

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. **11-cr-60027-WPD**

18 U.S.C. § 1349
18 U.S.C. § 1347
18 U.S.C. § 982
18 U.S.C. § 981

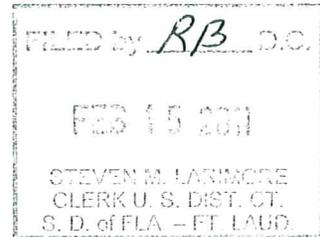
UNITED STATES OF AMERICA,

Plaintiff,

vs.

ANDRANIK ITCHMELYAN,
ANAHIT KARAPETYAN, and
FRANK RODRIGUEZ,

Defendants.



INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At times material to this Indictment:

1. Defendants **ANDRANIK ITCHMELYAN** and **ANAHIT KARAPETYAN** are the owners and operators of **HALLANDALE MEDICAL ASSOCIATES, INC.** (hereinafter referred to as "HMA"), a health care clinic operating in Hallandale Beach, Broward County, in the Southern District of Florida. HMA is located at 644 Hallandale Beach Blvd, Hallandale Beach, Florida. **ANDRANIK ITCHMELYAN** and **ANAHIT KARAPETYAN** oversee and manage the business and financial decisions of HMA, including insurance billing practices.
2. HMA was incorporated in the State of Florida on or about March 7, 2007 by defendant **FRANK RODRIGUEZ**. **FRANK RODRIGUEZ** is listed on its corporate records as

the President and registered agent of HMA. No other individuals are listed as officers or directors of HMA.

3. **FRANK RODRIGUEZ** is a licensed chiropractor in the State of Florida. **FRANK RODRIGUEZ** has been employed by HMA as a chiropractor from in or around March 7, 2007 through on or about the date of this Indictment.

4. Funds received from insurance companies by HMA are deposited into an HMA bank account held at Wachovia Bank, Account Number XXXXXXXXX2200, which is controlled and accessed by **ANDRANIK ITCHMELYAN** and **ANAHIT KARAPETYAN**. Funds received from insurance companies are also deposited into accounts of entities Professional Management Network, Inc., Bank of America Account Number XXXXXXXXX1651 and Professional Billing & Collection Network, Inc., Bank of America Account Number XXXXXXXXX7494.

5. Professional Management Network, Inc. was incorporated in the state of Florida on or about October 6, 2007. The listed president and registered agent is **ANAHIT KARAPETYAN**. Professional Billing & Collection Network, Inc. was incorporated in the state of Florida on or about June 15, 2007. The listed president and registered agent is **ANAHIT KARAPETYAN**.

6. Defendant **FRANK RODRIGUEZ** is the authorized signatory on the bank account held by HMA at Wachovia Bank. **ANAHIT KARAPETYAN** is the authorized signatory on the bank accounts held by Professional Management Network, Inc. and Professional Billing & Collection Network, Inc. at Bank of America.

Regulatory Framework

7. The "Health Care Clinic Act," Florida Statutes 400.990-400.995 and the Health Care Licensing Procedures Act 408.806 require health care clinics that do not qualify for exemptions from

licensing to file a license application with the Agency for Health Care Administration (“AHCA”) and first obtain a health care clinic license before operating. The application requires disclosure of information regarding each person who, directly or indirectly, owns or controls 5 percent or more of an interest in the clinic.

8. Florida Statute 400.9905 provides that the licensing requirements of the health care clinics do not apply to a sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners and which are wholly owned by a licensed health care practitioner, or the licensed health care practitioner and the spouse, parent, or child of a licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the services performed therein and is legally responsible for the entity’s compliance with all federal and state laws. A clinic may voluntarily apply for and obtain a certificate of exemption issued by AHCA that affirms that an exemption from licensing has been met.

9. Pursuant to Florida Statute 400.9935(3), all charges or reimbursement claims made by or on behalf of a clinic that is required to be licensed but is not so licensed, or is otherwise operating in violation of the Florida Statutes, are unlawful charges and, therefore, are noncompensable charges.

10. To receive compensation from private health insurance carriers and automobile insurance companies for medical or chiropractic services provided to insured patients, chiropractors and physicians are required to submit Health Insurance Claim Forms (CMS Form 1500, formerly HCFA Form 1500) to the pertinent private health insurance carrier or automobile insurance company containing the dates of the services provided, the diagnoses of the conditions treated, and the medical procedures performed.

