

Sep 1, 2021

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

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
**21-80134-CR-CANNON/REINHART**  
Case No. \_\_\_\_\_

18 U.S.C. § 1349

18 U.S.C. § 371

18 U.S.C. § 982

UNITED STATES OF AMERICA

vs.

CHRISTINE PAWLAK,

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 suppliers, 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, CMS Form 855S, which contained a certification that stated:

I agree to abide by the Medicare laws, regulations and program instructions that apply to me or to the organization listed in Section 1B of this application. The Medicare laws, regulations, and program instructions are available through the fee-for-service contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations and program instructions[,] including, but not limited to, the Federal Anti-Kickback Statute, 42 U.S.C. section 1320a-7b(b)[.]

I will not knowingly present or cause to be presented a false or fraudulent claim for payment by Medicare, and will not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.

6. CMS Form 855S also required applicants to disclose to Medicare any individual or organization with an ownership interest, partnership interest, or managing control of a DME supplier. This included: (i) all individuals and organizations with five percent or more of an ownership stake, either direct or indirect, in the DME supplier; (ii) all individuals or organizations with a partnership interest in the DME supplier, regardless of the partner's percentage of

ownership; (iii) all organizations with “managing control” of the DME supplier; and (iv) all “managing employees.”

7. Form CMS-855S defined an organization with “managing control” of a DME supplier as “[a]ny organization that exercises operational or managerial control” over the DME supplier, or “conducts the day-to-day operations” of the DME supplier. Form CMS-855S defined “managing employee” as “a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations” of the DME supplier, “either under contract or through some other arrangement, whether or not the individual is a W-2 employee” of the DME supplier.

8. Form CMS-855S also required the disclosure of “Adverse Legal Actions” against individuals or organizations with an ownership interest, partnership interest, or managing control of a DME supplier. Form CMS-855S defined “Adverse Legal Actions” as, among other things, any federal or state felony conviction within the previous ten years, and any felony or misdemeanor conviction, under federal or state law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

9. 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.

10. 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 service bulletins describing billing procedures, rules, and regulations.

11. 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.

12. 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.

13. 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, Related Entities, and Individuals**

14. Alpha & Omega Medical Supplies, LLC ("Alpha & Omega") was a Florida company with its principal place of business in Palm Beach County, Florida.

15. Anointed Medical Supplies, LLC ("Anointed") was a Florida company with its principal place of business in Martin County, Florida.

16. Integrative Medical Solutions, LLC ("Integrative") was a Florida company with its principal place of business in Palm Beach County, Florida.

17. JC Medical Equipment, LLC ("JC Medical") was a Florida company with its principal place of business in Martin County, Florida.

18. LJ Medical Supplies, LLC ("LJ Medical") was a Florida company with its principal place of business in Palm Beach County, Florida.

19. RX Licensing and Accreditations, LLC (“RX Licensing”) was a Florida company with its principal place of business in Palm Beach County, Florida.

20. Trinity Medical Solutions, LLC (“Trinity”) was a Florida company with its principal place of business in Palm Beach County, Florida.

21. **CHRISTINE PAWLAK** was a resident of Palm Beach County; the owner of RX Licensing; an owner and operator of JC Medical, Trinity, and Alpha & Omega; and a consultant for Anointed, Integrative, and LJ Medical.

22. Frank Bianco was a resident of Martin County, Florida and an owner and operator of Anointed.

23. Co-Conspirator 1 was a resident of St. Lucie County and an owner and operator of Anointed, Integrative, JC Medical, and LJ Medical.

24. Co-Conspirator 2 was a resident of Palm Beach County and an owner and operator of Trinity.

25. Individual 1 was a resident of St. Lucie County.

26. Individual 2 was a resident of Palm Beach County.

**COUNT 1**  
**Conspiracy To Commit Health Care Fraud**  
**(18 U.S.C. § 1349)**

1. The General Allegations section of this Information is re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around April 2016, and continuing through in or around October 2020, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

**CHRISTINE PAWLAK,**

did knowingly and willfully, that is, with the intent to further the object of the conspiracy, combine,

conspire, confederate, and agree with Frank Bianco, Co-Conspirator 1, Co-Conspirator 2, and 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**

3. It was a purpose of the conspiracy for the defendant and her co-conspirators to unlawfully enrich themselves by, among other things: (a) establishing DME companies and enrolling DME companies in Medicare in the names of straw owners to conceal the identities of the true owners of the DME companies; (b) 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; (c) submitting and causing the submission of false and fraudulent claims to Medicare; (d) concealing and causing the concealment of false and fraudulent claims to Medicare; and (e) 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:

4. **CHRISTINE PAWLAK**, through her consulting company RX Licensing, established DME companies; enrolled DME companies in Medicare as DME providers; and

provided purported consulting services to DME providers, including Anointed, Integrative, and LJ Medical.

