

NO SUMMONS ISSUED

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Sky Medical Supply Inc.
Plaintiff

CV 12 - 0383
Docket No. 0383

- against -

**Plaintiff Demands a Trial
By Jury**

SCS Support Claims Services, Inc.
Vendor Defendant

And

Tatiana Sharahy, MD, Mitchell Ehrlich, MD, Joseph C. Cole, MD, Julio Westerland, MD, George A. Gainor, MD, William A. Ross, MD, William Rosner, MD, Warren Cohen, MD, Mark Wilner, MD, Renat R. Sukhov, MD, William S. Kritzberg, MD, Robert A. Sohn, DC, Stanley Ross, MD, Mitchell L. Weisman, MD, Mark Weber, MD, Gary J. Florio, MD, Michael Leibowitz, MD, Mark Weber, MD, Vinay Das, MD, Antonio Martins, MD, Damion A. Martins, MD, M.S., Nathan Zemel, MD, Dante Brittis, MD, Mitchell Horowitz, MD, Ali Mohsin, MD, Roy Brown, MD, Yak Aranbayev, MD, Charles Bagley, MD, Eka Bass, MS, Elena Belkin, MD, Joseph Bittar, MD, Thomas Blando, MD, Lilian Bobelian, MD, Lawrence Chiaromonte, MD, Daniel Chikvashvili, MD, Timothy Chung, MD, Mari Dejesus, MD, Charlett Demarco, MD, Irving Etkind, MD, George Ettl, MD, Christopher Ferrante, DC, Brian Freindlich, DC, Oleg Fuzolav, MD, Lisa George, MD, Jonathan Glassman, MD, Mat Gottlieb, MD, James Graziano, MD, Olga Gusakov, MD, Robert Hyman, MD, Demit Karakizis, Berry Katzman, MD, Wayne Kerness, MD John Kim, MD Anna Krol, MD, Leonard Landesberg, MD, Pamela Levine, MD, Larisa N. Mikver, MD, Denis Mann, MD, Yin Faith Mao, MD, Al Maurovsky, MD, Iqbal Merchant, MD, Robert Michaels, MD, Andrew Miller, MD, Benjamin Nachamie, MD, Lisa Nason, MD, Robert Michaels, MD, Alan Ng, MD, Yakov Perper, MD, Anatoly Risman, MD, Walter Ploski, MD

Doctor Defendants

And

Patient Focus Medical Examinations, PC
d/b/a All Borough Medical, PC
Shell Company Defendant

Nationwide Management Inc.
BAB Management Inc.
ABC Management Company
DEF Management Company
True Owner Corporate Defendants

Benjamin Osiashvili aka Benjamin Osi
Mikael Oshiashvili
Svetlana Osiashvili
Aleksy Vayner a.k.a Alex Vayner
Nelly Vayner
True Owner Layperson Defendants

Linda Ackerman
Evgeniya Vakhidova
Patricia Holland
Notary A
Notary B
Notary C
Notary D
Other Defendants
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I. COMPLAINT

By this pleading, Plaintiff, by and through its counsel Gary Tsirelman, PC, brings claims against Defendants, seeking monetary damages for the following: (1) violations of the Federal Racketeering Influenced and Corrupt Organizations (RICO) Act, 18 U.S.C. §1962(c); (2) violations of the Federal Racketeering Influenced and Corrupt Organizations (RICO) Act, 18 U.S.C. §1962 (d); (3) violations of N.Y. Education Law 6507 and 6530; (3) unfair and deceptive business acts and practices under N.Y. Gen. Bus. Law §349; (4) violations of N.Y. Business Corporation Law §1507 and 1508; (5) violations of state and federal statutes regarding forgery, kickbacks and bribery; (6) violations of Article 210 of the Penal Code; (7) violations of Chapter 473 of the Laws of 2000; (8) common law fraud; and (9) aiding and abetting fraud; and (10) state and federal laws governing plagiarism and perjury.

II. INTRODUCTION

1. This is a story about corruption.
2. Specifically, the instant complaint discusses corruption as it exists within New York's motor vehicle insurance industry.
2. As the economic and corporate structure of this country have evolved, so too have the players in deceitful enterprises. Corruption is no longer the exclusive chattel of the bootlegger, mobster or crooked politician. Fraudulent coalitions now involve licensed professionals, corporate entities and many other persons who use underhanded methods for economic gain.
3. Consequently, while the landscape may have changed, the motives have not.
4. Contained within this document is a detailed description of multiple frauds that have been perpetrated by an enterprise consisting of one of the largest, most profitable peer review and IME vendor companies (Vendor Defendant) in New York State, which operates in partnership with a fraudulently incorporated professional corporation ("Shell Company"), various management companies and managers to whom funds are illegally laundered ("True Owner Corporate Defendants" and "True Owner Layperson Defendants"), affiliated doctors ("Doctor Defendants") and the additional above-captioned co-Defendants.
5. The instant complaint details how Defendants have utilized deceptive practices, bad faith dealings and unethical methods in order to gain an economic benefit to the detriment of Plaintiff and other insured parties. Colluding amongst themselves, Defendants have created and perpetuated a massive scheme to defraud Plaintiff and other insured parties out of millions of dollars, all for the purpose of financial gain.
6. As a result of Defendants' conduct, Plaintiff now seeks relief from the wrongdoing described herein.

III. THE PARTIES

A. Plaintiff

7. Plaintiff Sky Medical Supply, Inc., is a New York corporation with its principal place of business in the county of Queens, New York. Plaintiff is authorized to transact business in the State of New York.

B. Defendants

Vendor Defendant

8. Defendant SCS Support Claim Services, Inc., hereinafter "SCS", is a New York corporation with a principal place of business in Melville, New York. SCS purports to be a vendor that serves as an independent contractor that finds "independent" medical consultants to write peer review reports and conduct independent medical examinations pursuant to requests made by insurance carrier clients of SCS. SCS has colluded with co-Defendants to issue huge numbers of peer review reports and IME reports that contain preordained opinions, to the detriment of Plaintiff and other insured parties. SCS is a "client" of Patient Focus Medical Examinations, PC, and pays kickbacks to that entity as part of the fraudulent scheme that is described in further detail below. Furthermore, SCS is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

Shell Company Defendant

9. Patient Focus Medical Examinations, PC d/b/a All Borough Medical of New York, PC (hereinafter PATIENT FOCUS D/B/A ALL BOROUGH) is a domestic professional corporation owned on paper by Defendant Tatiana Sharahy, MD. PATIENT FOCUS D/B/A ALL BOROUGH operates as a "back office" for Defendant SCS, and is actually responsible for generating, through its various management companies and managers, the fraudulent peer and IME reports through its various management companies and layperson owners. PATIENT FOCUS D/B/A ALL BOROUGH is in fact a *Mallela*¹ corporation doing business in violation of the Business Corporation Laws of

¹ A *Mallela* corporation, as described in the seminal New York Court of Appeals case of *State Farm Mutual Auto. Ins. Co. v. Mallela*, 4 N.Y.3d 313, 794 N.Y.S.2d 700 (2005), is - in the medical context - a professional corporation that is nominally owned by a licensed physician

New York, and serves as a conduit to launder money to the PC's true owners, who in actuality own, control and manage the business. It is merely a shell company that exists for the purposes of splitting fees and filtering money to entities that are not legally entitled to the funds and generating peer and IME reports at a volume and price that would otherwise not be feasible. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

True Owner Corporate Defendants

10. Defendant Nationwide Management Inc. (NATIONWIDE) is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by True Owner Layperson Defendants Svetlana Osiashvili, Benjamin Osiashvili and Mikhael Osiashvili. NATIONWIDE and the Osiashvili defendants, along with the other True Owner Corporate Defendants and True Owner Layperson Defendants, collectively are the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

