

When defendant HAIRSTON picked up medications at Pharmacy #1, known to the grand jury, he claimed that he worked at a rehabilitation facility. Because the fraudulent prescriptions were in the names of patients receiving Medical Assistance, there was frequently no co-payment or other money due from the person picking up the medication.

4. Having filled the prescriptions, the pharmacies sent claims for payment to health care benefit programs, including Keystone First and Health Partners. The health care benefit programs then paid the pharmacies for the dispensed medication.

5. Defendant JERMAINE HAIRSTON, and others unknown to the grand jury, having obtained the prescription medication at little or no cost, sold it for cash.

6. In furtherance of the scheme, in or about October 2012, defendant JERMAINE HAIRSTON obtained the identifying information of Dr. J.B., a physician who treated defendant HAIRSTON in a hospital emergency room.

7. It was part of the scheme that defendant JERMAINE HAIRSTON then used Dr. J.B.'s information to call various pharmacies in Philadelphia, including Pharmacy #1 and Pharmacy #2, known to the grand jury, for the purpose of generating fraudulent prescriptions.

8. Defendant JERMAINE HAIRSTON frequently picked up the prescription medication at the pharmacies, including Pharmacy #1 and Pharmacy #2, generating a claim for payment from the insurer.

9. On or about each of the dates listed below, in the Eastern District of Pennsylvania, and elsewhere, defendant

JERMAINE HAIRSTON

knowingly and willfully executed, and aided and abetted, a scheme and artifice to defraud the health care benefit programs listed below, in connection with the delivery of and payment for health care benefits, items, and services, by creating false and fraudulent prescriptions and filling them at pharmacies, causing fraudulent health care insurance claims to be submitted and paid in the amounts listed below (each listed claim constituting a separate count of this indictment):

COUNT	DATE	PATIENT	MEDICATION(s)	AMOUNT PAID	INSURER
1	2/1/2013	D.E.	Atripla	\$1,879.48	Keystone First
2	2/8/2013	D.E.	Isentress	\$1,025.16	Keystone First
3	2/8/2013	D.E.	Viread	\$833.58	Keystone First
4	2/15/2013	J.F.	Reyataz	\$1,089.75	Keystone First
5	2/15/2013	D.E.	Norvir	\$258.42	Keystone First
6	2/15/2013	D.E.	Reyataz	\$1,089.75	Keystone First
7	2/15/2013	D.E.	Truvada	\$1,224.56	Keystone First
8	3/5/2013	D.E.	Atripla	\$1,879.48	Keystone First
9	3/13/2013	D.E.	Isentress	\$1,075.33	Keystone First
10	3/13/2013	D.E.	Norvir	\$258.42	Keystone First
11	3/13/2013	D.E.	Truvada	\$1,224.56	Keystone First
12	4/22/2013	A.B.	Truvada	\$1,277.91	Health Partners
13	4/22/2013	A.B.	Norvir	\$270.23	Health Partners

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

COUNT FOURTEEN

(Aggravated Identity Theft)

THE GRAND JURY FURTHER CHARGES THAT:

1. Paragraphs 1 through 8 of Counts One through Thirteen are incorporated herein by reference.

2. On or about February 15, 2013, in the Eastern District of Pennsylvania, defendant

JERMAINE HAIRSTON,

during and in relation to a health care fraud offense in violation of Title 18, United States Code, Section 1347, as alleged in Counts One through Thirteen, knowingly used, without lawful authority, a means of identification of another person, that is, the name, medical license number and National Provider Identification number of a physician, Dr. J.B., to call in a fraudulent prescription for patient J.F. to Pharmacy #1, known to the grand jury.

In violation of Title 18, United States Code, Section 1028A(a)(1) and (c)(5).

A TRUE BILL:

GRAND JURY FOREPERSON



**ZANE DAVID MEMEGER
UNITED STATES ATTORNEY**