickback in the approximate amount of \$2,200 to be paid to **ADRIANA DAMAS JALIL** by means of a check from Golden's corporate bank account, numbered 2767, written to Ultimate Care.

17. On or about June 5, 2015, **MILDREY DE LA CARIDAD GONZALEZ** caused another co-conspirator to create a fictitious contract between Finetech and a shell company used by Co-Conspirator 2. The contract falsely stated that Co-Conspirator 2 provided home health services to Finetech's patients.

18. On or about June 5, 2015, **MILDREY DE LA CARIDAD GONZALEZ** caused a check in the approximate amount of \$9,650, numbered 1194, to be written from Finetech's corporate bank account to a shell company used by Co-Conspirator 2.

19. On or about June 9, 2015, **MILDREY DE LA CARIDAD GONZALEZ** caused a check in the approximate amount of \$9,440, numbered 1198, to be written from Finetech's corporate bank account to a shell company used by Co-Conspirator 2.

20. On or about January 11, 2016, **MILKA YARLIN ALFARO** caused a kickback of approximately \$1,980 to be paid to Co-Conspirator 2 by means of a check from Golden's corporate bank account, numbered 2105, written to a shell company used by Co-Conspirator 2.

All in violation of Title 18, United States Code, Section 371.

COUNTS 9 – 11
Receipt of Kickbacks in Connection with a Federal Health Care Benefit Program
(42 U.S.C. § 1320a-7b(b)(1)(A))

1. Paragraphs 1 through 20, 23, and 25 through 27 of the General Allegations section of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. On or about the dates specified as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

ADRIANA DAMAS JALIL,

did knowingly and willfully solicit and receive remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, including by check, as set forth below, to a person to induce such person to refer an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole and in part by a Federal health care program, that is, Medicare, as set forth below:

Count	Approximate Date of Payment	Approximate Amount Paid
9	December 22, 2014	\$13,200
10	February 9, 2015	\$6,600
11	March 25, 2015	\$4,400

In violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A), and Title 18, United States Code, Section 2.

COUNT 12
Conspiracy to Commit Money Laundering
(18 U.S.C. § 1956(h))

From in or around 2011, and continuing through in or around February of 2016, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

MILDREY DE LA CARIDAD GONZALEZ,
MILKA YARLIN ALFARO,
and
LUIS ENRIQUE LUZARDO,

did willfully, that is, with the intent to further the object of the conspiracy, and knowingly combine, conspire, confederate, and agree with each other, Co-Conspirator 2, and others known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1956, that is to knowingly conduct and attempt to conduct a financial transaction affecting interstate commerce, which financial transaction involved the proceeds of specified unlawful activity, and knowing the property involved in the financial transaction represented the proceeds of some form of unlawful activity, knowing that such transaction was designed, in whole and in part, to conceal and disguise the nature, the location, the source, the ownership, and the control of the proceeds of specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(i).

It is further alleged that the specified unlawful activities are health care fraud, in violation of Title 18, United States Code, Section 1347, wire fraud, in violation of Title 18, United States Code, Section 1343, and the payment of kickbacks in connection with a Federal Health Care Program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

All in violation of Title 18, United States Code, Section 1956(h).

COUNTS 13–20
Money Laundering
(18 U.S.C. § 1956(a)(1)(B)(i))

On or about the dates specified as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

MILDREY DE LA CARIDAD GONZALEZ,
MILKA YARLIN ALFARO,
and
LUIS ENRIQUE LUZARDO,

did knowingly conduct and attempt to conduct a financial transaction affecting interstate commerce, which transaction involved the proceeds of specified unlawful activity, knowing that the property involved in the financial transaction represented the proceeds of some form of unlawful activity, and knowing that such transaction was designed in whole and in part to conceal and disguise the nature, the location, the source, the ownership, and the control of the proceeds of specified unlawful activity, as set forth below:

Count	Defendant(s)	Approximate Date of Transaction	Description of Financial Transaction
13	MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO	September 29, 2014	Negotiation of check no. 1027, drawn on Golden's bank account ending in 0569, in the approximate amount of \$8,144
14	MILDREY DE LA CARIDAD GONZALEZ	October 4, 2013	Negotiation of check no. 2217, drawn on Homestead's bank account ending in 2177, in the approximate amount of \$7,525
15	MILDREY DE LA CARIDAD GONZALEZ	October 13, 2014	Negotiation of check no. 8828, drawn on Nova's bank account ending in 4842, in the approximate amount of \$6,525
16	MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO	March 12, 2015	Negotiation of check no. 4364, drawn on MA's bank account ending in 7499, in the approximate amount of \$3,000
17	MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO	March 13, 2015	Negotiation of check no. 1020, drawn on Finetech's bank account ending in 7499, in the approximate amount of \$8,500

