

UNITED STATES DISTRICT COURT
DISTRICT OF RHODE ISLAND

UNITED STATES OF AMERICA,) Criminal No. 1:25CR28MRD-LDA
v.)
BRANDON NOWAK and) In Violation of:
JASON SIMMONS) Count 1: 18 U.S.C. § 1349
Defendants) (health care fraud conspiracy), Counts
) 2 -15: 18 U.S.C. § 1347 (health care fraud)
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INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times relevant to this Indictment:

The Defendants and Related Entities

1. Defendant BRANDON NOWAK (NOWAK) was a resident of Foster, Rhode Island and the President and Chief Executive Officer of Alternative Integrative Medicine, LLC, d/b/a AIM Health (AIM Health).
 2. Defendant JASON SIMMONS (SIMMONS) was a resident of Foster, Rhode Island, and the Vice-President, Chief Financial Officer and Chief Compliance Officer for AIM Health.
 3. AIM Health was incorporated in the State of Rhode Island in or around November 2019 and was licensed by the State of Rhode Island as an Organized Ambulatory Care Facility (OACF) in or around May 2020. AIM Health's license expired on December 31, 2023.

4. AIM Health provided massage services, chiropractic services and acupuncture at four locations in Rhode Island.

Health Care Benefit Programs

Commercial Insurance Providers

5. Blue Cross Blue Shield of Rhode Island (BCBSRI), Neighborhood Health Plan of Rhode Island (NHPRI), Point32Health, and United Health Care (UHC) were health insurance carriers operating in Rhode Island that provided health insurance plans to groups of individuals through their employer-sponsored health insurance plans. These plans were “health care benefit programs” as defined by Title 18, United States Code, Section 24(b).
6. AIM Health submitted and caused to be submitted claims for reimbursement to BCBSRI, NHPRI, Point32Health, and UHC.
7. Some insurers also offered plans that are intended to help cover out-of-pocket costs that original Medicare Parts A and B did not pay for, such as copayments, deductibles and coinsurance. These plans are commercial plans but are referred to as Medicare Supplemental, or Medigap, plans. These plans were “health care benefit programs” as defined by Title 18, United States Code, Section 24(b).
8. In Rhode Island, BCBSRI and UHC offer Medigap plans.
9. AIM Health submitted and caused to be submitted claims for reimbursement to BCBSRI and UHC Medigap plans.

The Medicare Program

10. 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.

11. 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 1320a-7b(f).
12. To enroll in Medicare, all providers are required to submit a Medicare enrollment application to CMS. In submitting the Medicare application, health care providers certify that they understand and will abide by the federal laws and regulations governing their participation in Medicare. This is true whether the application is for an individual or a business.
13. AIM Health had been enrolled in Medicare since January 13, 2021, and had provider agreements with several commercial insurance companies in Rhode Island. AIM used its tax identification number to identify the business as the billing entity for the providers rendering services at AIM.
14. A Medicare provider could electronically file claims with Medicare to obtain reimbursement for services provided to beneficiaries. A Medicare claim was required to set forth, among other things, the beneficiary’s name and Medicare Beneficiary Identifier, the services that were performed for the beneficiary, the date the services were provided, any applicable codes that modify or add additional information about the services (known as “modifiers”), the name and identification number of the health care provider who rendered the services and the name and identification number of the entity that billed for the service provided. Each time a provider or entity submitted a claim to Medicare, the

provider/entity certified that the claim was true, correct, complete, and complied with all Medicare laws and regulations. Most claims were submitted electronically.

15. Medicare covered different types of benefits, which were separated into different program “parts.” Medicare Part A covered health services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered, among other things, items and services supplied and provided by physicians, medical clinics, laboratories, durable medical equipment (DME) suppliers, and other qualified healthcare providers, including office visits, minor surgical procedures, DME, and laboratory testing, that were medically necessary and ordered by licensed medical doctors or other qualified health care providers. Medicare Part C, also known as “Medicare Advantage,” provided Medicare beneficiaries with the option to receive their Medicare benefits through private managed health care plans (Medicare Advantage Plans), including health maintenance organizations and preferred provider organizations. Medicare Part D covered prescription drugs.

16. CMS had the authority to award contracts to private entities to administer the Medicare program through Medicare Advantage Plans or Medicare Part C, which followed the same rules and regulations as traditional Medicare plans.

