

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA	)	CRIMINAL NO. 16-10278
	)	
	)	VIOLATIONS:
	)	
	)	18 U.S.C. § 371 (conspiracy to make false
	)	statements and to conceal in connection with
	)	health care benefit programs)
v.	)	18 U.S.C. § 1035 (false statements in
	)	connection with health care benefit
	)	programs)
	)	18 U.S.C. § 2 (aiding and abetting)
	)	18 U.S.C. §§ 981(a)(1)(C), 982(a)(7) &
	)	28 U.S.C. § 2461 (criminal forfeiture)
MOUSTAFA MOATAZ ABOSHADY	)	
	)	

**INDICTMENT**

The Grand Jury charges that:

**General Allegations**

At all times pertinent to this Indictment:

**Health Care Programs**

1. The Medicare program was a federally subsidized health insurance program for the elderly and for persons with certain disabilities pursuant to title XVIII of the Social Security Act. The program was administered by the Health Care Financing Administration of the United States Department of Health and Human Services, which, on July 1, 2001, became the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services (collectively referred to in this Indictment as “CMS”).

2. The Medicare program was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), in that it was a public plan affecting commerce, under which medical benefits, items, and services were provided to individuals, and included individuals and entities who were providing medical benefits, items, and services for which payment could be made under the plan. Individuals who received benefits under Medicare were referred to as Medicare “beneficiaries.”

3. UnitedHealthcare Group (“UHC”), Blue Cross Blue Shield, Rhode Island (“BCBS RI”), Boston Medical Center HealthNet Plan (“BMC”), Neighborhood Health Plan (“NHP”), Aetna, and Anthem were each a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b), in that each was a private plan affecting commerce, under which medical benefits, items, and services were provided to individuals, and included individuals and entities who were providing medical benefits, items, and services for which payment could be made under the plan.

#### **CPT and HCPCS Codes**

4. The American Medical Association published a manual entitled Current Procedural Terminology Codes (the “CPT Code”), which contained universally recognized billing codes used by and relied upon by health care providers and health care benefit programs. This manual contained a list of CPT codes and a description of the corresponding services.

5. For some services, such as certain laboratory services, Medicare and other health care benefit programs also relied on billing codes under the Healthcare Common Procedure Coding System (“HCPCS”), which also contained billing codes used by health care providers.

6. When submitting bills to health care benefit programs, health care providers or persons billing on their behalf had to identify the proper CPT and HCPCS codes that corresponded to the services they provided.

7. With respect to office visits of an established patient, a health care provider could submit a bill using “evaluation and management” CPT codes 99211, 99212, 99213, or 99214, with each code progressively requiring a more extensive examination, higher complexity counseling and decision-making, and a longer face-to-face interaction. The CPT Code described codes 99211 through 99214 as follows:

- a. 99211: Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
- b. 99212: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 components: (1) a problem-focused history; (2) a problem-focused examination; (3) straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
- c. 99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: (1) an expanded problem-focused history; (2) an expanded problem-focused examination; (3) medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
- d. 99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: (1) a detailed history; (2) a detailed examination; (3) medical decision-making of moderate complexity. Counseling and/or coordination of care with other

providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

8. Some health care providers, such as pain management physicians, had a patient's urine specimen chemically analyzed to check for the presence of drugs of abuse and/or to verify the patient's compliance with prescription medication. These tests were also assigned CPT and HCPCS billing codes, which health care providers submitted to health care benefit programs for payment.

#### **Post-Payment Audit of Claims by Health Care Benefit Programs**

9. Although health care benefit programs did not generally scrutinize claims before payment, the programs retained the right to audit health care providers after payment was made. As a result, health care providers were obligated to retain original source records, such as medical records, charts, and other documents, that tended to show the nature of the services actually rendered by the health care provider. In the event that a health care benefit program or its agents discovered that a claim was not supported by the underlying documentation, the program could recoup those funds from the health care provider.