11. To aid in processing and adjudication of claims submitted to private health insurance carriers and automobile insurance companies, chiropractors and physicians are required to use standardized codes to describe the pertinent diagnoses and the procedures for which payment is sought. With respect to diagnoses, chiropractors and physicians are required to use the codes established in the International Classification of Diseases Manual (“ICD-9 CM”). With respect to procedures for which payment is sought, chiropractors and physicians are required to use the codes established in the Physicians’ Current Procedural Terminology code book (“CPT”).

Personal Injury Protection (“PIP”) Insurance

12. Automobile insurance companies issuing policies in Florida are required by Florida law to provide policy holders with \$10,000 of Personal Injury Protection (“PIP”) coverage as a part of any automobile insurance policy. Through PIP coverage, automobile insurers are required to pay at least 80% of all reasonable expenses, up to the \$10,000 limit, for necessary medical and rehabilitative services that is rendered to a person as a result of injuries that he or she received in a car accident.

13. To receive payment from automobile insurers for medical or therapeutic services provided to PIP-insured patients, the service provider is required to submit to the insurance companies a CMS 1500 claim form. The doctor or other service provider has 30 days from the date of service to submit the claim form.

14. The CMS 1500 claim forms submitted to automobile insurers companies are required to contain the following information: the policy holder’s name and PIP policy number, the name and identification number of the doctor or other provider who ordered the item or service, the item or service that was provided, the date of service, and the charge for the item or service.

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

15. The allegations contained in Paragraphs 1 through 14 of the Indictment are realleged and incorporated as though fully set forth herein.

16. From in or about March 2007, and continuing through on or about the date of this Indictment, in Broward County, in the Southern District of Florida and elsewhere, the defendants,

**ANDRANIK ITCHMELYAN,
ANAHIT KARAPETYAN, and
FRANK RODRIGUEZ,**

did knowingly and willfully combine, conspire, confederate and agree with each other and with persons known and unknown to the Grand Jury to commit a certain offense against the United States, to wit, to knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud 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, a health care benefit program as defined in Title 18, United States Code, Section 24(b), that is, GEICO Indemnity Insurance Company and other unnamed insurance companies, 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.

PURPOSE AND OBJECT OF THE CONSPIRACY

17. It was the purpose and object of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by submitting and causing to be submitted fraudulent health insurance claim forms to GEICO Indemnity Insurance Company and other unnamed insurance

companies seeking payment for services which were not medically necessary and were not rendered, by fraudulently submitting claims for services for dates on which such services were allegedly provided and by fraudulently avoiding the licensure requirements under Florida Statute 400.9905 by concealing and misrepresenting the true ownership of the clinic.

MANNER AND MEANS OF THE CONSPIRACY

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

18. **ANDRANIK ITCHMELYAN, ANAHIT KARAPETYAN, and FRANK RODRIGUEZ** started a medical clinic in the State of Florida, namely HMA. The defendants did not file any application for certificates of exemption from licensure required by Florida Statute. Instead, the defendants avoided the licensure requirements pursuant to an exemption under Florida Statute 400.9905, which allows a health care clinic wholly owned by a licensed health care practitioner to operate without a license.

19. To further this scheme and maintain the appearance that HMA was wholly owned by a medical practitioner, **FRANK RODRIGUEZ** incorporated and caused to be incorporated FCC, listing **FRANK RODRIGUEZ** as the president and registered agent of FCC.

20. The defendants solicited and caused to be solicited alleged victims of automobile accidents in order to file false and fraudulent insurance claims related to non-existent and inflated personal injuries purportedly suffered by the victims.

21. The defendants directed and caused to be directed the alleged victims of automobile accidents to HMA in order to provide unnecessary medical treatment, and in many instances, bill the insurance companies for services not rendered. The defendants would cause alleged victims of

automobile accidents to sign for office visits on dates in which the alleged victims did not receive treatments or did not even visit HMA.

22. The defendants, through HMA, would fraudulently submit and cause to be submitted bills to the insurance companies for visits and treatments that were not medically unnecessary and/or were not provided and were billed in violation of Florida law, that is, were billed by HMA which had not satisfied the licensure requirements under Florida law.

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

COUNTS 2-12
Health Care Fraud
(18 U.S.C. § 1347 and 2)

23. The allegations contained in Paragraphs 1 through 14 of the Indictment are realleged and incorporated as though fully set forth herein.

24. On or about the dates set forth below, in Broward County, in the Southern District of Florida, and elsewhere, the defendants,

ANDRANIK ITCHMELYAN,
ANAHIT KARAPETYAN, and
FRANK RODRIGUEZ,

did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program, as defined in Title 18, United States Code, Section 24(b), 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 the victim insurance company, GEICO Indemnity Insurance Company, in connection with the delivery of and payment for health care benefits, items, and services by fraudulently making claims for payment for medical services that

were not medically necessary and were not provided.

PURPOSE AND OBJECT OF THE SCHEME AND ARTIFICE

25. It was the purpose and object of the scheme and artifice for the defendants and their coconspirators to unlawfully enrich themselves through HMA by (a) submitting and causing to be submitted to GEICO Indemnity Insurance Company fraudulent claims for the cost of medical services; (b) concealing the submission of fraudulent insurance claims and the receipt and transfer of fraud proceeds; and (c) diverting fraud proceeds for the defendants' personal use and benefit.

EXECUTION OF SCHEME

26. The allegations contained in Paragraphs 18 through 22 of the Indictment are realleged and incorporated as though fully set forth herein.

27. On or about the dates listed below as to each individual count, to execute the scheme and artifice to defraud, the defendants submitted and caused to be submitted fraudulent forms for reimbursement as follows from the victim health insurance company:

COUNT	CLAIM DATE	DATE OF PURPORTED SERVICE	INSURANCE COMPANY	AMOUNT BILLED
2	October 14, 2010	September 15, 17, 21, 23, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$1,190.00
3	October 14, 2010	September 23, 24, 27, 29, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$1,205.00
4	October 14, 2010	September 29, 2010 and October 1, 4, 6, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$1,360.00

5	October 14, 2010	October 6, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$365.00
6	November 12, 2010	October 8, 13, 15, 19, 22, 25, 27, 29, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$2,420.00
7	November 13, 2010	October 29, 2010 and November 2, 3, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$985.000
8	November 18, 2010	October 13, 15, 22, 25, 27, 29, 2010 and November 3, 2010 to CS2 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$455.00
9	November 12, 2010	October 1, 2, 5, 6, 8, 12, 14, 15, 2010 to CS3 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$2,420.00
10	November 12, 2010	October 15, 19, 22, 25, 27, 29, 2010 and November 2, 3, 2010 to CS3 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$2,435.00
11	November 12, 2010	November 3, 2010 to CS3 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$245.00
12	November 18, 2010	October 15, 22, 25, 27, 29, 2010 and Nov 3, 2010 to CS3 at HMA, which were not provided	GEICO Indemnity Insurance Company	\$590.00

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

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

1. The allegations of Counts 1 to 12 are realleged and incorporated herein by reference for the purpose of alleging forfeitures pursuant to Title 18 United States Code, Section 982(a)(1). Upon conviction of one or more of the offenses alleged in Counts 1 to 12 of this Indictment, the defendants **ANDRANIK ITCHMELYAN, ANAHIT KARAPETYAN, and FRANK RODRIGUEZ** shall forfeit to the United States pursuant to 18 U.S.C. § 982(a)(7), all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, including but not limited to the following:

A. A sum of money representing the amount of proceeds obtained by the defendants, directly or indirectly, from commission of the offense during the period charged in Counts 1 to 12, in violation of Title 18 United States Code, Sections 1349 and 1347 for which the defendants are jointly and severally liable. This amount represents a money judgment for all the proceeds obtained by the defendants during the period of the violations in Counts 1 to 12.

B. All United States currency funds or other monetary instruments credited to:

(a) Wachovia Bank, Account Number XXXXXXXXX2200 in the name of Hallandale Medical Associates, Inc; Bank of America, Account Numbers XXXXXXXXX1651 in the name of Professional Management Network and XXXXXXXXX7494 in the name of Professional Billing & Collection Network.

2. If any of the property described above as being subject to forfeiture, as a result of any act or omission of the defendants,

- 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;

it is the intent of the United States, pursuant to 18 U.S.C. §982(b)(2), to seek forfeiture of any other property of said defendants up to the value of the above-described property.

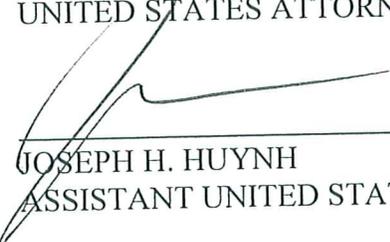
All pursuant to Title 18, United States Code, Section 982 and Title 21, United States Code, Section 853.

A TRUE BILL

FOREPERSON



WIFREDO A. FERRER
UNITED STATES ATTORNEY



JOSEPH H. HUYNH
ASSISTANT UNITED STATES ATTORNEY

