



# Department of Justice

United States Attorney Robert Pitman  
Western District of Texas

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FOR IMMEDIATE RELEASE  
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## **THREE ARRESTED IN SAN ANTONIO HEALTH CARE FRAUD INVESTIGATION**

### *Investigation Focused on Fraudulent Medicare and Medicaid Billing Scheme*

In San Antonio today, federal and state authorities arrested 38-year-old Andey Gray of San Antonio, owner of Crown Consulting and Billing, as well as 54-year-old Michael Farris and 47-year-old Sherry Trouten of Castroville, Texas, directors of Tejas Ambulance, Inc. (Tejas) in connection with an estimated \$2.5 million fraudulent Medicare and Medicaid billing scheme announced United States Attorney Robert Pitman, FBI San Antonio Division Special Agent in Charge Armando Fernandez, HHS-OIG Dallas Regional Office Special Agent in Charge Mike Fields and Texas Attorney General Greg Abbott.

The defendants are charged in a 13-count federal grand jury indictment returned on Wednesday and unsealed today. The indictment charges the defendants with ten counts of health care fraud and two counts of theft or embezzlement in connection with health care fraud. In addition, Farris is charged with one count of making a false statement.

According to the indictment, Farris and Trouten worked for different ambulance companies—Farris, as Director of Medina Valley Emergency Medical Services (Medina Valley), Director of Tejas and Interim Director for Community Emergency Medical Services, Inc. (Community); Trouten, as an administrator for Community, bookkeeper for Medina Valley and business manager for Tejas. Gray, through his business, processed medical claims for Medina Valley, Community and Tejas.

The indictment alleges that in March 2011, Farris and Trouten began surreptitiously diverting Medina Valley and Community incoming calls for service to Tejas Ambulance. Because Tejas Ambulance was not an authorized Medicare or Medicaid provider, the defendants began using numbers assigned to other entities, including Medina Valley and Community, to fraudulently submit claims for ambulance services either performed by Tejas, or not even performed at all. The indictment further alleges that the defendants then embezzled those Medicare and Medicaid funds from Medina Valley and Community, diverting them to Tejas Ambulance and ultimately, to themselves. As a result of the defendants' scheme, Medicare and Medicaid paid just under \$600,000 for claims that were not qualified for reimbursement from Medicare and Medicaid.

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**Tejas Ambulance Service indictment press release**

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Upon conviction, the defendants face up to ten years in federal prison per health care fraud related count. Farris is also subject to a maximum of five years in federal prison upon conviction of the false statement charge.

This case was investigated by the Texas Attorney General's Medicaid Fraud Control Unit together with the Federal Bureau of Investigation, U.S. Department of Health and Human Services Office of Inspector General and the U.S. Department of Labor, Employee Benefits Security Administration. Special Assistant United States Attorney Kimberly Johnson is prosecuting this case on behalf of the Government.

**An indictment is merely a charge and should not be considered as evidence of guilt. The defendants are presumed innocent until proven guilty in a court of law.**

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