#### **New England Pain Associates**

10. New England Wellness & Pain Management, P.C., a/k/a New England Pain Associates, P.C., of Massachusetts and Rhode Island, a/k/a Greystone Pain Management, Inc., a/k/a New England Pain Institute, P.C. (hereinafter collectively referred to as "NEPA") was a Massachusetts professional corporation, incorporated in April 2005.

11. During the relevant time period, NEPA consisted of three pain management clinics in Massachusetts: (1) 169 North Franklin Street, Holbrook, MA, 02343; (2) 10 Converse Place, 4<sup>th</sup> Floor, Winchester, MA, 01890; and (3) 48 Elm Street, Worcester, MA, 02609. NEPA had one pain clinic in Rhode Island, which was initially located in Woonsocket, RI, and, on or about February 2013, was relocated to 6 Blackstone Valley Place, Lincoln, RI, 02865.

12. An Egyptian national (“NEPA Owner”) known to the Grand Jury owned NEPA and was a resident of Dover, MA.

13. NEPA Owner, along with physician assistants working for NEPA under NEPA Owner’s direction, prescribed NEPA patients opiates and other medications for pain. NEPA Owner tested patients’ urine specimens purportedly to monitor the patients’ compliance with their prescription regimens, to evaluate whether they diverted their prescription medications, and to determine whether they consumed and abused drugs they were not prescribed, such as cocaine, methadone, amphetamines, and marijuana, among others.

14. From on or about November 2011 until on or about September 2012, NEPA Owner operated two types of chemical analyzers at his laboratory at 169 North Franklin Street, Holbrook, MA, 02343 (“Holbrook laboratory”), to test urine specimens. The specimen collection and handling specifications for one of the chemical analyzers stated that if a urine specimen was not analyzed immediately it had to be refrigerated and frozen after 24 hours. The specifications for the other analyzer stated that urine specimens had to be frozen for storage exceeding three days.

15. For each urine specimen, the chemical analyzers printed a test result that indicated the patient's biographical information, the date of specimen collection, the date of the test, and whether the specimen tested positive or negative for each drug metabolite listed.

16. From on or about at least May 2012 through on or about at least May 2013, NEPA Owner employed individuals in Cairo, Egypt ("Cairo Office"), who were responsible for, among various things, submitting claims for payment to health care benefit programs, appealing denied claims, and creating false patient records and urine drug test results in support of those claims.

17. NEPA maintained patients' health care records in a digital format known as Electronic Medical Records ("EMR") through remote access and storage services provided by two companies, CompuGroup (CompuGroup's EMR software was known as "Alteer") and HealthFusion, which specialized in maintaining EMR records for physicians. These EMR services allowed NEPA staff to enter information related to patient encounters directly into the EMR system through a web-based computer interface. Generally, for every date of service, a provider could enter into the EMR encounter note a patient's chief complaint, medical history, and pain level, as well as the review of systems, results and scope of the physical examination, discussion with the patient, prescriptions, charges for the service, and other observations by the provider.

18. The EMR system could store scanned versions of paper documents, such as prescriptions and urine drug test results printed by NEPA's chemical analyzers. A NEPA employee typically scanned each urine drug test result and uploaded it into a patient's EMR file.

19. To maintain the integrity of EMR records, the EMR system allowed providers to add electronic signatures to encounter notes with the name of the provider and the date and time of the electronic signature.

20. Anyone with proper login credentials, including NEPA Owner, NEPA employees, and the Cairo Office staff, could access and alter NEPA's EMR records.

**The Defendant Moustafa Moataz Aboshady**

21. MOUSTAFA MOATAZ ABOSHADY ("ABOSHADY") was NEPA Owner's nephew and an Egyptian national with a medical degree from Egypt. In about June 2010, ABOSHADY began his Internal Medicine Residency Training Program through Roger Williams Medical Center in Rhode Island.

22. From in or about 2010 until in or about 2013, NEPA Owner employed ABOSHADY.

23. In conjunction with NEPA Owner and the Cairo Office, ABOSHADY created, and facilitated the creation of, false patient records and urine drug test results to support NEPA's submissions of claims to health care benefit programs for services that were not performed.