Medicare Part C – Medicare Advantage

17. Private health insurance companies offering Medicare Advantage Plans were required to provide beneficiaries with the same items and services offered under Medicare Part A and Part B. To be eligible to enroll in a Medicare Advantage Plan, an individual had to have been entitled to receive benefits under Medicare Part A and Part B.

18. In Rhode Island, a number of private health insurance companies contracted with CMS to provide managed care to beneficiaries through various Medicare Advantage Plans. These health insurance companies, through their respective Medicare Advantage Plans, adjudicated claims in Rhode Island and elsewhere in the United States and often made payments directly to providers, rather than to the beneficiaries who received the health care benefits and services.
19. To obtain payment for services supplied and provided to beneficiaries enrolled in Medicare Advantage Plans, providers were required to submit itemized claim forms to the beneficiary's Medicare Advantage Plan. The claim forms were typically submitted electronically.
20. When providers submitted or caused to be submitted claim forms to Medicare Advantage Plans, the providers certified that the contents of the forms were true, correct and complete and that the forms were prepared in compliance with the laws and regulations governing Medicare. Providers also certified that the items and services billed were medically necessary and were in fact provided as billed.
21. In Rhode Island, BCBS, NHPRI, Point32Health, and UHC, offered Medicare Advantage plans. AIM Health submitted or caused to be submitted claims to each of those Medicare Advantage Plans.
22. Medicare Advantage Plans were "health care benefit programs," as defined by Title 18, United States Code, Section 24(b), and Federal health care programs," as defined by Title 42, United States Code, Section 1320a-7b(f).

The Medicaid Program

23. The Medicaid program (Medicaid) was a federal and state funded health care program providing benefits to low-income persons. The HHS, through CMS, administered Medicaid in conjunction with the states.
24. Medicaid 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 1320a-7b(f).
25. Since at least 2019, approximately 90% of the Rhode Island Medicaid population was enrolled in Medicaid through a Medicaid Managed Care plan. In Rhode Island, Medicaid Managed Care plans were administered by several private entities, including as relevant here NHPRI, Point32Health and UHC.
26. AIM Health submitted and caused to be submitted claims to NHPRI, Point32Health and UHC Medicaid Managed Care Programs.

TRICARE

27. TRICARE is a multiple option benefit plan established by Congress and funded through federal appropriations and allocated as part of the National Defense Authorization Act. Eligible beneficiaries include all eight branches of the Uniformed Services: Army, Air Force, Navy, Marine Corps, Space Force, National Oceanic Atmospheric Administration, Coast Guard, and the commissioned corps of the Public Health Service. TRICARE benefits are authorized by congressional legislation incorporated in Chapter 55 of Title 10, United States Code, and implemented by the Secretary of Defense and the Secretary of Health and Human Services in Title 32, Code of Federal Regulations, Part 199 (32 C.F.R. 199). Tricare is a “health care benefit program” as defined by 18 U.S.C. § 24(b).

28. AIM Health submitted and caused to be submitted claims to TRICARE.

Billing and Diagnostic Codes

29. Patients covered by health care benefit programs were called “beneficiaries.” Physicians and other health care providers who see and treat beneficiaries were called “providers.”

30. Health care benefit programs, including BCBSRI, NHPRI, Point32Health, UHC, Medicare, Medicare Advantage, and Medicaid Managed Care (collectively HCBPs) helped to pay for medically necessary services.

31. HCBPs ordinarily authorized payment for medical services only if those services were actually provided and were “medically necessary,” that is, the services were required because of disease, disability, infirmity, or impairment. HCBPs did not pay for services and treatment that were not actually provided or if the services were not medically necessary, meaning the patient did not meet the criteria that indicated the patient needed the relevant services and treatment.

32. Medical services were billed to HCBPs using numerical codes called Current Procedural Terminology codes (CPT codes). CPT codes provided a uniform language that accurately described the medical, surgical, and diagnostic services billed to government and private health insurance programs.

33. The American Medical Association (AMA) developed and managed the CPT codes.

34. When submitting claims for reimbursement for services provided, medical providers were required to use correct CPT codes to identify each procedure and service. HCBPs required providers to accurately list the CPT code that most completely identified the procedures or services performed.

