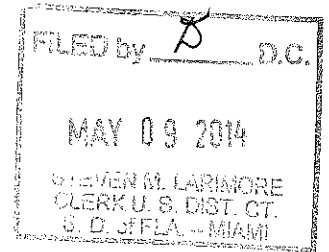


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 14-CR-20292-SCOLA(s)
18 U.S.C. § 371
18 U.S.C. § 1349
18 U.S.C. § 1347
42 U.S.C. § 1320a-7b(b)(1)(A)
42 U.S.C. § 1320a-7b(b)(2)(B)
18 U.S.C. § 2
18 U.S.C. § 982



UNITED STATES OF AMERICA

vs.

JOEL DIAZ REYES and
MIGUEL GONZALEZ,

Defendants.

SCANNED

SUPERSEDING INDICTMENT

The Grand Jury charges that:

GENERAL ALLEGATIONS

At all times material to this Superseding Indictment:

The Medicare Program

1. 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 ("CMS"), oversaw and administered Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare "beneficiaries."

2. Medicare programs covering different types of benefits were separated into different program "parts." Part D of Medicare subsidized the costs of prescription drugs for

Medicare beneficiaries in the United States. It was enacted a part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and went into effect on January 1, 2006.

3. In order to receive Part D benefits, a beneficiary enrolled in a Medicare drug plan. Medicare drug plans were operated by private companies approved by Medicare. Those companies were often referred to as drug plan “sponsors.” A beneficiary in a Medicare drug plan could fill a prescription at a pharmacy and use his or her plan to pay for some or all of the prescription.

4. A pharmacy could participate in Part D by entering a retail network agreement with one or more Pharmacy Benefit Managers (“PBMs”). Each PBM acted on behalf of one or more Medicare drug plans. Through a plan’s PBM, a pharmacy could join the plan’s network. When a Part D beneficiary presented a prescription to a pharmacy, the pharmacy submitted a claim to the PBM that represented the beneficiary’s Medicare drug plan. The PBM determined whether the pharmacy was entitled to payment for each claim and periodically paid the pharmacy for outstanding claims. The drug plan’s sponsor reimbursed the PBM for its payments to the pharmacy.

5. A pharmacy could also submit claims to a Medicare drug plan to whose network the pharmacy did not belong. Submission of such out-of-network claims was not common and often resulted in smaller payments to the pharmacy by the drug plan sponsor.

6. Medicare, through CMS, compensated the Medicare drug plan sponsors. Medicare paid the sponsors a monthly fee for each Medicare beneficiary of the sponsors’ plans. Such payments were called capitation fees. The capitation fees were adjusted periodically based on various factors, including the beneficiary’s medical condition. In addition, in some cases where a sponsor’s expenses for a beneficiary’s prescription drugs exceeded that beneficiary’s

capitation fee, Medicare reimbursed the sponsor for a portion of those additional expenses.

7. Medicare and Medicare Part D drug plan sponsors were “health care benefit program[s],” as defined by Title 18, United States Code, Section 24(b).

Medicare Drug Plan Sponsors

8. United Healthcare Insurance Company (“United”), Pennsylvania Life Insurance Company (“Penn Life”), SilverScript Insurance Company (“Silverscript”), and United Healthcare New York (“United NY”) were Medicare drug plan sponsors.

The Defendants, and a Related Company

9. La Giralilla Pharmacy, Inc. was a Florida corporation, incorporated on or about August 13, 2008, that did business in Miami-Dade County. On or about December 19, 2008, its name was changed to Santa Barbara Pharmacy, Inc. (“Santa Barbara”), and it continued to do business in Miami-Dade County, purportedly providing prescription drugs to Medicare beneficiaries.

10. **JOEL DIAZ REYES**, a resident of Miami-Dade County, was an employee of Santa Barbara.

11. **MIGUEL GONZALEZ**, a resident of Miami-Dade County, was an employee of Santa Barbara.

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

1. Paragraphs 1 through 11 of the General Allegations section of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. Beginning in or around December 2009, and continuing through in or around December 2013, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the

defendants,

**JOEL DIAZ REYES and
MIGUEL GONZALEZ,**

did knowingly and wilfully combine, conspire, confederate and agree with each other and others known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, 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, United. Penn Life, Silverscript, and United NY, and to obtain, by means of materially false and fraudulent pretenses, money and property owned by, and under the control of these health care benefit programs, in connection with the delivery of and payment for health care benefits, items, and services.