24. ABOSHADY did not treat patients on the dates of service for which he created, and facilitated the creation of, false encounter notes; those patients were seen by NEPA Owner and his physician assistants.

**COUNT ONE**  
**(Conspiracy to Make False Statements and to Conceal in Connection  
with Health Care Benefit Programs)**

25. The allegations of paragraphs 1 through 24 are alleged and incorporated as if fully set forth in this paragraph.

26. From on or about May 2012 and continuing until on or about May 2013, within the Districts of Massachusetts, Rhode Island, and elsewhere, the defendant,

**MOUSTAFA MOATAZ ABOSHADY,**

together with NEPA Owner and others known and unknown to the Grand Jury, in matters involving health care benefit programs, to wit, Medicare and non-Medicare plans, did knowingly conspire to knowingly and willfully: (a) falsify, conceal and cover up by any trick, scheme and device material facts; and (b) make materially false, fictitious and fraudulent statements and representations, and make and use materially false writings and documents knowing the same to contain materially false, fictitious and fraudulent statements and entries, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1035(a).

**Purpose of the Conspiracy**

27. The purpose of the conspiracy was to obtain money from Medicare and non-Medicare programs by falsely adding into patients' encounter notes medical services that were not performed.

**Manner and Means**

*Evaluation and Management ("E&M") CPT Codes 99213 and 99214*

28. NEPA Owner submitted and caused to be submitted to health care benefit programs claims listing CPT codes 99213 and 99214 for patients who had not received the corresponding levels of service. In fact, patient appointments often lasted less than ten minutes and sometimes as little as two to three minutes.

*Urine Drug Test Codes*

29. From on or about November 2011 until on or about October 2012, NEPA Owner submitted and caused to be submitted to health care benefit programs claims with urine drug test codes for patient urine specimens that he tested on his chemical analyzers weeks and sometimes three months after the specimens had been collected and stored unrefrigerated at the Holbrook laboratory in large plastic bags and containers. This handling and storage of urine specimens was contrary to the chemical analyzers' manufacturers' specimen collection and handling procedures.

*Falsification of Encounter Notes and Drug Test Results*

30. ABOSHADY and NEPA Owner entered, and caused the Cairo Office to enter, false information into patients' encounter notes that was material to Medicare and non-Medicare programs to support payment for CPT codes 99213 and 99214. Such false information included, but was not limited to, detailed descriptions of extensive physical examinations and treatment

plans, and durations of face-to-face interactions with patients exceeding 20 to 40 minutes per appointment.

31. ABOSHADY instructed the Cairo Office that the false services and observations added to the patients' EMR encounter notes had to be consistent with the patients' prior medical histories.

32. ABOSHADY instructed the Cairo Office to create electronic signatures in EMR encounter notes to falsely state that the notes were properly signed off and closed in the EMR system at the time of the patient visit and not at the time that the false information was entered into the notes. To make the timestamps of fake electronic signatures appear realistic, ABOSHADY instructed the Cairo Office to create timestamps that did not end in zeros, requesting, as an example, that the timestamp state "8:12 or 8:17 instead of 8:00."

33. ABOSHADY and NEPA Owner fabricated, and caused the Cairo Office to fabricate, urine drug test results with false test dates, so that the tests appeared to have been performed within days of specimen collection rather than weeks or months thereafter, which information was material to support urine drug test billing codes submitted to Medicare and non-Medicare programs.

34. On some occasions, ABOSHADY and NEPA Owner falsified, and caused the Cairo Office to falsify, medical records as a matter of course, shortly after patients' appointments. Other times, in response to audits or requests for medical records by Medicare programs, non-Medicare programs, or third parties, they did so months and even over a year after patients' appointments. Third parties who requested records included patients, their attorneys, and state

regulatory bodies, such as the State of Rhode Island Department of Health, Office of the State Medical Examiners and Board of Medical Licensure and Discipline, which requested medical records for deceased patients.

35. NEPA staff was instructed to report to ABOSHADY all requests for medical records. It was ABOSHADY's responsibility to receive these requests from NEPA staff and to review and approve any changes made to patients' records. When ABOSHADY determined that a particular falsified record was ready for release, he typically sent an email to NEPA staff, stating, "all set."

36. ABOSHADY and NEPA Owner entered false information into encounter notes written by NEPA's physician assistants without consulting them and over their objections. For example, on June 7, 2012, a physician assistant wrote to NEPA Owner and ABOSHADY:

"I am writing because I have recently noticed there are some notes written under my name that have been changed/edited without my knowledge . . . . I know exactly what I write in my notes so it is very easy for me to see when a note has been edited . . . . [I]t holds me responsible for a physical exam that I did not do, if the note[] says that I have. I purposely do not include portions of the physical exam in my note that I did not do."

37. ABOSHADY and NEPA Owner falsified the dates of testing on urine drug test results after a health care benefit program expressed concerns about the apparent week-long delays between the dates of collection and testing of urine specimens.

### Overt Acts

38. The defendant MOUSTAFA MOATAZ ABOSHADY, NEPA Owner, and other co-conspirators known and unknown to the Grand Jury, within the Districts of Massachusetts, Rhode Island, and elsewhere, committed overt acts by exchanging the emails listed below in furtherance of the conspiracy and to effect its objectives (1) of falsifying patients' encounter notes with, among other false information, detailed physical examinations, treatment/care plans, and the statement that the provider had spent in excess of 20 to 40 minutes with the patient and, where indicated, (2) of falsifying urine drug test results with, among other false information, dates of testing that were weeks and sometimes over a month earlier than those in the original urine drug test results:

39. Patients A and B

In connection with falsifying records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
A	12/13/11	E&M	Medicare
	05/29/12	E&M	
B	05/09/12	E&M	

*Overt Act 1:* May 29, 2012: in response to an email from a NEPA employee informing ABOSHADY that Medicare sought records for Patients A, date of service December 13, 2011, and B, date of service May 9, 2012, among other patients, ABOSHADY responded, “[a]ll these DOS [dates of service] are all set.”

*Overt Act 2:* June 21, 2012: in response to an email from a NEPA employee informing ABOSHADY that Medicare sought records for Patient B, date of service May 29, 2012, among other patients, ABOSHADY responded, “all set.”

40. Patient C

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
C	06/04/12	E&M	BCBS RI

*Overt Act 3:* October 8, 2012: in connection with an audit of Patient C’s medical records by BCBS RI, ABOSHADY emailed a NEPA employee stating that for Patient C, “The whole chart in alter is all set. You can print from alter those DOS. pls make sure your server is updated and can [sic] see my updates. I am also attaching DOS 06/04/2012 from health fusion.”

41. Patient D

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
D	01/17/12	E&M	BMC

*Overt Act 4:* November 2, 2012: ABOSHADY received by email from a NEPA employee a BMC audit request for Patient D’s medical records and forwarded it to the Cairo Office.

42. Patients D and E

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
D	06/05/12	E&M and urine	NHP
E	06/27/12	E&M and urine	

*Overt Act 5:* December 10, 2012: in response to the Cairo Office asking ABOSHADY to “kindly review the following charts done today” in connection with the NHP audit for Patient D, a male, ABOSHADY responded, “All DOS should be reviewed [a]gain. [T]here is male and female genitalia exam. This is ridiculous. Physical exam, chief compl[ai]nt. MS contin for breakthrough. This is ridiculous. All has to be reviewed again . . . again physical exam on all DOS.”

*Overt Act 6:* December 26, 2012: after receiving an email from the Cairo Office that medical records were finished for the NHP audit for Patients D and E, ABOSHADY emailed a NEPA employee: “All those Dos are all set in health fusion. Can you guys start printing those DOS. I will come Friday to send it out.[ ] pls don’t send it out unless I am there.”