35. When submitting claims for reimbursement for services provided, medical providers were required to accurately identify the provider who rendered services.
36. None of the HCBPs provided reimbursement for massage therapy unless performed under the supervision of a physical therapist pursuant to a physical therapy treatment plan.
37. AIM Health never employed a physical or occupational therapist.
38. The AMA defined Code 97010, hot and cold therapy, as the application of a hot or cold modality to one or more areas. It was a bundled code, meaning it is used in conjunction with other therapy codes and services, and was not a separately payable service.
39. The AMA defined Code 97110, therapeutic exercise, as any therapeutic exercises that are designed to improve strength, endurance, flexibility and range of motion. This code is typically used by physical therapists, occupational therapists and other healthcare professionals who provide therapeutic exercise to patients. It does not include therapeutic activities that are not exercise based, including massage.
40. The AMA defined Code 97112, neuromuscular re-education, as a therapeutic procedure used to retrain the neuromuscular system to improve motor function. It was commonly used after injury, surgery or neurological conditions, e.g., stroke, to retrain the muscles affected by those events.
41. The AMA defined Code 97124, massage therapy, as massage therapy used during the provision of physical or occupational therapy. This code can be used by physical therapists, occupational therapists and chiropractors as part of a treatment plan and is used as part of physical medicine and rehabilitation therapeutic services.

42. The AMA defined Code 97530, therapeutic activity, as the use of a skilled activity during therapy to improve a patient's overall health or activity. This code represented services provided to patients to improve movements related to daily tasks, such as lifting, carrying and reaching.
43. The AMA defined Code 97535, self-care/home management training, as the provision of instructions to a beneficiary for therapy exercises or techniques to continue or improve activities of daily living at home.
44. The provision of infrared therapy, CPT code 97026, was the application of infrared heat lamps for superficial tissue heating and treatment must be provided by a physical or occupational therapist.
45. Trigger point injections are used for pain management and involves a local anesthetic, sometimes with a small amount of steroid, injected into a tender or tight band of muscles that cause pain when pressed, i.e., a "trigger point."
46. There were three codes used to bill for trigger point injections: CPT Code 20551 (injection into a single tendon), CPT Code 20552 (injection, for one or two muscles) and CPT Code 20553 (injection, for three or more muscles).
47. National Medicare guidelines provided that performing acupuncture was not the same as providing trigger point injections.
48. The use of a modifier in billing provided the means to report or indicate that a performed service or procedure was altered by some specific circumstance but not changed in its definition or code.
49. The AMA provided that Modifier -25 was to be used to indicate that a patient's condition required a significant, separately identifiable evaluation and management service above

and beyond that associated with another procedure or service being reported by the same rendering provider on the same date. The service must have been separate and distinct from the other service provided.

50. The AMA provided that Modifier -GP indicated services were provided under an outpatient physical therapy plan of care by a physical therapist.
51. There were four CPT codes that were often used to bill for acupuncture services: CPT codes 97810, 97811, 97813, and 97814. The AMA defined CPT code 97810 as acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient. CPT code 97811 was described as each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles. CPT code 97813 was described as acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient. CPT code 97814 is described as each additional 15 minutes of personal one-on-one contact with patient, with re-insertion of needles. All four of the aforementioned acupuncture CPT codes required one-on-one contact with the patient in order to be accurate.
52. CPT Codes 99215 and 99205 were evaluation and management codes which required, among other things a high-level of medical decision-making and a detailed history and examination of the patient in order to be billed.
53. CPT Codes 99214 and 99204 were evaluation and management codes which required, among other things, a moderate level of medical decision-making and a detailed history and examination of the patient in order to be billed.

54. Typically, providers submitted CPT codes and modifiers using a claim form known as a CMS 1500. The CMS 1500 form, completed by the provider or their billing contractor, included, among other information, the name and provider number of the provider who rendered the service; the name of the patient who received the service; the date the service was performed; a code identifying where the service was provided; the procedure that was rendered (identified by the CPT code); any necessary modifiers; and the diagnosis of the patient's condition for which the service was rendered. Most providers, including AIM, submitted claims to Medicare and other health care benefit programs electronically.

55. When a provider submitted a claim, the provider certified that the services identified on the form were actually provided by a qualified provider, medically indicated and necessary for the health of the patient. In addition, when a provider became a participating provider in Medicare and signed the Participating Provider Agreement, that provider agreed to accept assignment of all Medicare benefits for all covered services for all Medicare beneficiaries.

56. At various times throughout the relevant time AIM Health was enrolled as a provider of services to the HCBPs and was eligible for reimbursement for services that were provided to patients and covered by the HCBPs.

COUNT ONE

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

The Conspiracy

57. The allegations contained in paragraphs 1 through 56 are realleged and incorporated as if fully set forth herein.

58. In or about and between October 1, 2020, and April 2024, both dates being approximate and inclusive, within the District of Rhode Island and elsewhere, the defendants BRANDON NOWAK and JASON SIMMONS, together with others, did knowingly and willfully combine, conspire and agree to execute a scheme and artifice to defraud one or more health care benefit programs affecting interstate commerce, as defined in Title 18, United States Code, Section 24(b), to wit, the HCBPs, to obtain, by means of one or more materially false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and control of the HCBPs, in connection with the delivery of any payment for health care benefits, items and services, contrary to Title 18, United States Code, Section 1347.

The Object of the Conspiracy

59. It was the object of the conspiracy for the defendants to unlawfully enrich themselves by obtaining money and other things of value by submitting and causing the submission of false and fraudulent claims to the HCPBs.

Manner and Means of the Conspiracy

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

60. Defendant BRANDON NOWAK together with other coconspirators informed beneficiaries that massage was a covered service, and that insurance covered their massage therapy sessions.

61. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims for services that were not provided to patients who received massage therapy in order to have HCBPs pay for patients' massage therapy sessions.
62. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCBPs for, among other things, acupuncture, physical therapy and evaluation and management office visits when the actual services being provided were massages provided by massage therapists.
63. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCBPs for infrared therapy, hot and cold therapy, therapeutic activity and self-care/home management training that were not provided and for services for which AIM Health did not employ the appropriate rendering provider.
64. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCBPs for acupuncture patients for services patients did not receive and which were not appropriate to bill for acupuncture patients.
65. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCBPs falsely identifying the provider rendering services because the true rendering provider was a massage therapist whose services the HCBPs did not cover and, therefore, did not allow to be enrolled as a provider of services within their network.
66. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCPBs for high-complexity evaluation and management visits, including CPT codes 99215 and 99205, when that level of care was not provided, permitted to be billed in connection with other services being billed and when AIM did

not employ staff capable of exercising the level of medical decision-making required to sustain those levels of care.

67. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCPBs for moderate level evaluation and management visits, including CPT codes 99214 and 99204, when that level of care was not provided and permitted to be billed in connection with other services being billed

68. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to the HCBPs using modifier -25 in order to obtain payment for multiple services provided to patients on the same day even though patients were receiving only one service.

69. Defendants BRANDON NOWAK and JASON SIMMONS submitted claims and caused the submission of claims to HCBPs, including TRICARE, using modifier -GP when AIM did not employ a physical therapist.

70. Defendants BRANDON NOWAK and JASON SIMMONS diverted proceeds and caused the diversion of proceeds of the fraud for their personal use and benefit, the use and benefit of others, and to further the fraud.

All in violation of Title 18 United States Code Sections 2, 1349 and 3551 *et seq.*

COUNTS TWO THROUGH FIFTEEN

(Health Care Fraud, 18 U.S.C. § 1347)

71. The allegations contained in paragraphs 1 through 70 are realleged and incorporated as if fully set forth herein and in each of Counts Two through Fifteen, below.

72. On or about the dates set forth below, in the District of Rhode Island and elsewhere, the defendants BRANDON NOWAK and JASON SIMMONS did knowingly and

intentionally execute and attempt to execute a scheme and artifice (1) to obtain money and property from health care benefit programs affecting commerce, as defined in Title 18, United States Code, Section 24(b), and (2) to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money owned by and under the custody and control of the HCBPs, in connection with the delivery of any payment for health care benefits, items and services:

Count	Approximate Date Claim Submitted to and Received by HCBP	Beneficiary/ Patient	HCBP	Amount Billed by AIM	Approximate Date Paid by HCBP	Amount Paid to AIM
2	11/9/21	D.M.	Medicare	\$268	11/23/21	\$95.04
3	11/25/21	D.M.	UHC Medicare Supplement	\$268	11/25/21	\$23.76
4	11/9/21	D.M.	Medicare	\$393	11/23/21	\$184.89
5	11/25/21	D.M.	UHC Medicare Supplement	\$393	11/25/21	\$46.22
6	5/17/22	C.C.	NHPRI Medicaid Managed Care	\$206.00	5/18/22	\$76.89
7	Not available	A.S.	BCBSRI	\$206.00	5/16/22	\$98.39
8	Not available	G.D.	BCBSRI Medicare Advantage	\$38.45	7/4/22	\$20.86
9	6/6/22	M.S.	UHC Medicare Advantage	\$59.00	7/1/22	\$23.60

10	10/13/22	M.L.	UHC Medicare Advantage	\$70.00	11/9/22	\$43.40
11	10/24/22	I.C.	Medicare	\$76.00	11/7/22	\$30.92
12	Not available	V.C.	NHPRI Medicaid Managed Care	\$176.86	4/26/23	\$114.41
13	Not available	D.N.	NHPRI Medicare Managed Care	\$70.00	8/3/23	\$54.71
14	9/30/23	J.C.	Point32Health	\$132.10	11/13/23	\$105.68
15	Not available	D.N.	NHPRI Medicare Managed Care	\$176.86	2/15/24	\$159.45

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

FORFEITURE ALLEGATIONS UNDER 18 U.S.C. § 982 AND UNDER 28 U.S.C. § 2461(c) & 18 U.S.C. § 981(a)
(Health Care Fraud)

The allegations contain in this Indictment are realleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of certain property in which defendants BRANDON NOWAK and JASON SIMMONS have an interest.

Upon conviction of any of the health care fraud offenses alleged in Counts 1 through 15 of this Indictment, defendants BRANDON NOWAK and JASON SIMMONS shall forfeit to the United States of America, pursuant to 18 U.S.C. § 981(a)(1)(C) and 28 U.S.C. § 2461(c), all right, title, and interest in any and all property, real or personal, which constitutes or is derived

from proceeds traceable to violations of 18 U.S.C. §§ 1347 or 1349. Upon conviction of any of the health care fraud offenses alleged in Count 1 through 15 of this Indictment, the defendant shall forfeit to the United States all of his respective right, title, and interest in any property, real or personal, that constitutes or is derived, directly, or indirectly, from gross proceeds traceable to the commission of such violations, pursuant to Title 18, United States Code, Section 982(a)(7).

The property subject to forfeiture includes, but is not limited to the following specific properties:

- (1) \$42,726.24 in funds seized from account *****8755 in the name of Alternative Integrative Medicine, d/b/a AIM Health at TD Bank (AIN #23-FBI-008737);
- (2) \$13,012.09 in funds seized from account *****4527 in the name of Alternative Integrative Medicine, d/b/a AIM Health at US Bank (AIN #23-FBI008738);
- (3) \$8,082.89 in Medicare funds (associated with UCM Record PSP-230823-00001 and Primary NPI 1063034767) being held in escrow which would have been paid to AIM Health but for a payment suspension initiated in September 2023;
- (4) Real Property located at 451 Gibson Hill Road, Coventry, RI and legally described as:

That certain land in the Town of Coventry, Count of Kent and State of Rhode Island, said land laying on the westerly side of Gibson Hill Road and being further described as follows:

Beginning at the northeast corner of the parcel herein described, said point being in the westerly line of Gibson Hill Road and at the southeast corner of land owned by John J. Eastman et al.;

Thence running southerly in said road line seventy six and 71/100 (75.71) feet to a bend in a stone wall;

Thence turning an interior angle of 178°-54'-03" and running southerly in said road line one hundred thirty nine and 68/1000 (139.68) feet to a bend in a stone wall;

Thence turning an interior angle of $175^{\circ}18'28''$ and running southerly in said road line forty four and $37/100$ (44.37) feet to a bend in a stone wall;

Thence turning an interior angle of $168^{\circ}37'16''$ and running southwesterly in said road line on hundred thirty nine and $55/100$ (139.55) feet to a bend in a stone wall;

Thence turning a interior angle of $169^{\circ}17'21''$ and running southwesterly in said line eleven and $91/100$ (11.91) feet to a bend in said stone wall;

Thence turning and interior angle of $199^{\circ}58'34''$ and running southerly in said road line fifty four and $42/100$ (54.42) feet to a bend in the stone wall;

Thence turning an interior angle of $188^{\circ}31'15''$ and running southerly in said road line forty four and $16/100$ (44.16) feet to a bend in the stone wall;

Thence turning an interior angle of $189^{\circ}05'27''$ and running southerly in said road line one hundred two and $32/100$ (102.32) feet to the end of said wall;