5. **CHRISTINE PAWLAK** and Co-Conspirator 1 negotiated the purchase of doctors' orders in exchange for kickbacks on behalf of DME companies, including LJ Medical, and sought to conceal these illegal kickback payments from the listed owners of LJ Medical by falsely characterizing the kickback payments as legitimate "marketing" expenses.

6. **CHRISTINE PAWLAK** additionally owned and operated her own DME companies, including Alpha & Omega, JC Medical, and Trinity, for the purpose of submitting false and fraudulent claims to Medicare for DME that was procured through kickbacks, medically unnecessary, and/or otherwise ineligible for Medicare reimbursement.

7. **CHRISTINE PAWLAK** intentionally concealed her ownership of Alpha & Omega, JC Medical, and Trinity in Medicare enrollment applications that she submitted to enroll each company in the Medicare program as DME providers.

8. **CHRISTINE PAWLAK** submitted certifications to Medicare certifying that the DME companies for whom she submitted enrollment applications, including Alpha & Omega, Anointed, Integrative, JC Medical, LJ, Medical, and Trinity, would comply with all federal laws and regulations, including that they would not knowingly present and cause to be presented a false and fraudulent claim for payment by a federal health care program and that they would comply with the federal Anti-Kickback Statute.

9. **CHRISTINE PAWLAK**, Co-Conspirator 1, Co-Conspirator 2, and their co-conspirators, through Alpha & Omega, Anointed, Integrative, JC Medical, LJ Medical, and Trinity submitted false and fraudulent claims to Medicare in the approximate amount of \$4,129,428, and received Medicare reimbursement in the approximate amount of \$1,653,737, 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.

10. **CHRISTINE PAWLAK**, Frank Bianco, Co-Conspirator 1, Co-Conspirator 2, and their 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.

**COUNT 2**  
**Conspiracy To Make A False Statement Relating To Health Care Matters**  
**(18 U.S.C. § 371)**

1. The General Allegations section of this Information is re-alleged and incorporated by reference as though fully set forth herein.

2. Beginning in or around April 2016, and continuing through in or around October 2020, in Palm Beach County, in the Southern District of Florida, and elsewhere, the defendant,

**CHRISTINE PAWLAK,**

did knowingly and willfully, that is, with the intent to further the objects of the conspiracy, combine, conspire, confederate and agree with others known and unknown to the Acting United States Attorney to defraud the United States by impairing, impeding, obstructing, and defeating through deceitful and dishonest means, the lawful government functions of the United States Department of Health and Human Services in its administration and oversight of the Medicare program, and to commit certain offenses against the United States, that is, to violate Title 18, United States Code, Section 1035(a)(2), by knowingly and willfully making any materially false, fictitious, and fraudulent statements and representations, and making and using any materially false writing and document knowing the same to contain any materially false, fictitious, and



fraudulent statement and entry, in connection with the delivery of and payment for health care benefits, items, and services.

**Purpose of the Conspiracy**

3. It was the purpose of the conspiracy for **CHRISTINE PAWLAK** and her co-conspirators to unlawfully enrich themselves by concealing the true ownership interests in certain DME companies enrolled in the Medicare program, often because the true owner was a convicted felon and thus ineligible to operate as a Medicare provider.

**Manner and Means of the Conspiracy**

The Manner and Means section of the conspiracy charged in Count 1 of this Information is hereby incorporated by reference as though fully set forth herein to describe the Manner and Means of the conspiracy.

**Overt Acts**

In furtherance of the conspiracy, and to accomplish its objects and purpose, at least one of the co-conspirators committed and caused to be committed in Palm Beach County, in the Southern District of Florida, and elsewhere, at least one of the following overt acts, among others:

4. On or about March 5, 2019, **CHRISTINE PAWLAK** submitted a Form CMS-855S Medicare Enrollment Application for JC Medical, concealing the fact that **PAWLAK** was an owner of JC Medical, by falsely identifying Co-Conspirator 1 as the sole owner of JC Medical instead.

5. On or about April 22, 2019, **CHRISTINE PAWLAK** submitted a Form CMS-855S Medicare Enrollment Application for Trinity, concealing the fact that **PAWLAK** was an owner of Trinity, by falsely identifying Co-Conspirator 2 as the sole owner of Trinity instead.

