FILED by AW D.C.

Aug 26, 2021

ANGELA E. NOBLE CLERK U.S. DIST. CT. S.D. OF FLA. - MIAMI

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

21-80129-CR-ROSENBERG/REINHART

18 U.S.C. § 1349

IINITED	STATES	OF	A N	MERIC	Δ
UNITED	DIALES	Or 1	-211		73

vs.

GLENDA STOCKTON,

Defendant.

INFORMATION

The Acting United States Attorney charges:

GENERAL ALLEGATIONS

At all times material to this Information:

The Medicare Program

- 1. The Medicare Program ("Medicare") was a federal health care program that provided free or below-cost health care benefits to individuals who were sixty-five years of age or older or 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. Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."
- 2. Medicare was a "health care benefit program," as defined by Title 18, United States Code, Section 24(b).
- 3. Medicare was subdivided into multiple program "parts." Medicare Part A covered health care services provided by hospitals, skilled nursing facilities, hospices, and home health

agencies. Medicare Part B covered physician services and outpatient care, including an individual's access to durable medical equipment ("DME"), such as orthotic devices and wheelchairs.

Durable Medical Equipment

- 4. Orthotic devices were a type of DME that included rigid and semi-rigid devices, such as knee braces, back braces, shoulder braces, and wrist braces.
- 5. DME companies, physicians, and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare "providers." To participate in Medicare, providers were required to submit an application in which the providers agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A health care provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to beneficiaries.
- 6. Enrolled Medicare providers agreed to abide by the policies, procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers were required to abide by the Anti-Kickback Statute and other laws and regulations. Providers were given access to Medicare manuals and services bulletins describing billing procedures, rules, and regulations.
- 7. Medicare reimbursed DME companies and other providers for services and items rendered to beneficiaries. To receive payment from Medicare, providers submitted or caused the submission of claims to Medicare, either directly or through a billing company.
- 8. A Medicare claim for DME reimbursement was required to set forth, among other things, the beneficiary's name and unique Medicare identification number, the equipment provided

to the beneficiary, the date the equipment was provided, the cost of the equipment, and the name and unique physician identification number of the physician who prescribed or ordered the equipment.

9. A claim for DME submitted to Medicare qualified for reimbursement only if it was medically necessary for the treatment of the beneficiary's illness or injury and prescribed by a licensed physician, and accompanied by a completed prescription for braces and other Medicare-required documents (collectively referred to as "doctors' orders").

The Defendant, A Related Entity, And Individuals

- 10. Ark Medical Associates, LLC ("Ark") was a Florida company with its principal place of business in St. Lucie County, in the Southern District of Florida.
- 11. Defendant **GLENDA STOCKTON**, a resident of St. Lucie County, was an owner and operator of Ark.
 - 12. Christine Pawlak, a resident of Palm Beach County, was a consultant for Ark.
 - 13. Co-Conspirator 1, a resident of St. Lucie County, was a co-owner of Ark.

CONSPIRACY TO COMMIT HEALTH CARE FRAUD (18 U.S.C. § 1349)

From in or around August 2019, and continuing through in or around October 2020, in St. Lucie and Palm Beach Counties, in the Southern District of Florida, and elsewhere, the defendant,

GLENDA STOCKTON,

did knowingly and willfully, that is, with the intent to further the object of the conspiracy, combine, conspire, confederate, and agree with Christine Pawlak, Co-Conspirator 1, and with others known and unknown to the Acting United States Attorney, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code,

Section 24(b), that is, Medicare, 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, said health care benefit program, 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 of the Conspiracy

14. It was a purpose of the conspiracy for the defendant and her co-conspirators to unlawfully enrich themselves by, among other things: (a) paying kickbacks and bribes in exchange for signed doctors' orders for DME prescribed to Medicare beneficiaries that were medically unnecessary, not eligible for reimbursement, and/or not provided as represented; (b) submitting and causing the submission of false and fraudulent claims to Medicare; (c) concealing and causing the concealment of false and fraudulent claims to Medicare; and (d) diverting fraud proceeds for their personal use and benefit, the use and benefit of others, and to further the fraud.

Manner and Means of the Conspiracy

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

15. **GLENDA STOCKTON** and her co-conspirators submitted and caused to be submitted a Medicare enrollment application on behalf of Ark that concealed Co-Conspirator 1's co-ownership of Ark, instead identifying **STOCKTON** as the sole owner of Ark, and falsely certified to Medicare that Ark would comply with all federal laws and regulations, including that it would not knowingly present and cause to be presented a false and fraudulent claim for payment by a federal health care program and that it would comply with the federal Anti-Kickback Statute.

- 16. **GLENDA STOCKTON**, Co-Conspirator 1, and their co-conspirators paid kickbacks and bribes to purported "marketers," telemedicine companies, and others in exchange for the referral of doctors' DME orders for Medicare beneficiaries. In many instances, the DME ordered for these beneficiaries were medically unnecessary. The doctors who signed the orders purchased by defendant and her co-conspirators often signed them regardless of medical necessity, in the absence of a pre-existing doctor-patient relationship, without a physical examination, and/or frequently based solely on a short telephonic conversation or without any conversation with the Medicare beneficiary.
- 17. **GLENDA STOCKTON**, Co-Conspirator 1, and their co-conspirators disguised the nature and source of these kickbacks and bribes through fraudulent invoices that falsely described the payments as compensation for "marketing" or similar services.
- 18. **GLENDA STOCKTON** and her co-conspirators, through Ark, submitted and caused the submission of false and fraudulent claims to Medicare in the approximate amount of \$114,560, and received reimbursement in the approximate amount of \$44,142, for DME that was:

 (a) procured through the payment of kickbacks and bribes; (b) medically unnecessary and ineligible for Medicare reimbursement; and/or (c) not provided as represented.

19. **GLENDA STOCKTON** and her co-conspirators diverted fraud proceeds from the scheme 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, Section 1349.

JUAN ANTONIO GONZALEZ

ACTING UNITED STATES ATTORNEY SOUTHERN DISTRICT OF FLORIDA

JOSEPH BEEMSTERBOER, ACTING CHIEF CRIMINAL DIVISION, FRAUD SECTION U.S. DEPARTMENT OF JUSTICE

ALLAN MEDINA
DEPUTY CHIEF
CRIMINAL DIVISION, FRAUD SECTION
U.S. DEPARTMENT OF JUSTICE

By:

EMILY GURSKISV
TRIAL ATTORNEY
CRIMINAL DIVISION FR

CRIMINAL DIVISION, FRAUD SECTION U.S. DEPARTMENT OF JUSTICE

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA	CASE NO		
v.			
GLENDA STOCKTON,	CERTIFICATE OF TRIAL ATTORNEY* Superseding Case Information:		
Defendant/	-		
Court Division: (Select One) Miami Key West FTL WPB FTP	New defendant(s) Yes No Number of new defendants Total number of counts		
 I have carefully considered the allegations of witnesses and the legal complexities of the Ir 	the indictment, the number of defendants, the number of probable adictment/Information attached hereto.		
setting their calendars and scheduling crimin	this statement will be relied upon by the Judges of this Court in al trials under the mandate of the Speedy Trial Act,		
Title 28 U.S.C. Section 3161.			
3. Interpreter: (Yes or No) No			
List language and/or dialect			
4. This case will take 0 days for the parties			
5. Please check appropriate category and type of			
(Check only one) I 0 to 5 days II 6 to 10 days III 11 to 20 days IV 21 to 60 days V 61 days and over	(Check only one) Petty Minor Misdemeanor Felony		
6. Has this case previously been filed in this Di			
If yes: Judge	Case No		
(Attach copy of dispositive order) Has a complaint been filed in this matter? (Y	Ves or No.) No.		
If yes: Magistrate Case No.			
Related miscellaneous numbers:			
Defendant(s) in federal custody as of			
Defendant(s) in state custody as of			
Rule 20 from the District of			
Is this a potential death penalty case? (Yes or			
7. Does this case originate from a matter pendi August 9, 2013 (Mag. Judge Alicia O. Valle)	ng in the Central Region of the U.S. Attorney's Office prior to ()? (Yes or No) No		
August 8, 2014 (Mag. Judge Shaniek Mayna			
Does this case originate from a matter pendi October 3, 2019 (Mag. Judge Jared Strauss)	ng in the Central Region of the U.S. Attorney's Office prior to ? (Yes or No) No		

EMILY GORSKIS
DOJ Trial Attorney

Court ID No.

A5502499

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Nan	ne: GLENDA STOCKTON
Case No:	
Count #: 1	
Title 18, Unite	ed States Code, Section 1349
Conspiracy to	Commit Health Care Fraud
*Max Penalty:	Ten (10) years' imprisonment
*Refers only to 1	possible term of incarceration, does not include possible fines, restitution,

^{*}Refers only to possible term of incarceration, does not include possible fines, restitution, special assessments, parole terms, or forfeitures that may be applicable.

UNITED STATES DISTRICT COURT

for the

Southern District of Florida

United States of America)	
v.	í	Case No.
)	
Glenda Stockton,	.)	
Defendant)	
WAIVER	OF AN IN	TDICTMENT
I understand that I have been accused of one o year. I was advised in open court of my rights and the		enses punishable by imprisonment for more than one the proposed charges against me.
After receiving this advice, I waive my right to information.	o prosecuti	ion by indictment and consent to prosecution by
Date:		
		Defendant's signature
		Signature of defendant's attorney
		Juan de Jesus Gonzalz, Esq.
		Printed name of defendant's attorney
		Judge's signature

Judge's printed name and title