11. Defendant BAB Management Inc. (hereinafter "BAB"), is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by Defendant Alex Vayner. BAB, along with the entities stated in the preceding paragraphs, is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an

but that is in truth and in fact owned and controlled by non-licensed entities.

active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

12. Defendant Management Company A is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by a yet unidentified party. Defendant Management Company A, along with the entities stated in the preceding paragraph, is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

13. Defendant Management Company B is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by a yet unidentified party. Defendant Management Company B, along with the entities stated in the preceding paragraph, is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

True Owner Layperson Defendants

14. Defendant Svetlana Osiashvili (hereinafter "S. OSIASHVILI") resides in and is a citizen of New York. S. OSIASHVILI is not licensed to practice medicine in the state of New York or any other territories within the United States. S. OSIASHVILI is the owner of Defendant Nationwide Management Inc. and one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

15. Defendant Benjamin Osiashvili a/k/a Veniamin Osiashvili a/k/a Benjarmin Osi (hereinafter "B. OSIASHVILI") resides in and is a citizen of New York. B. OSIASHVILI is not licensed to practice medicine in the state of New York or any other territories within the United States. B. OSIASHVILI is the President of Nationwide Management Inc. and is the operations manager of said company. He is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief

16. Defendant Mikael Osiashvili a/k/a Michael Osiashvili (hereinafter "M. OSIASHVILI") resides in and is a citizen of New York. M. OSIASHVILI is not licensed to practice medicine in the state of New York or any other territories within the United States. M. OSIASHVILI is the Office Manager of Nationwide Management Inc. and runs the administrative aspects of that company. He is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH.

17. Defendant Aleksey Vayner (hereinafter "A. VAYNER") resides in and is a citizen of New York. A. VAYNER is not licensed to practice medicine in the state of New York or any other territories within the United States. A. VAYNER is an owner of BAB and is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

18. Defendant Nelly Vayner (hereinafter "N. VAYNER") resides in and is a citizen of New York. N. VAYNER is not licensed to practice medicine in the state of New York or any other territories within the United States. N. VAYNER is an owner of BAB and is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

19. Manager Defendant A resides in and is a citizen of New York. Manager Defendant A is the owner of MANAGEMENT COMPANY A and is also a true owner of ALL BOROUGH D/B/A PATIENT FOCUS. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

20. Manager Defendant B resides in and is a citizen of New York. Manager Defendant A is the owner of MANAGEMENT COMPANY B and is also a true owner of ALL BOROUGH D/B/A PATIENT FOCUS. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

Doctor Defendants

21. Defendant Tatiana Sharahy, MD (hereinafter "SHARAHY"), is an individual purportedly licensed to practice medicine in the State of New York. SHARAHY resides in and is a citizen of New Jersey. SHARAHY purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. SHARAHY has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. SHARAHY is also the paper owner of PATIENT FOCUS D/B/A ALL BOROUGH. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

22. Defendant Mitchell Ehrlich, MD, is an individual purportedly licensed to practice medicine in the State of New York. Ehrlich resides in and is a citizen of New York. Ehrlich purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Ehrlich has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

23. Defendant Joseph C. Cole, MD, is an individual purportedly licensed to practice medicine in the State of New York. Cole resides in and is a citizen of New York. Cole purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Cole has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties.

Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

24. Julio Westerband, MD, is an individual purportedly licensed to practice medicine in the State of New York. Westerband resides in and is a citizen of New York. Westerband purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Westerband has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

25. George A. Gainor, MD, is an individual purportedly licensed to practice medicine in the State of New York. Gainor resides in and is a citizen of New York. Gainor purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Gainor has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

26. William A. Ross, MD, is an individual purportedly licensed to practice medicine in the State of New York. W. Ross resides in and is a citizen of New York. W. Ross purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. W. Ross has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

27. William Rosner, MD, is an individual purportedly licensed to practice medicine in the State of New York. Rosner resides in and is a citizen of Connecticut. Rosner purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough.

Rosner has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

28. Warren Cohen, MD, is an individual purportedly licensed to practice medicine in the State of New York. Cohen resides in and is a citizen of New York. Cohen purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Cohen has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

29. Mark Wilner, MD, is an individual purportedly licensed to practice medicine in the State of New York. Wilner resides in and is a citizen of New York. Wilner purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Wilner has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

30. Renat R. Sukhov, MD, is an individual purportedly licensed to practice medicine in the State of New York. Sukhov resides in and is a citizen of New York. Sukhov purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Sukhov has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

31. William S. Kritzberg, MD, is an individual purportedly licensed to practice medicine in the State of New York. Kritzberg resides in and is a citizen of New Jersey. Kritzberg purports to be an independent medical consultant that provides unbiased peer

review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Kritzberg has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

32. Robert A. Sohn, DC, is an individual purportedly licensed to practice chiropractic medicine in the State of New York. Sohn resides in and is a citizen of New York. Sohn purports to be an independent chiropractic consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Sohn has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

33. Stanley Ross, MD, is an individual purportedly licensed to practice medicine in the State of New York. S. Ross resides in and is a citizen of New York. S. Ross purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. S. Ross has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

34. Mitchell L. Weisman, MD, is an individual purportedly licensed to practice medicine in the State of New York. Weisman resides in and is a citizen of New York. Weisman purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Weisman has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity

and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

35. Mark Weber, MD, is an individual purportedly licensed to practice medicine in the State of New York. Weber resides in and is a citizen of New York. Weber purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Weber has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

36. Gary J. Florio, MD, is an individual purportedly licensed to practice medicine in the State of New York. Florio resides in and is a citizen of New York. Florio purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Florio has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

37. Michael Leibowitz, MD, is an individual purportedly licensed to practice medicine in the State of New York. Leibowitz resides in and is a citizen of New York. Leibowitz purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Leibowitz has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

38. Vinay Das, MD, is an individual purportedly licensed to practice medicine in the State of New York. Das resides in and is a citizen of New York. Das purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Das has

colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

39. Antonio Martins, MD, is an individual purportedly licensed to practice medicine in the State of New York. A. Martins resides in and is a citizen of New York. A. Martins purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. A. Martins has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

40. Damion A. Martins, MD, M.S., is an individual purportedly licensed to practice medicine in the State of New York. D. Martins resides in and is a citizen of New York. D. Martins purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. D. Martins has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties.

41. Nathan Zemel, MD, is an individual purportedly licensed to practice medicine in the State of New York. Zemel resides in and is a citizen of New York. Zemel purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Zemel has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

42. Dante Brittis, MD, is an individual purportedly licensed to practice medicine in the State of New York. Brittis resides in and is a citizen of New York. Brittis purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Brittis

has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

43. Mitchell L. Horowitz, MD, is an individual purportedly licensed to practice medicine in the State of New York. Horowitz resides in and is a citizen of New Jersey. Horowitz purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Horowitz has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

44. Ali Moshin, MD, is an individual purportedly licensed to practice medicine in the State of New York. Moshin resides in and is a citizen of New York. Moshin purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Moshin has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

45. Roy Brown, MD, is an individual purportedly licensed to practice medicine in the State of New York. Brown resides in and is a citizen of New York. Brown purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Brown has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

46. Yak Aranbayev, MD, is an individual purportedly licensed to practice medicine in the State of New York. Aranbayev resides in and is a citizen of New York. Aranbayev

purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Aranbayev has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

47. Charles Bagley, MD, is an individual purportedly licensed to practice medicine in the State of New York. Bagley resides in and is a citizen of New York. Bagley purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Bagley has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