Count	Defendant(s)	Approximate Date of Transaction	Description of Financial Transaction
18	MILKA YARLIN ALFARO, LUIS ENRIQUE LUZARDO	July 13, 2015	Negotiation of check no. 3244, drawn on Golden's bank account ending in 0569, in the approximate amount of \$3,915
19	MILDREY DE LA CARIDAD GONZALEZ, MILKA YARLIN ALFARO	August 14, 2015	Negotiation of check no. 1455, drawn on Metro Dade's bank account ending in 1302, in the approximate amount of \$4,730
20	MILKA YARLIN ALFARO, LUIS ENRIQUE LUZARDO	August 28, 2015	Negotiation of check no. 1708, drawn on Golden's bank account ending in 6208, in the approximate amount of \$3,915

It is further alleged that the specified unlawful activities are health care fraud, in violation of Title 18, United States Code, Section 1347, wire fraud, in violation of Title 18, United States Code, Section 1343, and the payment of kickbacks in connection with a Federal Health Care Program, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A).

In violation of Title 18, United States Code, Sections 1956(a)(1)(B)(i) and 2.

FORFEITURE
(18 U.S.C. § 982 and 18 U.S.C. § 981(a)(1)(C))

1. The allegations of this Indictment are re-alleged and by this reference fully incorporated herein for purposes of alleging criminal forfeiture to the United States of America of certain property in which one or more of the defendants has an interest.

2. Upon conviction of any violation of Title 18, United States Code, Sections 1349, 1347, 371, 1956 or Title 42, United States Code, Section 1320a-7b(b)(1)(A), as alleged in this Indictment, any defendant so convicted shall forfeit to the United States of America any property, real or personal, which constitutes or is derived, directly or indirectly, from gross proceeds traceable to such violation.

3. Upon conviction of any violation of Title 18, United States Code, Section 371 or a conspiracy the object of which is wire fraud in violation of Title 18, United States Code, Section

. 1343, any defendant so convicted shall forfeit to the United States of America, any property, real or personal, which constitutes or is derived from proceeds traceable to such violation.

4. The property subject to forfeiture, pursuant to paragraphs 2. and 3. of the forfeiture notice in this Indictment, includes but is not limited to the following:

- a. The contents of Wells Fargo Bank account ending 0389, seized on or about April 22, 2016;
- b. The contents of Wells Fargo Bank account ending 6743, seized on or about April 22, 2016;
- c. The contents of Regions Bank account ending 4134 in the name of Blue Ribbon Acquisitions LLC, sole signatory Mildrey Gonzalez;
- d. The contents of Regions Bank account ending 4096 in the name of Life Consulting Group LLC, sole signatory Mildrey Gonzalez;
- e. The contents of Regions Bank account ending 5422 in the name of Sundance Wellness Group LLC, sole signatory Mildrey Gonzalez;
- f. The contents of Regions Bank account ending 3047, signatory Mildrey Gonzalez;
- g. The contents of Regions Bank account ending 0734, signatory Mildrey Gonzalez;
- h. The contents of Regions Bank account ending 7380, signatory Miriam Gonzalez;
- i. The contents of Regions Bank account ending 3888, in the name of A.M., Miriam Gonzalez custodian;
- j. The contents of Regions Bank account ending 9620, signatory Miriam Gonzalez;
- k. The real property and appurtenances located at 4779 Collins Avenue, Unit 3704, Miami Beach, Florida;

1. The real property and appurtenances located at 701 Brickell Key Boulevard,
Unit 1604, Miami, Florida.

5. If any of the property described above, as a result of any act or omission of a defendant:

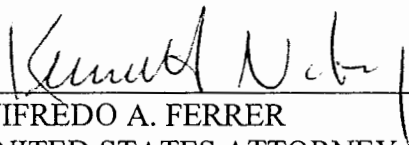
- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third party;
- c. has been placed beyond the jurisdiction of the court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be divided without difficulty,

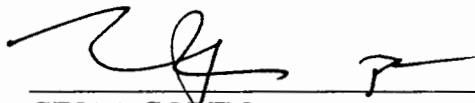
the United States of America shall be entitled to forfeiture of substitute property pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).

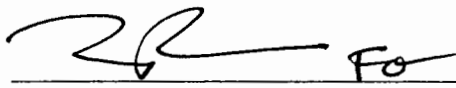
All pursuant to Title 18, United States Code, Section 982(a)(7) and Section 981(a)(1)(C) and the procedures set forth in Title 21, United States Code, Section 853, made applicable by Title 18, United States Code, Section 982(b) and Title 28, United States Code, Section 2461(c).

A TRUE BILL,

FOREPERSON


WIFREDO A. FERRER
UNITED STATES ATTORNEY
SOUTHERN DISTRICT OF FLORIDA


GEJAA GOBENA
DEPUTY CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE


L. RUSH ATKINSON
TRIAL ATTORNEY
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE