

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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: INFORMATION
UNITED STATES OF AMERICA :
: 20 Cr.
- v. - :
: :
GREG MILLER, :
: :
Defendant. :
: :
- - - - - x

COUNT ONE

The United States Attorney charges:

Background on New York State No-Fault Insurance Law

1. Under the New York State no-fault insurance law, an insurance company that insures a vehicle involved in an accident is required to provide reimbursement of up to \$50,000 per vehicle occupant for the occupant's "basic economic loss." Basic economic loss includes a number of different types of medical treatments and services, on condition that these treatments and services were necessary and actually provided. Reimbursement payments are required to be made without regard to the fault of either driver, and were commonly referred to as "no-fault" coverage.

2. Under New York State law, vehicle occupants can assign their right to reimbursement from an insurance company to others, including, but not limited to, durable medical equipment ("DME") supply companies that provided DME for their injuries.

If such an assignment is made, the DME supply company, or its agent, can bill the insurance company directly for DME provided and receive payment directly from the insurance company.

3. To receive payment from an insurance company for DME, a DME supply company submits a claim form, upon which the DME supply company provides certain information, including a description of the DME supplied and a billing code for each item of DME.

4. No fault insurance plans provided by private insurance companies under New York State law are health care benefit programs within the meaning of Title 18, United States Code, Sections 24(b) and 1347.

The Scheme to Defraud

5. At all relevant times to this Information, GREG MILLER, the defendant, employed other individuals to serve as the nominal owners of at least two DME supply companies in Brooklyn (the "MILLER DME Supply Companies"), which fraudulently billed private insurance companies. In fact, MILLER was the true owner and operator of the MILLER DME Supply Companies.

6. At the direction of GREG MILLER, the defendant, the Miller DME Supply Companies submitted fraudulent bills to private insurance companies. The bills were fraudulent because, among other things, (a) the bills were for DME that was never provided to patients; (b) the bills were for DME that was

medically unnecessary; and (c) the bills were for expensive DME purportedly provided to patients when the DME in fact provided to patients was inexpensive DME.

7. Between approximately in or about October 2014 and in or about December 2019, the MILLER DME Supply Companies submitted to private insurance companies at least approximately \$9,109,803 in fraudulent billings, and the private insurance companies paid the MILLER DME Supply Companies at least approximately \$3,698,010 for these fraudulent billings.

Statutory Allegations

8. From at least in or about October 2014 through at least in or about December 2019, in the Southern District of New York and elsewhere, GREG MILLER, the defendant, and others known and unknown, willfully and knowingly, did combine, conspire, confederate, and agree together and with each other to commit health care fraud, in violation of Title 18, United States Code, Section 1347.

9. It was a part and object of the conspiracy that GREG MILLER, the defendant, and others known and unknown, knowingly and willfully, would and did execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program and to obtain, by means of false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, health care benefit programs,

as that term is defined in Title 18, United States Code, Section 24(b), to wit, no fault insurance plans provided by private insurance companies, 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, to wit, MILLER and his co-conspirators, in order to fraudulently obtain payments from said health care benefit programs to which they were not entitled, submitted and caused to be submitted numerous claims that falsely represented that certain health care benefits, items, or services had been provided to patients.

(Title 18, United States Code, Section 1349.)

FORFEITURE ALLEGATION

10. As a result of committing the offense charged in Count One of this Information, GREG MILLER, the defendant, shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of said offense, including but not limited to a sum of money in United States currency representing the amount of proceeds traceable to the commission of said offense that the defendant personally obtained.


Substitute Assets Provision

11. If any of the above-described forfeitable property, as a result of any act or omission of the defendant:

- a. cannot be located upon the exercise of due diligence;
- b. has been transferred or sold to, or deposited with, a third person;
- 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) and Title 28, United States Code, Section 2461(c), to seek forfeiture of any other property of the defendant up to the value of the above forfeitable property.

(Title 18, United States Code, Section 982;
Title 21, United States Code, Section 853; and
Title 28, United States Code, Section 2461.)



GEOFFREY S. BERMAN
United States Attorney

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(18 U.S.C. § 1349.)

GEOFFREY S. BERMAN
United States Attorney