43. Patient F

In connection with falsifying the records below:

<b>Patient</b>	<b>Date of Service</b>	<b>CPT Code at Issue</b>	<b>Health Care Benefit Program</b>
F	05/24/12	E&M	Aetna

*Overt Act 7:* January 3, 2013: in connection with a request from a lawyer for the medical records of Patient F, ABOSHADY emailed the Cairo Office:

“I really need help with that lady’s chart. I fixed her 5/24/2012 DOS in Alter. I only did the symptoms and physical exam. we still need to fix her ROS [review of systems] and Plan based on the intake sheets that she has in Health fusion. Can you fix her ROS and Physical exam in Alter and match it with the healthfusion intake sheets. Pls make sure

to mention that she DM [diabetes mellitus] and anemia on all DOS.”

44. Patient G

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
G	06/12/12	E&M	Anthem

*Overt Act 8:* February 13, 2013: in connection with a medical records request from a lawyer and in response to an email from the Cairo Office asking ABOSHADY to review Patient G’s edited notes and to comment “on any mistakes,” ABOSHADY responded:

“ROS cardiac, no one has rheumatic fever in america. pls don’t use it.[ ]no one asks about varicose viens. remove otoscopic exam from ent.[ ]remove thyroid exam.[ ]chest exam leave ronchi and wheezes only.[ ]Cardiac remove palpation, rubs and gallops. Abdomen remove masses and hepatosplenomegally.[ ]change the rest of physical exam the way i did. Pls sign the note as 8:12 or 8:17 instead of 8:00.

Pls share with threst [sic]. it takes me forever to fix notes.”

*Overt Act 9:* February 13, 2013: ABOSHADY emailed a NEPA employee with respect to Patient G’s medical records: “this is all set.”

45. Patient H

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
H	03/14/12	E&M and urine	Medicare

*Overt Act 10:* April 1, 2013: in connection with the Medicare audit for Patient H, ABOSHADY emailed NEPA employees: “The whole Audit is all set” and “make sure you print the urine and have him sign it.”

*Overt Act 11:* April 1, 2013: in connection with the Medicare audit for Patient H, ABOSHADY emailed the Cairo Office: “Can you please start doing the urine for those patient. The audit is due on april 5 th and we have to get it out.”

*Overt Act 12:* April 5, 2013: ABOSHADY emailed instructions to the Cairo Office to include boilerplate language in encounter notes that falsely stated that NEPA Owner electronically signed the notes at the time of the encounters and reviewed and agreed with NEPA’s physician assistants’ observations of, and care provided to, the patients:

“Pls make sure everyone writes

If patient seen by [NEPA Owner]

‘Electronically signed [NEPA Owner],MD on 07/18/2011 at 12:13 PM.’

If seen by PA.

‘I agree with [PA name] H&P [history and physical]. I discussed the plan with the patient in details.

Electronically signed by [NEPA Owner],MD on 09/13/2011 at 5:14 PM.’

or

‘Patient was seen and examined with [PA name]. I agree with her H&P. I discussed the plan of care in details with the patient.

Electronically signed by [NEPA Owner],MD on 06/07/2011 at 6:49 PM”

46. Patient I

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
I	01/12/12	E&M and urine	UHC

*Overt Act 13:* January 18, 2013: after receiving a request from the State of Rhode Island Department of Health, Office of State Medical Examiners, for the medical records of deceased patients, including Patient I, ABOSHADY emailed the Cairo Office: “This has to be done on Monday in alter and health fusion.”

*Overt Act 14:* January 24, 2013: after receiving a subpoena from the State of Rhode Island Department of Health, Office of State Medical Examiners, for the medical records of deceased patients, including Patient I, ABOSHADY emailed a NEPA employee: “The whole chart is all set and can be sent out except DOS 6/14/2012.”

*Overt Act 15:* April 5, 2013: After receiving a subpoena from the State of Rhode Island Department of Health, Board of Medical Licensure and Discipline, for the medical records of deceased patients, including Patient I, a NEPA employee, at ABOSHADY’s direction, emailed the Cairo Office with the subject line, “Urgent Work To Be Done,” and copied ABOSHADY, stating:

“Per Moustafa [ABOSHADY] there are two Pt’s need to be done by Saturday or Sunday if possible: [Patient I] and [another deceased patient]. So, Whoever can come during the week end that will be great, just call [name of employee in the Cairo Office] at his cell #[redacted] to open the office for you. And the most important is to call Moustafa [ABOSHADY] at his cell#[redacted] \*before working the charts\*.”

*Overt Act 16:* April 7, 2013: ABOSHADY emailed the Cairo Office false encounter notes for Patient I, including for the date of service January 12, 2012.

47. Patient J

In connection with falsifying the records below:

Patient	Date of Service	CPT Code at Issue	Health Care Benefit Program
J	06/05/12	E&M and urine	BMC

*Overt Act 17:* May 22, 2013: in response to a lawyer’s request for Patient J’s medical records, ABOSHADY emailed the Cairo Office: “pls fix review of system and add physical exam.”

*Overt Act 18:* On May 22, 2013: after receiving an email from the Cairo Office that Patient J “is finished,” ABOSHADY sent an email to a NEPA employee stating that Patient J “is all set.”

**COUNTS TWO AND THREE**

**(False Statements in Connection with Health Care Benefit Programs)**

48. The allegations of paragraphs 1 through 24 and 28 through 47 are alleged and incorporated as if fully set forth in this paragraph.

49. On or about the dates and for the patients listed below, within the Districts of Massachusetts, Rhode Island, and elsewhere, the defendant,

**MOUSTAFA MOATAZ ABOSHADY,**

in matters involving a health care benefit program, as defined in 18 U.S.C. § 24(b) and as specified below, did knowingly and willfully make materially false, fictitious and fraudulent statements and representations, and make and use materially false writings and documents knowing the same to

contain materially false, fictitious and fraudulent statements and entries, in connection with the delivery of and payment for health care benefits, items, and services:

<b>Count</b>	<b>Date of Offense</b>	<b>Patient</b>	<b>Date of Service</b>	<b>CPT Code at Issue</b>	<b>Health Care Benefit Program</b>
2	12/26/12	D	06/05/12	E&M and urine	NHP
3	12/26/12	E	06/27/12	E&M and urine	NHP

All in violation of Title 18, United States Code, Sections 2 and 1035(a).

**FORFEITURE ALLEGATION**

(18 U.S.C. §§ 981(a)(1)(C), 982(a)(7) & 28 U.S.C. § 2461)

The Grand Jury further finds probable cause to believe that:

1. Upon conviction of one or more of the offenses in violation of Title 18, United States Code, Sections 371 and 1035, set forth in Counts One through Three of this Indictment,

**MOUSTAFA MOATAZ ABOSHADY,**

defendant herein, shall forfeit to the United States, pursuant to Title 18, United States Code, Sections 981(a)(1)(C), 982(a)(7), and Title 28, United States Code, Section 2461, any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense. The property to be forfeited includes, but is not limited to, the following:

a. a sum of money equal to the total amount of proceeds obtained as a result of the offenses, which may be entered in the form of a money judgment.

2. If any of the property described in Paragraph 1, above, as being forfeitable pursuant to Title 18, United States Code, Sections 981(a)(1)(C), 982(a)(7), and Title 28, United States Code, Section 2461, 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 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 intention of the United States, pursuant to Title 21, United States Code, Section 853(p), incorporated by Title 18, United States Code, Section 982(b), to seek forfeiture of any other property of the defendant up to the value of the property described in Paragraph 1 above.

All pursuant to Title 18, United States Code, Sections 981(a)(1)(C), 982(a)(7), and Title 28, United States Code, Section 2461.



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Maxim Grinberg  
ASSISTANT U.S. ATTORNEY

A TRUE BILL



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FOREPERSON OF THE GRAND JURY

DISTRICT OF MASSACHUSETTS; September 27, 2016

Returned into the District Court by the Grand Jurors and filed.



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DEPUTY CLERK

9-27-16

3:26 pm