48. Eka Bass, MD, is an individual purportedly licensed to practice medicine in the State of New York. Bass resides in and is a citizen of New York. Bass purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Bass has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

49. Elena Belkin, MD, is an individual purportedly licensed to practice medicine in the State of New York. Belkin resides in and is a citizen of New York. Belkin purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Belkin has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

50. Joseph Bittar, MD, is an individual purportedly licensed to practice medicine in the State of New York. Bittar resides in and is a citizen of New York. Bittar purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Bittar has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

51. Thomas Blando, MD, is an individual purportedly licensed to practice medicine in the State of New York. Blando resides in and is a citizen of New York. Blando purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Blando has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

52. Lilian Bobelian, MD, is an individual purportedly licensed to practice medicine in the State of New York. Bobelian resides in and is a citizen of New York. Bobelian purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Bobelian has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

53. Lawrence Chiaromonte, MD, is an individual purportedly licensed to practice medicine in the State of New York. Chiaromonte resides in and is a citizen of New York. Chiaromonte purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Chiaromonte has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the

corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

54. Daniel Chikvashvili, MD, is an individual purportedly licensed to practice medicine in the State of New York. Chikvashvili resides in and is a citizen of New York. Chikvashvili purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Chikvashvili has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

55. Timothy Chung, MD, is an individual purportedly licensed to practice medicine in the State of New York. Chung resides in and is a citizen of New York. Chung purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Chung has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

56. Mari Dejesus, MD, is an individual purportedly licensed to practice medicine in the State of New York. Dejesus resides in and is a citizen of New York. Dejesus purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Dejesus has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

57. Charlett Demarco, MD, is an individual purportedly licensed to practice medicine in the State of New York. Demarco resides in and is a citizen of New York. Demarco purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough.

Demarco has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

58. Irving Etkind, MD, is an individual purportedly licensed to practice medicine in the State of New York. Etkind resides in and is a citizen of New York. Etkind purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Etkind has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

59. George Ettl, MD, is an individual purportedly licensed to practice medicine in the State of New York. Ettl resides in and is a citizen of New York. Ettl purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Ettl has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

60. Christopher Ferrante, MD, is an individual purportedly licensed to practice medicine in the State of New York. Ferrante resides in and is a citizen of New York. Ferrante purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Ferrante has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

61. Brian Freindlich, DC, is an individual purportedly licensed to practice chiropractic medicine in the State of New York. Freindlich resides in and is a citizen of New York.

Freindlich purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Freindlich has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

62. Oleg Fuzaylov, MD, is an individual purportedly licensed to practice medicine in the State of New York. Fuzolav resides in and is a citizen of New York. Fuzolav purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Fuzolav has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

63. Lisa George, MD, is an individual purportedly licensed to practice medicine in the State of New York. George resides in and is a citizen of New York. George purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. George has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties.

64. Jonathan Glassman, MD, is an individual purportedly licensed to practice medicine in the State of New York. Glassman resides in and is a citizen of New York. Glassman purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Glassman has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

65. Mat Gottlieb, MD, is an individual purportedly licensed to practice medicine in the State of New York. Gottlieb resides in and is a citizen of New York. Gottlieb purports to

be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Gottlieb has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

66. James Graziano, MD, is an individual purportedly licensed to practice medicine in the State of New York. Graziano resides in and is a citizen of New York. Graziano purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Graziano has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

67. Olga Gusakov, MD, is an individual purportedly licensed to practice medicine in the State of New York. Gusakov resides in and is a citizen of New York. Gusakov purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Gusakov has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

68. Robert Hyman, MD, is an individual purportedly licensed to practice medicine in the State of New York. Hyman resides in and is a citizen of New York. Hyman purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Hyman has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

69. Demit Karakizis, MD, is an individual purportedly licensed to practice medicine in the State of New York. Karakizis resides in and is a citizen of New York. Karakizis purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Karakizis has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

70. Berry Katzman, MD, is an individual purportedly licensed to practice medicine in the State of New York. Katzman resides in and is a citizen of New York. Katzman purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Katzman has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

71. Wayne Kerness, MD, is an individual purportedly licensed to practice medicine in the State of New York. Kerness resides in and is a citizen of New York. Kerness purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Kerness has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties.

72. John Jun Kim, MD, is an individual purportedly licensed to practice medicine in the State of New York. Kim resides in and is a citizen of New York. Kim purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Kim has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

73. Ana Krol, MD, is an individual purportedly licensed to practice medicine in the State of New York. Krol resides in and is a citizen of New York. Krol purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Krol has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

74. Leonard Landesberg, MD, is an individual purportedly licensed to practice medicine in the State of New York. Landesberg resides in and is a citizen of New York. Landesbergs purports to be an independent medical consultants that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Landesberg has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

75. Pamela Levine, MD, is an individual purportedly licensed to practice medicine in the State of New York. Levine resides in and is a citizen of New York. Levine purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Levine has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

76. Larisa N. Mikver, MD, is an individual purportedly licensed to practice medicine in the State of New York. Mikver resides in and is a citizen of New York. Mikver purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Mikver has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties.

Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

77. Denis Mann, MD, is an individual purportedly licensed to practice medicine in the State of New York. Mann resides in and is a citizen of New York. Mann purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Mann has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

78. Robert Michaels, MD, is an individual purportedly licensed to practice medicine in the State of New York. Michaels resides in and is a citizen of New York. Michaels purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Michaels has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

79. Andrew Miller, MD, is an individual purportedly licensed to practice medicine in the State of New York. Miller resides in and is a citizen of New York. Miller purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Miller has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

80. Benjamin Nachamie, MD, is an individual purportedly licensed to practice medicine in the State of New York. Nachamie resides in and is a citizen of New York. Nachamie purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Nachamie has colluded with the co-Defendants to issue peer review and IME

reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

81. Alan Ng, MD, are individuals purportedly licensed to practice medicine in the State of New York. Ng resides in and is a citizen of New York. Ng purports to be independent medical consultants that provide unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Ng has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

82. Yakov Perper, MD, is an individual purportedly licensed to practice medicine in the State of New York. Perper resides in and is a citizen of New York. Perper purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Perper has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

83. Anatoly Risman, MD, is an individual purportedly licensed to practice medicine in the State of New York. Risman resides in and is a citizen of New York. Risman purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Risman has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

84. Walter Ploski, MD, is an individual purportedly licensed to practice medicine in the State of New York. Ploski resides in and is a citizen of New York. Ploski purports to be an independent medical consultant that provides unbiased peer review and IME reports

pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Ploski has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

Other Defendants

85. Defendant Linda Ackerman resides in and is a citizen of New York. Ackerman is the nominal owner of SCS Support Claim Services Inc., a domestic corporate entity that was formed in and does business in the State of New York. Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and enterprise detailed in paragraphs 104 through 166 below, upon information and belief.

86. Evgeniya Vakhidova resides in and is a citizen of New York. Vakhidova is the General manager of PATIENT FOCUS D/B/A ALL BOROUGH'S Accounting Department with direct supervision of payroll, billing and collections aspects. Vakhidova is responsible for organizing the company's finance-related issues, such as billing, contract management, budgeting, financial planning & analysis and account management.

87. Patricia Holland resides in and is a citizen of New York. Holland is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice.

88. Notary A resides in and is a citizen of New York. Notary A is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice.

89. Notary B resides in and is a citizen of New York. Notary B is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice.

90. Notary C resides in and is a citizen of New York. Notary C is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice.

91. Notary D resides in and is a citizen of New York. Notary D is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice.

IV. JURISDICTION, VENUE AND STATUTE OF LIMITATIONS

92. This Court has jurisdiction over the subject matter of this action under 28 U.S.C. §1332(a)(1) because the matter in controversy exceeds the sum or value of \$75,000.00, exclusive of interest and costs, and is between citizens of different states. Pursuant to 28 U.S.C. § 1331, this Court also has jurisdiction over the claims brought under 18 U.S.C. §§ 1961 through 1968 (the Racketeer Influenced and Corrupt Organizations ("RICO") Act) because they arise under the laws of the United States. In addition, this Court has supplemental jurisdiction over the subject matter of the claims asserted in this action pursuant to 28 U.S.C. § 1367. Venue in this District is appropriate pursuant to 28 U.S.C. §. 1391, as the Eastern District of New York is the District where one or more of the Defendants reside and because this is the District where a substantial amount of the activities forming the basis of the Complaint occurred.

93. The RICO enterprise and fraudulent conduct as alleged below was discovered by Plaintiff less than one year prior to the date of this complaint.

V. OVERVIEW OF NO-FAULT INSURANCE

94. In the State of New York, all non-garaged motor vehicles are required to carry insurance coverage, including liability coverage, uninsured/underinsured coverage and no-fault personal injury protection (PIP) coverage.

95. Regulation 68 (11 NYCRR 65), promulgated by the New York Superintendent of Insurance, governs the responsibilities of motor vehicle insurance carriers for the purposes of processing claims for no-fault insurance benefits. In its current form, Regulation 68 requires insurance carriers doing business in the State of New York to cover "basic economic loss" as suffered by parties injured as a result of motor vehicle accidents. Basic economic loss, as defined by the regulation, includes but is not limited to expenses incurred for medical services (including supplies) provided to eligible injured persons.

96. In exchange for premium payments made by the named insured parties on the applicable policies, insurers are required to cover expenses for medical services and supplies under the terms of the contract. In fact, every policy of insurance regarding motor vehicles issued within the state of New York must as a matter of law contain the Mandatory Personal Injury Protection Endorsement provision of Regulation 68, which details the duties and obligations of insurers that issue motor vehicle insurance policies.

97. As stated by the New York Court of Appeals in *New York and Presbyterian Hospital, &c. v. Country Wide Insurance Company*, Index 216, NYLJ 1202518854692, at (Ct. of App., Decided October 13, 2011): "The primary goals of New York's no-fault automobile insurance system are to ensure prompt compensation for losses incurred by accident victims without regard to fault or negligence, to reduce the burden on the courts and to provide substantial premium savings to New York motorists" (Matter of Medical Socy. of State of N.Y. v. Serio, 100 NY2d 854, 860 [2003]).

98. The Court of Appeals also noted that, "In furtherance of these goals, the Superintendent of Insurance has adopted regulations implementing the No-Fault Law (Insurance Law art 51), including circumscribed time frames for claim procedures" (Hospital for Joint Diseases, 9 NY3d at 317). We described the basic no-fault regime as follows:

“Upon receipt of one or more of the prescribed verification forms used to establish proof of claim, . . . an insurer has 15 business days within which to request 'any additional verification required by the insurer to establish proof of claim' (11 NYCRR 65-3.5[b]). An insurer may also request 'the original assignment or authorization to pay benefits form to establish proof of claim' within this time frame (11 NYCRR 65-3.11[c]). Significantly, an insurance company must pay or deny the claim within 30 calendar days after receipt of the proof of claim (see Insurance Law § 5106[a]; 11 NYCRR 65-3.8[c]). If an insurer seeks additional verification, however, the 30-day window is tolled until it receives the relevant information requested" (see 11 NYCRR 65-3.8[a][1])" (Hospital for Joint Diseases, 9 NY3d at 317 [footnotes omitted]).”

99. It is well settled that failure to issue a timely denial or verification requests within thirty days of receipt of claims or bills for benefits precludes an insurance carrier from defending a claim for no-fault benefits on any basis, except in the very narrow instances where coverage was never triggered in the first instance, such as intentional or “staged” collisions.

100. Injured parties that receive treatment for injuries sustained as a result of a motor vehicle accident that takes place in New York have the option of assigning their rights to reimbursement to the providers that treat them or provide other medical services, a transfer that is consummated through use of an assignment of benefits (AOB) form, one of the “prescribed forms” included in Appendix 13 to Regulation 68.

101. There are a variety of grounds upon which claims may be denied. One basis often utilized by various insurance carriers for denying claims for no-fault benefits is that the billed-for services were not medically necessary. This is commonly referred to as the “lack of medical necessity” (hereinafter “LOMN”) defense. The statute governing no-fault insurance claims has been decisively interpreted in a manner wherein a presumption of medical necessity automatically attaches to the services listed in claim forms that are submitted by health service providers to insurance carriers for reimbursement. Furthermore, it is well established that the LOMN defense is an affirmative defense that falls within the category of defenses that are precluded if not timely denied.

102. According to New York law, “The defense of lack of medical necessity may be based either on a medical examination or a peer review report, as implicitly provided by Insurance Regulation 11 NYCRR 65-3.8(b)(4)”. *A.B. Medical Services v. Allstate Insurance Company*, 2 Misc.3d 127(A), Slip Op. 51687(U) (2nd and 11th Jud. Districts 2003). As such, various insurance carriers at times will forward the bills and certain medical records to independent medical consultants or third party vendors in order for a determination to be made by the medical consultants to give an “independent” opinion as to whether or not the services at issue were medically necessary. As stated prior, there are two legally recognized vehicles that an insurance carrier has at its disposal for determining whether the billed-for services were medically necessary. Said vehicles are:

a) the “peer review” protocol, in which an independent medical consultant reviews the medical records pertaining to the claims at issue in order to determine in an unbiased fashion whether the billed-for services were medically necessary, and then sends a signed, written report detailing his/her conclusions to the requesting party; and

b) the “independent medical examination” (IME), in which an independent medical consultant actually examines the eligible injured person, and then issues a signed, written report that provides an unbiased determination as to whether future medical services are required in order to adequately address the identified injuries

103. Regulation 68 (11 NYCRR 65), requires that insurance carriers that wish to deny claims on the basis of lack of medical necessity must do so within the 30 day timeline set forth within the statute. Failure to do so precludes this defense, and any other defenses not stated with a high degree of specificity, at any point in the future.

VI. ALLEGATIONS

Plaintiff makes the following allegations upon information and belief:

104. During the claims processing period, various insurance carriers have requested and continue to request that independent peer reviews and/or IMEs be performed in order to determine whether the bills that were received were for services that were medically necessary, and/or whether future services are medically necessary. Said carriers issue denials of certain services depending on what is contained within the reports it receives that are purportedly authored by independent medical experts.

105. In order to provide this service by “independent medical consultants” Vendor Defendant SCS Support Claims Services (hereinafter “SCS”) contracted with insurers to provide peer review and IME reports purportedly prepared by licensed medical professionals to the insurers in order to provide the basis for insurers to decide whether or not to deny the claims using the LOMN defense. See a copy of a contract between SCS and one of its insurer clients annexed hereto as **Exhibit 1**.

106. SCS and its co-Defendants sought to accept as many requests for reviews as possible from the insurers at a rate that would be most profitable to all Defendants. As such, Defendants formed an enterprise in which the reports were created, authored, and signed by laypersons under the guise of being authored by Doctor Defendants.