Thence turning an interior angle of $199^{\circ}16'17''$ and running southeasterly in the southwesterly line of Gibson Hill Road and crossing an old trail which runs westerly, a distance of fifty one and $08/100$ (51.08) feet to the northwest end of a stone wall;

Thence turning an interior angle of $188^{\circ}45'11''$ and running southeasterly in said road line two hundred nine and $30/100$ (209.30) feet to a drill hole at a wall corner;

Thence turning an interior angle of $189^{\circ}05'27''$ and running southerly in said road line one hundred two and $32/100$ (102.32) feet to the end of said wall;

Thence turning an interior angle of $199^{\circ}16'17''$ and running southeasterly in the southwesterly line of Gibson Hill Road and crossing an old trail which runs westerly, a distance of fifty one and $08/100$ (51.08) feet to the northwest end of a stone wall;

Thence turning a interior angle of $188^{\circ}45'11''$ and running southeasterly in said road line two hundred nine and $30/100$ (209.30) feet to a drill hole at a wall corner;

Thence turning an interior angle of $173^{\circ}52'42''$ and running southeasterly in said road line one hundred eighty six and $16/100$ (186.16) feet to a bend in the sone wall;

(5) Real Property located at 198 Plainfield Pike, Foster, RI and legally described as:

That tract of land, with all buildings and improvements thereon, situated on the northwesterly side of Plainfield Pike in the Town of Foster, County of Providence, State of Rhode Island, bounded and described as follows:

Beginning at the southeasterly corner of said tract at a point in said Plainfield Pike at the southwesterly corner of other land now or formerly of Maxim R. Huguenin et ux; thence northerly 129 degrees 4' 4" westerly bounding northeasterly on said Lemieux land 222.69 feet to an angle; thence northerly 173 degrees 6' 20" westerly bounding northeasterly on said Lemieux land 739.81 feet to land now of formerly of Minnie Luther; thence westerly bounding northerly on said Luther land at an interior angle of 89 degrees 28' 20" 130 feet to a point; thence northerly at an interior angel of 270 degrees 58' 40" bounding easterly on said Luther land 387.52 feet to an iron pipe and stone; thence westerly bounding northerly on said Luther land and now or formerly of Peter and Frank Matijkowlcz 102.96 feet to an angle; thence westerly bounding northerly on said Luther and Matijkowlcz land at an interior angle of 190 degrees 48' 30" 350.92 feet to a stone wall; thence southerly 120 degrees 46' 40" bounding westerly on land now or formerly of James L. McPhee 473.27 feet to a corner of a stone wall; thence easterly 81 degrees 53' 40" bounding southerly on said McPhee land 228.39 feet to an angle; thence easterly 176 degrees 40' bounding southerly on said McPhee land 239.63 feet to a corner; thence southerly bounding westerly on said McPhee land at an interior angle of 270 degrees 46' 10" 90.04 feet to the end of a stone wall; thence southerly bounding westerly on said McPhee land 181 degrees 0' 11" 656.36 feet to a stone wall; thence southerly bounding westerly on said McPhee land at an interior angle of 182 degrees 52' 20" 40.0 feet to an angle; thence southerly bounding westerly on said McPhee land at an interior angle of 174 degrees 52' 50" 78.59 feet to the westerly line of Plainfield Pike; thence northerly on said Plainfield Pike at an interior angle of 54 degrees 2' 30" 300 feet to the place of beginning; containing 10.617 acres of land, more or less.

(6) Real Property located at 250 Wampanoag Trail, Riverside, RI and legally described as:

All that certain Condominium Unit in the East Bay Medical Center Condominium, in the City of East Providence, County of Providence, State of Rhode Island, created by Declaration of Condominium dated June 15, 1987 at 2:53 p.m. in Book 685 at Page 258 in the Records of Land Evidence of the City

of East Providence, Rhode Island, as said Declaration may be amended of record, designated as Unit Number 302.

Together with an undivided 6.17 percentage interest in the Common Elements of said Condominium appurtenant to said Unit and together with the rights and easements appurtenant to said Unit as set forth in the Declaration.

Said premises are conveyed subject to and with the benefit of the provisions of the Rhode Island General Laws, Sections 34-36 and 35-36.1, et seq., the Declaration of Condominium referred to above, the By-Laws, and the Rules and Regulations of said Condominium, as any or all of the above may be amended from time to time.