6. On or about December 13, 2019, **CHRISTINE PAWLAK** submitted a Form

CMS-855S Medicare Enrollment Application for Anointed, concealing the fact that Frank Bianco and Co-Conspirator 1 were the owners of Anointed, by falsely identifying Individual 1 as the sole owner instead.

7. On or about June 25, 2020, **CHRISTINE PAWLAK** submitted a Form CMS-855S Medicare Enrollment Application for Alpha & Omega, concealing the fact that **PAWLAK** was an owner of Alpha & Omega, by falsely identifying Individual 2 as the sole owner of Alpha & Omega instead.

All in violation of Title 18, United States Code, Section 371.

**FORFEITURE**  
**(18 U.S.C. § 982)**

1. The allegations of this Information are hereby re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of certain property in which the defendant, **CHRISTINE PAWLAK**, has an interest.

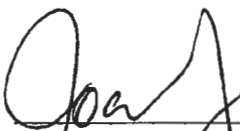
2. Upon conviction of the violation of Title 18, United States Code, Section 1349 or Section 371, as alleged in this Information, the defendant shall forfeit to the United States any property, real or personal, which constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. The property subject to forfeiture as a result of the alleged offense includes, but is not limited to, the following: the sum of at least \$323,894 in United States currency, which amount is equal to the gross proceeds traceable to the commission of the offense alleged in this Information, which the United States will seek as a forfeiture money judgment. If any of the property described above, as a result of any act or omission of a defendant:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred, 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,

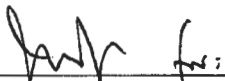
the United States shall be entitled to forfeiture of substitute property pursuant to Title 21, United States Code, Section 853(p).

All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth in Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code Section 982(b)(1).

  
\_\_\_\_\_  
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 GURSKIS  
TRIAL ATTORNEY  
CRIMINAL DIVISION, FRAUD SECTION  
U.S. DEPARTMENT OF JUSTICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA

CASE NO. \_\_\_\_\_

v.

CHRISTINE PAWLAK,

**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   \_\_\_\_\_

1. I have carefully considered the allegations of the indictment, the number of defendants, the number of probable witnesses and the legal complexities of the Indictment/Information attached hereto.
2. I am aware that the information supplied on this statement will be relied upon by the Judges of this Court in setting their calendars and scheduling criminal 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 to try.
5. Please check appropriate category and type of offense listed below:

- (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 District Court? (Yes or No) **No** \_\_\_\_\_

If yes: Judge \_\_\_\_\_ Case No. \_\_\_\_\_

(Attach copy of dispositive order)

Has a complaint been filed in this matter? (Yes 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 \_\_\_\_\_

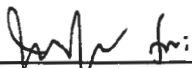
Rule 20 from the District of \_\_\_\_\_

Is this a potential death penalty case? (Yes or No) **No** \_\_\_\_\_

7. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to August 9, 2013 (Mag. Judge Alicia O. Valle)? (Yes or No) **No** \_\_\_\_\_

8. Does this case originate from a matter pending in the Northern Region of the U.S. Attorney's Office prior to August 8, 2014 (Mag. Judge Shaniek Maynard)? (Yes or No) **No** \_\_\_\_\_

9. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to October 3, 2019 (Mag. Judge Jared Strauss)? (Yes or No) **No** \_\_\_\_\_

  
 \_\_\_\_\_  
**EMILY GURSKIS**  
 DOJ Trial Attorney  
 Court ID No.    A5502499

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: CHRISTINE PAWLAK

Case No: \_\_\_\_\_

Count #: 1

Title 18, United States Code, Section 1349

Conspiracy to Commit Health Care Fraud

\*Max Penalty: Ten (10) years' imprisonment

Count #: 2

Title 18, United States Code, Section 371

Conspiracy to Make False Statements Relating to Health Care Matters

\*Max Penalty: Five (5) years' imprisonment

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

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**UNITED STATES DISTRICT COURT**  
for the  
Southern District of Florida

United States of America

v.

Christine Pawlak,

*Defendant*

)  
)  
)  
)  
)

Case No.

**WAIVER OF AN INDICTMENT**

I understand that I have been accused of one or more offenses punishable by imprisonment for more than one year. I was advised in open court of my rights and the nature of the proposed charges against me.

After receiving this advice, I waive my right to prosecution by indictment and consent to prosecution by information.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Defendant's signature*

\_\_\_\_\_  
*Signature of defendant's attorney*

LYNSEY BARRON, ESQ.

\_\_\_\_\_  
*Printed name of defendant's attorney*

\_\_\_\_\_  
*Judge's signature*

\_\_\_\_\_  
*Judge's printed name and title*