107. Defendants conspired to and entered into an enterprise that knowingly and willfully prepared and drafted peer review reports and IME (Independent Medical Examination) reports that contain predetermined conclusions regarding the medical necessity of the services at issue. Specifically, Defendants have colluded to universally either (1) deny all of the billed for services as not medically necessary, without regard to the specifics and merits of the claims; or (2) deem further medical treatment as medically unnecessary, without regard to the specifics and merits of the claims; or (3) both (1) and (2) above. The statements containing the predetermined conclusions that the services at issue were not medically necessary are memorialized in the reports irrespective of the merits of each individual claim, the number or type of documents reviewed allegedly reviewed by Doctor Defendants, and the physical condition of each individual injured party.

108. The Defendants operate together using a protocol wherein, unbeknownst to the insurer clients, the Defendant Doctors' credentials and licenses are essentially bought by non-licensed co-Defendants for the purposes of providing "expert" independent opinions. Substantial amounts of the money paid by the insurance carriers that issue denials based on the reports is filtered to the laypersons who actually create the reports and who, in truth and in fact, are major beneficiaries of the enterprise. The money is laundered through management companies and managers used by Shell Company Defendant PATIENT FOCUS D/B/A ALL BOROUGH, a professional corporation that is owned on paper by Defendant Tatiana Sharahy, MD, but is actually truly owned and controlled by True Owner Corporate Defendants and True Owner Layperson Defendants.

109. Payment for the use of Defendant Doctors' names and credentials to promote the feigned "authorship" of the peer and IME reports, and for their involvement in the other aspects of the described scheme are made at times by Defendant SCS and at other times by Defendant PATIENT FOCUS D/B/A ALL BOROUGH.

110. Insofar as this RICO enterprise is concerned, Defendant PATIENT FOCUS D/B/A ALL BOROUGH and its true owners actually forma major main component of the engine that drives the generation of the fraudulent peer and IME reports.

111. Specifically, True Owner Corporate Defendants and True Owner Layperson Defendants have access to a computer system that allows peer and IME reports to be created quickly, efficiently, and with the ability to manipulate pre-programmed paragraphs in an effort to make the reports appear diverse and customized to each patient. The system also has a safety module that ensures that reports generated by the various laypersons are consistent, and can be modified in order to cure any glaring inconsistencies between various reports with respect to the conclusions reached regarding the patient's condition. The reason for this safety mechanism is that such inconsistencies could undermine the preordained conclusions regarding lack of medical necessity of the services rendered.

112. Vendor Defendant SCS, knowing full well that ALL BOROUGH D/B/A PATIENT FOCUS through its management company and layperson owners ultimately is the preparer and often inputs the Doctor Defendant's signatures on the peer and IME reports, sends by mail and electronic mail to ALL BOROUGH D/B/A PATIENT FOCUS

the information of the assignor of benefits and pertinent documentation in order for a peer review or IME report to be created by ALL BOROUGH D/B/A PATIENT FOCUS.

113. The True Owner Defendants of ALL BOROUGH D/B/A PATIENT FOCUS' cause non-licensed individuals to create and prepare the peer review reports and in many cases input the doctors' electronic signatures on the reports, despite the reports universally containing a sworn affirmation that the Doctor Defendants prepared the reports. Said reports were and continue to be mailed and electronically mailed between the Defendants, as well as by Defendants to the insurers who relied upon them to issue denials regarding Plaintiff's claims (as assignee of the EIPs) based on the information contained within the reports.

114. The peer review reports and IME reports that are affirmed under oath to be prepared by and to be the work product of licensed medical doctors, when in fact they were prepared by and are the work product of layperson(s) who are not licensed in any medical specialty in the state of New York or any other state located within the United States. Said reports are actually signed by the non-licensed professionals rather than by the Doctor Defendants themselves. These reports form the basis of a multitude of denial of claim forms issued by insurance carriers, causing Plaintiff (as assignee of the EIPs) to not be reimbursed for first party insurance protection benefits. Examples of copies of denials based upon the fraudulent reports are annexed hereto as **Exhibit 2**.

115. With respect to IMEs in particular, Defendants conspired to create and in fact did create hundreds of IME reports that on their face appear to be legitimate IME reports when in fact no legitimate IME was ever performed. The IMEs reports were each mailed and electronically mailed between the Defendants, as well as by Defendants to the insurers who relied upon them to issue denials regarding Plaintiff's claims (as assignee of the EIPs) based on the information contained within the reports. Hundreds of such mailings and electronic mailings occurred.

116. In those situations where EIPs (eligible injured persons) who were injured in motor vehicle collisions were actually seen by Doctor Defendants for IMEs, the examinations were cursory, had no medical value whatsoever and were meaningless and fraudulent in nature. The outcomes of the IMEs as memorialized in the reports were predetermined and designed to ensure a cutoff of benefits to Plaintiff and other insured

parties regardless of the condition and medical history of the EIP who was being examined. The IMEs reports were mailed and electronically mailed between the Defendants, as well as by Defendants to the insurers who relied upon them to issue denials regarding Plaintiff's claims (as assignee of the EIPs) based on the information contained within the reports. Hundreds of such mailings and electronic mailings occurred.

117. Doctor Defendants do not perform the orthopedic testing and other types of evaluations listed on the IME reports that are submitted to the insurers. They also do not dictate or draft the reports themselves. Rather, individuals affiliated with Doctor Defendants' co-Defendants are present in the examination room while the Doctor Defendants perform their cursory reviews, and create the reports which are neither reviewed by nor signed by the IME doctors. The reports also do not accurately depict the evaluations performed by the Doctor Defendants. Said reports were mailed and electronically mailed between the Defendants, as well as by Defendants to the insurers who relied upon them to issue denials regarding Plaintiff's claims (as assignee of the EIPs) based on the information contained within the reports. Hundreds of such mailings and electronic mailings occurred.

118. The IME reports were and are perjurious in that (a) although the IME reports state that certain orthopedic and related evaluations and tests were done in order to determine the medical necessity of future medical services, those evaluations and tests were in fact not done, or done so haphazardly as to have no diagnostic value; and (b) despite testimony and sworn statements that the reports are the work product of the Defendant Defendants, using their own words, they were actually created by and the work product of lay persons and are so similar amongst the various Doctor Defendants that they were clearly plagiarized. Said reports were and continue to be mailed and electronically mailed between the Defendants, as well as by Defendants to the insurers who unwittingly relied upon the fraudulent reports to issue denials regarding Plaintiff's claims based on the information contained within the reports.

119. In many situations where injured parties appeared at the designated location and designated time with photo identification at the designated time and place for the IME appointment, Defendants fraudulently deemed the EIPs to have "failed to appear" and

falsely reported them as “IME no-shows”. These misrepresentations were mailed and electronically mailed between the Defendants, as well as by Defendants to the insurers who unwittingly relied upon the misrepresentations to issue denials regarding Plaintiff’s claims based on the allegations regarding failure by the EIPs to appear. Hundreds of such mailings and electronic mailings have occurred.

120. Additionally, for those EIPs that did appear for IMEs, Defendants consistently misrepresented to the EIPs that the Doctor Defendants doctors that they would be seeing for IMEs were serving the role as the EIPs’ treating doctors, and that the EIPs would be considered patients of the Doctor Defendants. These misrepresentations were made by mail and electronic mail between the Defendants and from Defendants to Defendants’ insurer clients, as well as to Plaintiff.

121. Defendants caused the peer reports and IME reports to be fraudulently notarized, insofar as the notarization did not in fact take place in the presence of the Defendant Doctors whose names appear on the reports. These fraudulently notarized reports were sent by mail and electronic mail between the Defendants and from Defendants to Defendants’ insurer clients, as well as to Plaintiff. Hundreds of such mailings and electronic mailings occurred. Unaware of this deceit, the insurers relied upon the fraudulently notarized affidavits in litigation and arbitration practice for admissibility and evidentiary purposes and to support their defense.

122. Defendants colluded and in fact caused Doctor Defendants to agree to testify in a predetermined fashion in a manner that supports the conclusions contained within the fraudulent peer reports (even when said reports were “authored” by other doctors) for cases that they did not even review prior to the time that they agreed testify for those cases.

123. In an effort to conceal the money that is laundered to the True Owner Corporate Defendants and True Owner Layperson Defendants that are major beneficiaries of the scheme, various of the Defendants have, among other things:

- (a) created fake rental invoices for the spaces they operate out of; and
- (b) created fake lease agreements for such offices; and
- (c) forged the signatures of the landlords for the buildings they operate out of; and
- (d) provided fraudulent testimony under oath in unrelated cases; and
- (e) provided false testimony and documentation to the New York Workers Compensation Board; and

- (f) failed to file required biennial reports and related tax documents with the New York Department of Taxation and Finance despite being under an obligation to do so; and
- (g) failed to report taxable income to the Federal, State and City governments; and
- (h) operated (and continue to operate) as companies that have been dissolved by proclamation by the New York Department of State.
- (i) sent the documents referred to in subsections (a) through (e) above by mail and electronic mail

124. Defendants have utilized the mail system and electronic mail system hundreds, and very likely, thousands of times to distribute the fraudulent peer review reports and IME reports to various parties, including the insurance carriers that relied on such reports to deny benefits to Plaintiff.

125. Defendants have also utilized the mail system and electronic mail system to issue letters falsely stating that eligible injured parties failed to appear at designated IME appointments when in fact there were such appearances by the eligible injured parties. These letters were sent to the insurers by mail and electronic mail, who relied upon the misrepresentations to deny claims by Plaintiff based on an alleged failure to appear at the IMEs.

126. Additionally, Defendant's colluded to deem all services and supplies as lacking in medical necessity in order to prompt the need for trial testimony wherein Defendants derive further financial benefit by being booked as expert witnesses to testify at the time of trial or arbitration of the cases that had been denied pursuant to the peer and/or IME reports.

127. As such, the fraudulent enterprise continues to conduct its affairs even throughout the litigation stage, where Defendant Doctors, under oath and subject to the penalty of perjury: (a) provide predetermined testimony in support of the fraudulent reports; (b) claim that they dictated and drafted the reports using their own words, when in fact they are clearly plagiarized; (c) claim that they signed the reports themselves, when in fact they did not; (d) refer to citations which the doctors never read despite claiming to have done so, have no knowledge of, and are unable to even describe in any detail whatsoever; and (e) claim that they reviewed the reports prior to being booked for the subject cases when in fact the doctors had never reviewed the merits of the claim prior to agreeing to testify as to the lack of medical necessity of the services in dispute.

128. The fraudulent enterprise continues even throughout the litigation stage, wherein the named Defendants (a) attest that EIPs failed to appear even though this was not the case; and (b) fraudulently refer to mutually rescheduled IMEs as failures to appear/IME no-shows.

129. As discussed below in more detail, Defendants at all relevant times have known that: (a) insurance carriers deny claims for reimbursement by Plaintiff and similarly situated parties based upon the conclusions contained within the reports issued by Defendants; (b) The insurer clients and Plaintiff rely upon the assertion that the peer review and IME reports were done on an independent basis, were the work product of licensed practitioners, and were based on the merits of each claim on a case by case basis; (c) the conclusions contained within the reports are predetermined; (d) the reports are actually prepared by and are the work product of laypersons as opposed to the doctors whose names appear on the reports; (e) the testimony given during motion practice and at trial with regard to said reports is a continuation of the fraudulent scheme; (f) Plaintiff suffers economic harm as a direct result of the aforementioned conduct. (g) Plaintiff, other insured parties and the insurer clients are defrauded and deceived into believing that the claims that are denied based on lack of medical necessity are denied as a result of opinions reached by independent medical consultants and that the peer review and IME reports which serve as the basis of the denial of claim forms contain opinions that are reached on a case by case analysis of the merits, as opposed to being the result of preordained decisions; (h) Plaintiff, other insured parties and Defendants' insurer clients are defrauded and deceived into believing that the peer review reports which serve as the basis of the denial of claim forms were prepared and signed by licensed medical doctors, as opposed to non-licensed laypersons; (i) Plaintiff, other insured parties and Defendants' insurer clients are defrauded and deceived into believing that the assignors of benefits failed to appear at IME appointments when they did in fact appear; and (j) Plaintiff, other insured parties and Defendants' insurer clients are defrauded and deceived into believing that the assignors of benefits failed to appear to IME appointments when in fact there was no such failure since the appointments were rescheduled.

130. As mentioned prior, SHARAHY is not the true owner of PATIENT FOCUS D/B/A ALL BOROUGH. Rather, PATIENT FOCUS D/B/A ALL BOROUGH is a

- (l) SHARAHY has testified under oath that she has no idea how much PATIENT FOCUS D/B/A ALL BOROUGH pays in rent for any of the locations that it operates within.
- (m) SHARAHY has testified under oath that she is not even sure if PATIENT FOCUS D/B/A ALL BOROUGH or NATIONWIDE paid the rent at some of the aforementioned locations
- (n) SHARAHY has testified under oath that she has no idea of how much revenue PATIENT FOCUS D/B/A ALL BOROUGH brought in for any year, even when given the opportunity to provide an estimate in increments of five million dollars.
- (o) SHARAHY has testified under oath that she is not able to give any kind of estimate as to how much money PATIENT FOCUS D/B/A ALL BOROUGH has billed SCS for any particular time period, week, month or year
- (p) SHARAHY has testified under oath that 117-12 Myrtle Avenue is and always was the headquarters of PATIENT FOCUS D/B/A ALL BOROUGH, including in the year 2009, where she employed W2 employees; however, SHARAHY has provided sworn written testimony under oath in an unrelated case that PATIENT FOCUS D/B/A ALL BOROUGH does not and has never operated out of that location and has never employed any people at that location.
- (q) SHARAHY has testified under oath that she has no idea how much money she personally derives from PATIENT FOCUS D/B/A ALL BOROUGH for any year, even when offered the chance to give estimates in \$100,000 increments.
- (r) Sharahy has testified under oath that she does not receive any invoices for rent for the locations that PATIENT FOCUS D/B/A ALL BOROUGH does business in.

131. As stated prior, the true owners and controllers of PATIENT FOCUS D/B/A ALL BOROUGH are Nationwide Management Inc. ("hereinafter "NATIONWIDE"), BAB Management Inc. (hereinafter "BAB"), Management Company Defendant 3 (hereinafter "MANAGEMENT COMPANY 3), Management Company Defendant 4 (hereinafter "MANAGEMENT COMPANY 4") as well as the owners of said management companies.

132. The owner of Defendant Nationwide Management Inc. is Defendant Svetlana Osiashvili (hereinafter "S. OSIASHVILI"). Benjamin Osiashvili a/k/a Veniamin

Osiashvili a/k/a Benjarmin Osi (hereinafter "B. OSIASHVILI") is the President and Mikhael Osiashvili (hereinafter "M. OSIASHVILI") is the Office Manager.

133. The owner of BAB are Alex Vayner a/k/a Aleksey Vayner (hereinafter "A. VAYNER") and Nelly Vayner (hereinafter "N. VAYNER").

134. The owner of MANAGEMENT COMPANY 3 is yet to be identified, yet is also a true owner of ALL BOROUGH D/B/A PATIENT FOCUS.

135. The owner of MANAGEMENT COMPANY 4 is yet to be identified, yet is also a true owner of ALL BOROUGH D/B/A PATIENT FOCUS.

136. Defendants also caused notary publics who are affiliated with Defendants to notarize vast quantities of peer and IME reports outside of the presence of the doctors who purportedly signed the reports under the false affirmations under oath that said doctors had appeared before them and signed the reports in their presence. A sample of a clearly fraudulent notarization is annexed hereto as **Exhibit 4**.

137. The entire scheme at issue involves kickbacks. SCS is a "customer" of PATIENT FOCUS D/B/A/ ALL BOROUGH that pays PATIENT FOCUS D/B/A ALL BOROUGH to "find IME doctors and space" for IMEs to be conducted. This is according to Defendant SHARAHY, who claimed under oath on the stand that PATIENT FOCUS D/B/A ALL BOROUGH owns buildings and rents space to SCS for said services to be performed. See **Exhibit 5**. This is despite the fact that Defendant Sharahy claimed under oath in an unrelated matter that PATIENT FOCUS D/B/A ALL BOROUGH has no ownership interest in any of the buildings it operates out of. See **Exhibit 6**. The Doctor Defendants are paid kickbacks to use their names as the nominal authors of peer review and IME reports that they had no hand in preparing or creating. Defendant Doctors pay kickbacks to PATIENT FOCUS D/B/A ALL BOROUGH from the funds they are paid from testifying in court. SHARAHY is paid kickbacks from the true owners of PATIENT FOCUS D/B/A ALL BOROUGH for being the nominal owner of PATIENT FOCUS D/B/A ALL BOROUGH. Due to the fact that such a large amount of revenue is being laundered by the enterprise, Patient Focus d/b/a All Borough uses the True Owner Layperson Defendants and True Owner Corporate Defendants in order to launder the money without generating suspicion. The preordained peer and IME reports, which are fraudulently affirmed to under oath as being independent and prepared by the Doctor

Defendants, are sent by mail or email to SCS, and then from SCS to the insurance carrier clients, which rely upon and utilize these reports in order to deny benefits to claimants and applicants covered by No-Fault insurance policies. At times copies of the reports are sent to Plaintiff as well by mail and electronic mail.

138. In order to maximize profits, ensure massive turnover, and continue to receive requests by the insurance carrier clients for more peer and IME reports, all of the named defendants have colluded and conspired to, on a predetermined basis, deny practically every service and supply in question without regard for the merits of the individual claims, or the conditions of the patients in question, or the amount of medical records available for review. The peer review reports issued by Defendants almost universally find every service and supply in question to lack medical necessity even when no medical records for the EIPs were “reviewed” by Defendants documenting the EIPs’ condition for many months preceding the disputed services.

139. The IME reports issued by Defendants almost universally recommend cutting off treatment and benefits regarding every service and supply in question even when no medical records for the EIPs were reviewed by Defendant Doctors with respect to the EIPs’ condition for many months preceding the disputed services.

140. The IME reports issued by Defendants contain diagnoses of “resolved” medical conditions for practically every service and supply in question even when absolutely no medical records concerning the diagnosis for which the EIPs were being treated were reviewed by Defendants in the first place.

141. Doctor Defendants universally never seek to acquire additional information or documentation regarding the patients’ conditions even when the medical documents acquired and provided by SCS and co-Defendants are clearly not the entire medical file for the EIPs.

142. Doctor Defendants universally never seek to acquire additional information or documentation regarding the patients’ conditions even when Doctor Defendants reviewed no medical documentation concerning the EIPs’ condition at or about the time that the services or supplies were provided to the EIPs.

143. The peer review reports consistently cite to medical “literature” that is completely obscure and irrelevant and extremely outdated, misrepresent what the literature cited to actually states, completely fabricate the contents of cited literature, and falsely state that “no literature exists” for certain items or services in dispute.

144. In furtherance of the scheme to defraud Plaintiff, SCS schedules doctors to testify in court in order to support the peer and IME reports that serve as the basis of the denials that are issued by the insurance carriers.

145. On the stand and under oath, in situations where the Defendant Doctors that are testifying are the Defendant Doctors whose names appear on the peer or IME reports, Defendant Doctors have falsely claimed that the peer reports in question is their own work product, that they prepared the reports, that the language used by them in their reports are their own language, and that the citations used in the reports to bolster their opinions were citations that they came across by doing their own research.

146. Despite the testimony under oath as referred to in paragraph 145 above, a review of hundreds of peer review reports and IME results have resulted in findings of numerous reports that are so similar in language and citations used that it is impossible for the similarities to be mere coincidence. In fact, the pattern and practice described herein has been addressed many times by Arbitrators pursuant to arbitration hearings. See copies of arbitration decisions regarding this very issue annexed as **Exhibit 7**. Again, this is because the arguments are preprogrammed in the computer system utilized by PATIENT FOCUS D/B/A ALL BOROUGH and its true owners for the purpose of mass production of pre-determined peer review reports. See examples of other such peer reports annexed as **Exhibit 8**. These reports contain identical language despite being affirmed to have been prepared by the named authors and despite testimony under oath that the reports contain the Defendant Doctors’ own wording and that they chose the citations listed therein.

147. On the stand and under oath, in situations wherein the Defendant Doctors that are testifying are “substitute doctors” for the Defendant Doctors whose names appear on the peer or IME reports, have falsely claimed that they reviewed the same literature and medical records contained in the original reports.

148. PATIENT FOCUS D/B/A ALL BOROUGH is paid a kickback fee from SCS for each doctor that testifies in court in support of the fraudulent peer and IME reports.

149. In order to maximize Defendants collective profits, multiple Doctor Defendants are routinely scheduled to testify and appear in court on the very same cases when only one doctor is necessary, which maximizes the profits of SCS, and co-Defendants.

150. As merely another one of numerous pieces of evidence that the peer review reports and IME reports are predetermined, the doctors appearing in court are only paid for those cases they agree to testify on. Doctor Defendants have testified multiple times, albeit reluctantly, under oath that it takes over an hour to review medical records for a particular case, and that they do not get paid to review cases that they don't end up testifying on.

151. Without fail, over the course of thousands and thousands of trials, the "substitute" Defendant Doctors agree with every single conclusion of the original alleged authors of the peer or IME report regarding every single service or item in dispute.

152. Doctor Defendants, in furtherance of the scheme, testify under oath to the lack of medical necessity of the very same services or items that they themselves have performed or prescribed on patients with substantially similar, or identical medical conditions.

153. Since PATIENT FOCUS D/B/A ALL BOROUGH (and its true owners, the Osiashvilis and management companies) is paid a fee by SCS for each doctor who testifies, they will book multiple doctors with the same qualifications for the same exact case in order to maximize the kickback fees, rather than selecting one qualified doctor to testify on the entire case. In other words, a case involving one set of medical items may be broken up into 4 or 5 peer reviews (maximizing the money charged to the insurance carriers), with several doctors booked to testify for each peer review (maximizing the charges to the insurance carriers and kickbacks to Patient Focus), when only one doctor is needed for that case.

154. Doctor Defendants are in court a minimum of three or four times per week, and the vast majority, if not all, of their income is derived from court appearances as opposed to private practice.

155. Defendants have predetermined in a collusive manner to deem past and future medical services as medically unnecessary without regard to the merits and specifics of

each claim. In fact, Doctor Defendants do not get paid for any cases they allegedly review that they do not agree to testify on in support of the defense of lack of medical necessity.

156. Another aspect of the fraud engaged in by the enterprise created by Defendants concerns appearances at Independent Medical Examinations. Defendants have created a process whereby SCS sends scheduling letters to assignors/EIPs informing them of an upcoming IME appointment, and indicating that the assignors/EIPs must bring photo identification with them. The letters by SCS do not state that a copy of the letter must be brought as well. See **Exhibit 9**.