Purpose of the Conspiracy

3. It was a purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims; and (c) diverting the fraud proceeds for their personal use and benefit, and the use and benefit of others, and to further the fraud.

Manner and Means of the Conspiracy

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

4. **JOEL DIAZ REYES** and **MIGUEL GONZALEZ** recruited Medicare beneficiaries to Santa Barbara in order to cause the submission of false and fraudulent claims to Medicare prescription drug plan sponsors for drugs that were not medically necessary and were never provided.

5. **JOEL DIAZ REYES** and **MIGUEL GONZALEZ** offered and paid kickbacks

and bribes to Medicare beneficiaries so that Santa Barbara could bill Medicare for prescription drugs that were not medically necessary and were never provided.

6. **JOEL DIAZ REYES, MIGUEL GONZALEZ** and their co-conspirators caused false and fraudulent prescriptions to be created for Medicare beneficiaries for the purpose of submitting false and fraudulent prescription drug claims under Medicare Part D through Santa Barbara.

7. **JOEL DIAZ REYES, MIGUEL GONZALEZ** and their co-conspirators submitted and caused Santa Barbara to submit prescription drug claims that falsely and fraudulently represented that various health care benefits, primarily prescription drugs, were medically necessary, prescribed by a doctor, and provided by Santa Barbara to Medicare beneficiaries.

8. As a result of such false and fraudulent prescription drug claims, Medicare and Medicare prescription drug plan sponsors, including United, Penn Life, Silverscript, and United NY, through their PBMs, made overpayments funded by Medicare to Santa Barbara.

All in violation of Title 18, United States Code, Section 1349.

COUNTS 2-7
Health Care Fraud
(18 U.S.C. § 1347)

1. Paragraphs 1 through 11 of the General Allegations section of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around December 2009, and continuing through in or around December 2011, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

JOEL DIAZ REYES and
MIGUEL GONZALEZ,

as described below, in connection with the delivery of and payment for health care benefits, items,

and services, did knowingly and willfully execute, and attempt 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, United, Penn Life, Silverscript, and United NY, 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, these health care benefit programs.

Purpose of the Scheme and Artifice

3. It was a purpose of the scheme and artifice for the defendants and their accomplices to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent prescription drug claims to health care benefit programs; (b) concealing the submission of false and fraudulent prescription drug claims to healthcare benefit programs, and the receipt and transfer of proceeds; and (c) diverting fraud proceeds for the personal use and benefit of themselves and others.

The Scheme and Artifice

4. The allegations contained in paragraphs 4 through 8 of the Manner and Means section of Count 1 of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

Acts in Execution or Attempted Execution of the Scheme and Artifice

5. On or about the dates set forth as to each count below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants, **JOEL DIAZ REYES** and **MIGUEL GONZALEZ**, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud health care benefit programs affecting commerce,

as defined by Title 18, United States Code, Section 24(b), that is, Medicare, and various Medicare drug plan sponsors United, Penn Life, Silverscript, and United NY, 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 programs, in that the defendant submitted and caused the submission of false and fraudulent claims seeking the identified dollar amounts, and representing that Santa Barbara provided pharmaceutical items and service to Medicare beneficiaries pursuant to physicians' orders and prescriptions:

Count	Defendant	Approx. Date of Submission of Claim	Medicare Beneficiary	Medicare Drug Plan Sponsor	Item Claimed; Approx. Amount Claimed
2	JOEL DIAZ REYES	3/12/2011	A.H.	United & United NY	Novolin Inj 70/30; \$59
3	JOEL DIAZ REYES	6/4/2011	A.H.	Silverscript	Seroquel XR Tab 50mg; \$146
4	JOEL DIAZ REYES	6/22/2011	E.C.P.	United	Bupropion HCL Tab 300mg XL; \$74
5	JOEL DIAZ REYES	8/13/2011	E.C.P.	United	Bupropion HCL Tab 300mg XL; \$74
6	MIGUEL GONZALEZ	06/27/2012	E.C.P.	United	Budeprion XL Tab 300mg; \$66
7	MIGUEL GONZALEZ	07/24/2012	E.C.P.	United	Budeprion XL Tab 300mg; \$66

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

COUNT 8
Conspiracy to Pay and Receive Health Care Kickbacks
(18 U.S.C. § 371)

1. Paragraphs 1 through 11 of the General Allegations section of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. From at least as early as in or around December 2009, and continuing through in or around December 2013, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

JOEL DIAZ REYES and
MIGUEL GONZALEZ,

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, and agree with each other and others known and unknown to the Grand Jury, to commit certain offenses against the United States, that is:

a. to violate Title 42, United States Code, Section 1320a-7b(b)(1)(A), by knowingly and willfully soliciting and receiving any remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item and service for which payment may be made in whole or in part by a Federal health care program, that is, Medicare;

b. to violate Title 42, United States Code, Section 1320a-7b(b)(2)(B), by knowingly and willfully offering and paying any remuneration, including kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to any person to induce such person to purchase, order, and arrange for and recommend purchasing and ordering of any good, service, and item for which payment may be made in whole or in part by a Federal health care program, that is, Medicare.

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by: (1) offering, paying, soliciting and receiving kickbacks and bribes in return for referring beneficiaries to Santa Barbara to serve as patients; (2) offering, paying, soliciting and receiving kickbacks and bribes in return for serving as patients of Santa Barbara; and (3) using the beneficiary information to obtain payment from Medicare for prescription drugs purportedly provided to the beneficiaries.

Manner and Means of the Conspiracy

The manner and means by which the defendants and their co-conspirators sought to accomplish the objects and purpose of the conspiracy included, among others, the following:

4. **JOEL DIAZ REYES** and **MIGUEL GONZALEZ** each kept a ledger in order to track the payment of kickbacks to themselves and their recruited patients.

5. **JOEL DIAZ REYES, MIGUEL GONZALEZ,** and others used the beneficiary information obtained through the payment of bribes and kickbacks to cause Santa Barbara to submit prescription drug claims to Medicare and the other Medicare drug plan sponsors.

6. **JOEL DIAZ REYES, MIGUEL GONZALEZ,** and others caused Medicare to pay Santa Barbara based upon the prescription drug claims submitted using the beneficiaries' information.

7. **JOEL DIAZ REYES, MIGUEL GONZALEZ,** and others solicited and accepted kickbacks and bribes for referring beneficiaries to Santa Barbara to serve as patients.

8. **JOEL DIAZ REYES, MIGUEL GONZALEZ,** in violation of Medicare rules and regulations, offered and paid kickbacks and bribes to beneficiaries in return for the beneficiaries serving as patients receiving prescription drugs from Santa Barbara.

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 the Southern District of Florida, at least one of the following overt acts, among others:

1. In or around March 2011, **JOEL DIAZ REYES** paid beneficiary A.H. approximately \$200 cash as a kickback for serving as a patient.

2. On or about March 15, 2011, **JOEL DIAZ REYES** received approximately \$4,747 by check as a kickback.

3. On or about March 21, 2011, **JOEL DIAZ REYES** received approximately \$3,722 by check as a kickback.

4. On or about March 24, 2011, **JOEL DIAZ REYES** received approximately \$4,801 by check as a kickback.

5. On or about March 25, 2011, **JOEL DIAZ REYES** received approximately \$4,871 by check as a kickback.

6. On or about March 31, 2011, **JOEL DIAZ REYES** received approximately \$2,231 by check as a kickback.

7. In or around May 2011, **JOEL DIAZ REYES** paid beneficiary R.P. approximately \$200 cash as a kickback for serving as a patient.

8. In or around June 2011, **JOEL DIAZ REYES** paid beneficiary E.C.P. approximately \$52 cash as a kickback for serving as a patient.

9. In or around June 2011, **JOEL DIAZ REYES** paid beneficiary A.H. approximately \$200 cash as a kickback for serving as a patient.

10. In or around August 2011, **JOEL DIAZ REYES** paid beneficiary E.C.P. approximately \$52 cash as a kickback for serving as a patient.

11. In or around August 2011, **JOEL DIAZ REYES** paid beneficiary A.H. approximately \$200 cash as a kickback for serving as a patient.

12. In or around June 2012, **MIGUEL GONZALEZ** paid beneficiary E.C.P. approximately \$52 cash as a kickback for serving as a patient.

13. In or around July 2012, **MIGUEL GONZALEZ** paid beneficiary E.C.P. approximately \$52 cash as a kickback for serving as a patient.

14. In or around July 2012, **MIGUEL GONZALEZ** paid beneficiary R..P. approximately \$200 cash as a kickback for serving as a patient.

15. On or about July 12, 2012, **MIGUEL GONZALEZ** received approximately \$3,000 by check as a kickback.

16. On or about July 28, 2012, **MIGUEL GONZALEZ** received approximately \$6,000 by check as a kickback.

17. In or around August 2012, **MIGUEL GONZALEZ** paid beneficiary R.P. approximately \$200 cash as a kickback for serving as a patient.

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

COUNTS 9-18

**Payments of Kickbacks in Connection with a Federal Health Care Program
(42 U.S.C. § 1320a-7b(b)(2)(B))**

1. Paragraphs 1 through 11 of the General Allegations section of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. In or around the dates enumerated below as to each count, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**JOEL DIAZ REYES and
MIGUEL GONZALEZ,**

as specified below, did knowingly and willfully offer and pay remuneration, that is, kickbacks and bribes, directly and indirectly, overtly and covertly, in cash and in kind, to a person to induce such person to purchase, order, and arrange for and recommend purchasing, ordering, and arranging for the furnishing of any item and service, that is, prescription drugs, for which payment may be made in whole or in part by a Federal health care program, that is, Medicare, as set forth below:

Count	Defendant	Kickback Recipient	Approx. Date	Approximate Kickback Amount
9	JOEL DIAZ REYES	E.C.P.	June 2011	\$52
10	JOEL DIAZ REYES	E.C.P.	August 2011	\$52
11	JOEL DIAZ REYES	A.H.	March 2011	\$200
12	JOEL DIAZ REYES	A.H.	June 2011	\$200
13	JOEL DIAZ REYES	R.P.	May 2011	\$200
14	JOEL DIAZ REYES	R.P.	August 2011	\$200
15	MIGUEL GONZALEZ	E.C.P.	June 2012	\$52
16	MIGUEL GONZALEZ	E.C.P.	July 2012	\$52
17	MIGUEL GONZALEZ	R.P.	July 2012	\$200
18	MIGUEL GONZALEZ	R.P.	August 2012	\$200

In violation of Title 42, United States Code, Section 1320a-7b(b)(2)(B) and Title 18, United States Code, Section 2.

COUNTS 19-25

**Receipt of Kickbacks in Connection with a Federal Health Care Program
(42 U.S.C. § 1320a-7b(b)(1)(A))**

1. Paragraphs 1 through 11 of the General Allegations section of this Superseding Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. On or about the dates enumerated below as to each count, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**JOEL DIAZ REYES and
MIGUEL GONZALEZ,**

as specified below, did knowingly and willfully solicit and receive remuneration, including any kickback and bribe, directly and indirectly, overtly and covertly, in cash and in kind, including by check, in return for referring an individual to a person for the furnishing and arranging for the furnishing of any item and service, that is, prescription drugs, for which payment may be made in whole or in part by a Federal health care program, that is, Medicare, as set forth below:

Count	Defendant	Approximate Date	Approximate Kickback Amount
19	JOEL DIAZ REYES	03/15/2011	\$4,747
20	JOEL DIAZ REYES	03/21/2011	\$3,722
21	JOEL DIAZ REYES	03/24/2011	\$4,801
22	JOEL DIAZ REYES	03/25/2011	\$4,871
23	JOEL DIAZ REYES	03/31/2011	\$2,231
24	MIGUEL GONZALEZ	07/12/2012	\$3,000
25	MIGUEL GONZALEZ	07/28/2012	\$6,000

In violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A) and Title 18, United States Code, Section 2.

FORFEITURE
(18 U.S.C. § 982 (a)(7))

1. The allegations contained in this Superseding Indictment are realleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendants **JOEL DIAZ REYES** and **MIGUEL GONZALEZ** have an interest.


2. Upon conviction of any violation of Title 18, United States Code, Sections 1347, 1349 or Title 42, United States Code, Section 1320a-7b, or any conspiracy to commit such violations, as alleged in this Superseding Indictment, the defendants so convicted shall forfeit to the United States any property, real or personal, that 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).

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, made applicable by Title 18, United States Code, Section 982(b).

A TRUE BILL
FOREPERSON



WIFREDO A. FERRER
UNITED STATES ATTORNEY



JAMES V. HAYES
ASSISTANT U.S. ATTORNEY

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

UNITED STATES OF AMERICA

CASE NO. 14-CR-20292-SCOLA(s)

vs.

CERTIFICATE OF TRIAL ATTORNEY*

**JOEL DIAZ REYES AND
MIGUEL GONZALEZ,**

Defendants.

Superseding Case Information:

Court Division: (Select One)

x Miami Key West
 FTL WPB FTP

New Defendant(s) Yes x No
Number of New Defendants 1
Total number of counts 7

I do hereby certify that:

- 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.
- 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.
- Interpreter: (Yes or No) Yes
List language and/or dialect Spanish
- This case will take 5 days for the parties to try.
- Please check appropriate category and type of offense listed below:

(Check only one)

(Check only one)

I	0 to 5 days	<u> x </u>	Petty	<u> </u>
II	6 to 10 days	<u> </u>	Minor	<u> </u>
III	11 to 20 days	<u> </u>	Misdem.	<u> </u>
IV	21 to 60 days	<u> </u>	Felony	<u> X </u>
V	61 days and over	<u> </u>		

6. Has this case been previously filed in this District Court? (Yes or No) Yes

If yes:

Judge: ROBERT N. SCOLA Case No. 14-CR-20292

(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 Northern Region of the U.S. Attorney's Office prior to October 14, 2003? Yes x No

8. Does this case originate from a matter pending in the Central Region of the U.S. Attorney's Office prior to September 1, 2007? Yes x No


James V. Hayes
ASSISTANT UNITED STATES ATTORNEY

*Penalty Sheet(s) attached

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: JOEL DIAZ REYES

Case No: 14-CR-20292-SCOLA(s)

Count #:1

Conspiracy to Commit Health Care Fraud

Title 18, United States Code, Section 1349

*Max. Penalty: Ten (10) Years' Imprisonment

Counts #:2-5

Health Care Fraud

Title 18, United States Code, Section 1347

*Max. Penalty: Ten (10) Years' Imprisonment as to each count

Count #8

Conspiracy to Pay and Receive Kickbacks

Title 18, United States Code, Section 371

*Max. Penalty: Five (5) Years' Imprisonment

Counts # 9-14

Payment of Kickbacks in Connection With a Federal Health Care Program

Title 42, United States Code, Section 1320a-7b(b)(2)(B)

*Max. Penalty: Five (5) Years' Imprisonment as to each count

Counts # 19-23

Receipt of Kickbacks in Connection With a Federal Health Care Program

Title 42, United States Code, Section 1320a-7b(b)(1)(A)

*Max. Penalty: Five (5) Years' Imprisonment as to each count

***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
SOUTHERN DISTRICT OF FLORIDA

PENALTY SHEET

Defendant's Name: MIGUEL GONZALEZ

Case No: 14-CR-20292-SCOLA(s)

Count #: 1

Conspiracy to Commit Health Care Fraud

Title 18, United States Code, Section 1349

*Max. Penalty: Ten (10) Years' Imprisonment

Counts #: 6-7

Health Care Fraud

Title 18, United States Code, Section 1347

*Max. Penalty: Ten (10) Years' Imprisonment as to each count

Count #8

Conspiracy to Pay and Receive Kickbacks

Title 18, United States Code, Section 371

*Max. Penalty: Five (5) Years' Imprisonment

Counts # 15-18

Payment of Kickbacks in Connection With a Federal Health Care Program

Title 42, United States Code, Section 1320a-7b(b)(2)(B)

*Max. Penalty: Five (5) Years' Imprisonment as to each count

Counts # 24-25

Receipt of Kickbacks in Connection With a Federal Health Care Program

Title 42, United States Code, Section 1320a-7b(b)(1)(A)

***Max. Penalty:** Five (5) Years' Imprisonment as to each count

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