(7) Real Property located at 108 Spruce Street, Providence, RI and legally described as:

That certain lot or parcel of land, with all buildings and improvements thereon, situated on the southerly side of Spruce Street in the City and County of Providence, State of Rhode Island, bounded and described as follows:

Beginning at a point on the southerly line of Spruce Street, said point being the northeasterly corner of the within described parcel, said point being 55.14 feet westerly from the westerly lien of DePasquale Avenue, said point begin the northwesterly corner of land now or lately of Angelina Roberti; thence turning southerly bounded easterly by said Robert land a distance of fifty (50) feet, more or less, to land now or lately of John A. Mastrobuono et ux; thence running westerly bounded southerly by said Mastrobuono land a distance of twenty-seven and 58/100 (27.58) feet, more or less, to land now or lately of John A. Mastrobuono et ux; thence running northerly bounded westerly in part by a distance of fifty (50) feet, more or less, to the southerly side of Spruce Street; thence running northerly bounded westerly in part by said Mastrobuono land and in part by land now or lately of Carmina Lato a distance of fifty (50) feet, more or less, to the southerly side of Spruce Street; thence running easterly bounded northerly by said Spruce Street a distance of twenty-seven and 58/100 (27.58) feet, more or less, to the point and place of beginning; containing 1,385 square feet, more or less.

Said parcel is further described as Lot Number Five (5) and the northerly five (5) feet in depth by the entire width of Lot Number six (6) on that plat entitled, "PLOT OF LOTS OWNED BY CHARLES POTTER ON FEDERAL HILL MADE JULY 1, 1896" which said plat is recorded in the Land Evidence Records of the City of Providence in Plat Book 4 at page 56 and (copy) on Plat Card 128.

The United States will also seek a forfeiture money judgments against Defendants

NOWAK and SIMMONS in the amount equal to the proceeds of their offenses to be determined at sentencing.

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 subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the defendants up to the value of the above forfeitable property and, in addition, to seek a court order requiring the defendants to return any such property to the jurisdiction of the court for seizure and forfeiture.

All in accordance with 18 U.S.C. § 981(a)(1) as incorporated by 28 U.S.C. § 2461(c), and

Rule 32.2(a), Federal Rules of Criminal Procedure; 18 U.S.C. § 982(a)(7); and the procedures set forth at 21 U.S.C. § 853, as made applicable by Title 18 U.S.C. § 982(b)(1).

A TRUE BILL

[REDACTED]
FOREPERSON


LEE H. VILKER
ASSISTANT UNITED STATES ATTORNEY
CHIEF, CRIMINAL DIVISION


DULCE DONOVAN
ASSISTANT UNITED STATES ATTORNEY

DEFENDANT INFORMATION RELATIVE TO A CRIMINAL ACTION - IN U.S. DISTRICT COURT

BY: INFORMATION INDICTMENT COMPLAINT

CASE NO. 1:25-cr-00028-MRD-LDA-1

Matter Sealed: Juvenile Other than Juvenile

Pre-Indictment Plea Superseding Defendant Added
 Indictment Charges/Counts Added
 Information

Name of District Court, and/or Judge/Magistrate Location (City)

UNITED STATES DISTRICT COURT RHODE ISLAND
DISTRICT OF RHODE ISLAND Divisional Office

Name and Office of Person Furnishing Information on THIS FORM
 U.S. Atty Other U.S. Agency
 Phone No. (401) 709-5000

Name of Asst.
U.S. Attorney
(if assigned) DULCE DONOVAN

PROCEEDING

Name of Complainant Agency, or Person (& Title, if any)

Special Agent Lindsay Walford-HHS-OIG

person is awaiting trial in another Federal or State Court
(give name of court)

this person/proceeding transferred from another district
per (circle one) FRCrP 20, 21 or 40. Show District

this is a reprocution of charges
previously dismissed which were
dismissed on motion of:

U.S. Atty Defense

this prosecution relates to a
pending case involving this same
defendant. (Notice of Related
Case must still be filed with the
Clerk.)

prior proceedings or appearance(s)
before U.S. Magistrate Judge
regarding this defendant were
recorded under

SHOW DOCKET NO.

MAG. JUDGE
CASE NO.

1:24-MJ-00037-LDA

Place of offense RHODE ISLAND County

USA vs.

