

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

UNITED STATES OF AMERICA     )     No.  
  )  
  )     Violation: Title 18, United States  
  )     Code, Section 1347  
JOHN KOSLOSKI                    )

**COUNTS ONE THROUGH SIX**

The SPECIAL DECEMBER 2017 GRAND JURY charges:

1. At times material to this Indictment:
  - a. Defendant JOHN KOSLOSKI was a licensed chiropractic physician in Illinois.
  - b. Defendant KOSLOSKI operated his own practice, Diagnostic & Therapeutic Rehab, also known as Diagnostic & Therapeutic Rehab Services, located in Dolton, Illinois, where he purported to provide chiropractic and therapeutic services to patients.
  - c. Aetna, United Healthcare, and others, were health care benefit programs, as defined in Title 18, United States Code, Section 24(b), that provided health insurance to groups of individuals through their employer-sponsored health insurance plans. These health care benefit programs reimbursed health care providers when, among other criteria, those services were actually provided.
  - d. To receive reimbursement for a covered service from a health care benefit program, a health care provider had to submit a claim form containing, among other things: the dates of service; the patient's name, diagnosis, insurance number,

and date of birth; the health care services provided; the assigned provider number; and the charge for each service provided.

e. The health care benefit programs paid for covered services for which a representation had been made that the services were provided to patients.

2. Beginning in or around 2011, and continuing through in or around 2018, at Dolton, in the Northern District of Illinois, Eastern Division, and elsewhere,

JOHN KOSLOSKI,

defendant herein, participated in a scheme to defraud a health care benefit program, namely United Healthcare and Aetna, 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, in connection with the delivery of and payment for health care benefits and services, which scheme is further described in the following paragraphs.

3. It was part of the scheme that defendant KOSLOSKI submitted, and caused to be submitted, fraudulent claims to health care benefit programs that falsely represented that certain health care services were provided to patients, when defendant KOSLOSKI knew that those services were not actually provided.

4. It was further part of the scheme that co-schemers L.S., A.H. Sr., K.M., T.L., J.L., and others, were purported patients of defendant KOSLOSKI, and allowed their identifying information and their family members' identifying information, including insurance information, to be used by defendant KOSLOSKI in order to

submit fraudulent claims to insurance companies for health-care services that were not actually provided.

5. It was further part of the scheme that defendant KOSLOSKI typically deposited, and caused to be deposited, the money he received from the health care benefit program for claims for services that were not actually provided into a bank account in the name of John Kosloski and Spouse A.

6. It was further part of the scheme that defendant KOSLOSKI compensated co-schemers L.S., A.H. Sr., K.M., T.L., J.L., and others – the purported patients and the purported patients' family members – for their participation in submitting fraudulent claims to insurance companies for services that were not rendered. When defendant KOSLOSKI compensated the co-schemers, he typically did so by paying the co-schemers a portion of the money paid by the insurance companies to KOSLOSKI for the fraudulent claims. When the co-schemers were paid, they typically received envelopes of United States currency.

7. It was further part of the scheme that defendant KOSLOSKI concealed, misrepresented, and hid, and caused to be concealed, misrepresented, and hidden, the existence, purpose, and acts done in furtherance of the scheme.

8. On or about the dates set forth below, at Dolton, in the Northern District of Illinois, Eastern Division, and elsewhere,

JOHN KOSLOSKI,

defendant herein, knowingly and willfully executed and attempted to execute the above-described scheme by submitting and causing to be submitted to health care benefit programs claims for health care services that were not actually provided:

<b>COUNT</b>	<b>DATE OF CLAIMED SERVICE</b>	<b>DATE CLAIM RECEIVED BY BENEFIT PROGRAM</b>	<b>BENEFIT PROGRAM</b>	<b>PATIENT</b>
One	7/1/2015	5/9/2016	Aetna	E.O.
Two	6/11/2014	3/9/2015	Aetna	A.H., Jr.
Three	3/18/2015	1/15/2016	Aetna	K.H.
Four	6/4/2014	1/5/2015	Aetna	K.M.
Five	8/25/2014	7/21/2015	Aetna	T.L.
Six	4/24/2015	3/17/2016	Aetna	S.L.

In violation of Title 18, United States Code, Section 1347.

**FORFEITURE ALLEGATION**

The SPECIAL DECEMBER 2017 GRAND JURY further alleges:

1. Upon conviction of an offense in violation of Title 18, United States Code, Section 1347, as set forth in this Indictment, defendant shall forfeit to the United States of America any property that constitutes and is derived, directly and indirectly, from the gross proceeds traceable to the commission of the offense, as provided in Title 18, United States Code, Section 982(a)(7).

2. If any of the property described above, as a result of any act or omission by a defendant: cannot be located upon exercise of due diligence; has been transferred or sold to, or deposited with, a third party; has been placed beyond the jurisdiction of the Court; has been substantially diminished in value; or 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, as provided in Title 21, United States Code, Section 853(p).

A TRUE BILL:

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FOREPERSON

\_\_\_\_\_  
UNITED STATES ATTORNEY