Defendant: Brandon Nowak

Address: [REDACTED]

Interpreter Required Dialect: _____

Birth Date [REDACTED] Male Alien
 Female (if applicable)

Social Security Number [REDACTED]

DEFENDANT

Issue: Warrant Summons

Location Status:

Arrest Date 6/18/2024 or Date Transferred to Federal Custody _____

Currently in Federal Custody
 Currently in State Custody
 Writ Required
 Currently on bond
 Fugitive

Defense Counsel (if any): Michael J. Lepizzera

FPD CJA RET'D
 Appointed on Target Letter

This report amends AO 257 previously submitted

OFFENSE CHARGED - U.S.C. CITATION - STATUTORY MAXIMUM PENALTIES - ADDITIONAL INFORMATION OR COMMENTS

Total # of Counts 15

Set	Title & Section/Offense Level (Petty = 1 / Misdemeanor = 3 / Felony = 4)	Description of Offense Charged	Felony/Misd.
1	18 U.S.C. § 1349	Conspiracy to Commit Health Care Fraud	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Max.	10 years imprisonment; \$250,000 fine;	Supervised Release: 3 Years; \$100 Special Assessment	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
2-15	18 U.S.C. § 1347	Health Care Fraud	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Max.	10 years imprisonment; \$250,000 fine;	Supervised Release: 3 Years; \$100 Special Assessment	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
		Estimated Trial Days: 3	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

Submit

Go

DEFENDANT INFORMATION RELATIVE TO A CRIMINAL ACTION - IN U.S. DISTRICT COURT

BY: INFORMATION INDICTMENT COMPLAINT

CASE NO. 1:25-cr-00028-MRD-LDA-2

Matter Sealed: Juvenile Other than Juvenile

Pre-Indictment Plea Superseding Defendant Added
 Indictment Charges/Counts Added
 Information

Name of District Court, and/or Judge/Magistrate Location (City)

UNITED STATES DISTRICT COURT RHODE ISLAND
DISTRICT OF RHODE ISLAND Divisional Office

Name and Office of Person Furnishing Information on THIS FORM
 U.S. Atty Other U.S. Agency
 Phone No. (401) 709-5000

Name of Asst.
U.S. Attorney
(if assigned) DULCE DONOVAN

PROCEEDING

Name of Complainant Agency, or Person (& Title, if any)

Special Agent Lindsay Walford-HHS-OIG

 person is awaiting trial in another Federal or State Court
(give name of court) this person/proceeding transferred from another district
per (circle one) FRCrP 20, 21 or 40. Show District this is a reprocution of charges
previously dismissed which were
dismissed on motion of:
 U.S. Atty Defense this prosecution relates to a
pending case involving this same
defendant. (Notice of Related
Case must still be filed with the
Clerk.) prior proceedings or appearance(s)
before U.S. Magistrate Judge
regarding this defendant were
recorded under

SHOW DOCKET NO.

MAG. JUDGE
CASE NO.

1:24-MJ-00038-LDA

Place of offense RHODE ISLAND County

USA vs.

Defendant: Jason Simmons

Address: [REDACTED]

 Interpreter Required Dialect: _____Birth Date [REDACTED] Male Alien
 Female (if applicable)

Social Security Number [REDACTED]

DEFENDANT

Issue: Warrant Summons

Location Status:

Arrest Date 6/18/2024 or Date Transferred to Federal Custody _____

Currently in Federal Custody
 Currently in State Custody
 Writ Required
 Currently on bond
 Fugitive

Defense Counsel (if any): John L. Calcagni, III

 FPD CJA RET'D Appointed on Target Letter This report amends AO 257 previously submitted

OFFENSE CHARGED - U.S.C. CITATION - STATUTORY MAXIMUM PENALTIES - ADDITIONAL INFORMATION OR COMMENTS

Total # of Counts 15

Set	Title & Section/Offense Level (Petty = 1 / Misdemeanor = 3 / Felony = 4)	Description of Offense Charged	Felony/Misd.
1	18 U.S.C. § 1349	Conspiracy to Commit Health Care Fraud	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Max.	10 years imprisonment; \$250,000 fine;	Supervised Release: 3 Years; \$100 Special Assessment	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
2-15	18 U.S.C. § 1347	Health Care Fraud	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Max.	10 years imprisonment; \$250,000 fine;	Supervised Release: 3 Years; \$100 Special Assessment	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
		Estimated Trial Days: 3	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

Submit

Go