157. However, when the assignors/EIPs appear for the IMEs to be examined at a location utilized by PATIENT FOCUS D/B/A ALL BOROUGH with their photo identification, they are not allowed to see the IME doctor if they do not have a copy of the letter. This is despite the fact that PATIENT FOCUS D/B/A ALL BOROUGH has possession of a copy of the SCS letter. Under oath, and during trial testimony, Defendant M. OSIASHVILI admitted that even if an assignor physically appears with valid photo identification at the designated time and place for the IME, it will still be considered a “no-show” or “failure to appear” simply because the assignor does not have a copy of the scheduling letter. See **Exhibit 10**.

158. Moreover, for the EIPs who were actually allowed to see the Defendant Doctors for IMEs, co-Defendants informed said injured parties that they were being seeing for treatment purposes, and would be considered patients of the Defendant Doctors. See **Exhibit 11**.

159. M. OSIASHVILI has testified under oath that he has been an employee of PATIENT FOCUS D/B/A ALL BOROUGH for several years, and that he is merely a receptionist for PATIENT FOCUS D/B/A ALL BOROUGH and does not know who set the rules regarding what is considered a “no show” and failure to appear. See **Exhibit 12**.

160. However, in unrelated matters M. OSIASHVILI has attested under oath that he is the office manager of PATIENT FOCUS D/B/A ALL BOROUGH. M. OSIASHVILI is the son of Defendant S. OSIASHVILI and brother of Defendant B. OSIASHVILI. M. OSIASHVILI is in fact one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH. See **Exhibit 13**.

161. Forgery and fraud are not new to Defendants. In an effort to conceal the truth behind the true beneficiaries and tenants of the location that PATIENT FOCUS D/B/A ALL BOROUGH is purported to be centrally located (117-12 Myrtle Avenue, Queens County), and the relationship between Defendant Sharahy and the true owners of her P.C., various Defendants have forged lease agreements, backdated lease agreements, forged the signatures of the building's landlord and forged invoices receipts purportedly submitted by the landlords to Defendants. See landlord's sworn testimony from an Examination Before Trial regarding forged lease agreements and invoices annexed as **Exhibit 14**. In fact, the lease wherein NATIONWIDE was allegedly the tenant of the premises was forged by Defendants in a manner that it predates the formation of NATIONWIDE as a corporate entity by more than a year. See **Exhibit 15** for a copy of the lease agreement and official Department of State formation date for NATIONWIDE. See **Exhibit 16** for a forged lease by BAB.

162. As a result of misrepresentations concerning rescheduled IME appointments and alleged failures to appear by the EIPs, Defendants have engaged in corruption.

163. As a result of the aforementioned scheme detailed in the previous paragraphs, multiple independently actionable frauds occur.

164. As a result of the aforementioned scheme detailed above, numerous claims by Plaintiff have been denied based on either (a) the ground of "lack of medical necessity" based on the reports submitted by Defendants to the carriers or (b) the ground of failure to appear at designated IME appointments.

165. Consequently, Plaintiff seeks to recover more than approximately \$1,000,000 that Defendants have defrauded Plaintiff out of, and which remains due and owing to Plaintiff. A representative list of claims affected by Defendants' conduct is annexed hereto as **Exhibit 17**. Additionally, Plaintiff seeks a declaration that all peer review reports, IME reports and correspondence regarding alleged IME no-shows generated in furtherance of the scheme are invalid as a matter of law.

166. As such, in addition to damages asserted herein, Plaintiff seeks declarations as detailed in the causes of action below.

First Cause of Action
Against all Defendants
Declaratory Relief under 28 U.S.C. §§ 2201 and 2202)

167. Plaintiff incorporates, as though folly set forth herein, each and every allegation in paragraphs 104 through 166 above.

168. There is an actual case and controversy between Plaintiff and Defendants regarding more than \$1,000,000.00 in claims that were denied based upon fraudulent peer reports, IME reports and allegations of IME no-shows that were part of the aforementioned scheme.

169. All written representations, affirmations, attestations, affidavits and documents by Defendants and/or their agents claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void because the IME appointments were in fact rescheduled by Plaintiff's assignors or legal representatives of Plaintiff's assignors.

170. All written representations, affirmations, attestations, affidavits and documents by Defendants and/or their agents claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void because they were made pursuant to a fraudulent protocol put in place by said Defendants that deemed the assignors as "no-shows" despite the fact that they appeared at the designated place, time and date.

171. All written representations, affirmations, attestations, affidavits and documents by Defendants and/or their agents claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void because they were created in furtherance of the fraudulent scheme that has been detailed in the preceding paragraphs within this complaint.

174. All trial testimony by Defendants concerning alleged no-shows or failure to appear at IMEs by Plaintiff's assignors is stricken because Defendants operated under a fraudulent protocol that deemed the assignors as "no-shows" despite the fact that they appeared at the designated place, time and date.

175. Accordingly, PLAINTIFF requests a judgment pursuant to the Declaratory Judgment Act, 28 U.S.C. §§ 2201 and 2202, declaring that: (i) all correspondences,

documents and materials issued by SCS, Patient Focus d/b/a All Borough and Doctor Defendants claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void because the IME appointments were in fact rescheduled by Plaintiff's assignors or legal representatives of Plaintiff's assignors; (ii) all correspondences, documents and materials issued by SCS, Patient Focus d/b/a All Borough and Doctor Defendants claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void; and (iii) all trial and other live testimony with respect to alleged failures by Plaintiff's assignors to appear to IMEs is deemed stricken, null and void because said Defendants put in place a fraudulent protocol that deemed the assignors as "no-shows" despite the fact that they appeared at the designated place, time and date.

Second Cause of Action
Against All Defendants
Declaratory Relief under 28 U.S.C. §§ 2201 and 2202)

176. Plaintiff incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

177. There is an actual case and controversy between Plaintiff and Defendants regarding more than \$1,000,000.00 in claims that were denied based upon fraudulent peer reports, IME reports and allegations of IME no-shows that were part of the aforementioned scheme.

178. All peer review reports, IME reports, and other written representations, affirmations, attestations, affidavits and documents by Defendants pertaining to the medical necessity of the services and/or supplies rendered by Plaintiff are null and void due to the fact that the conclusions contained in said documents were made pursuant to pre-determined fraudulent protocols designed solely to financially enrich the Defendants.

179. All peer review reports, IME reports correspondences, documents and materials issued by Defendants are null and void because Vendor Defendant and Doctor Defendants are part and parcel of a fraudulent enterprise that issues reports pursuant to pre-determined fraudulent protocols designed solely to financially enrich the Defendants.

180. Accordingly, PLAINTIFF requests a judgment pursuant to the Declaratory Judgment Act, 28 U.S.C. §§ 2201 and 2202, declaring that: (i) All peer review reports,

IME reports, and other written representations, affirmations, attestations, affidavits and documents by Defendants pertaining to the medical necessity of the services and/or supplies rendered by Plaintiff are null and void; and (ii) all peer review reports, IME reports correspondences, documents and materials issued by Defendants are null and void.

Third Cause of Action
Against All Defendants
(Violation of RICO, 18 U.S.C § 1962(c))

181. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

182. All named Defendants are an ongoing "enterprise," as that term is defined in 18U.S.C § 1961(4), that engages in activities which affects interstate ecommerce.

183. All Defendants, knowingly have conducted and/or participated, directly or indirectly, in the conduct of SCS's affairs through a pattern of racketeering activity consisting of repeated violations of the federal mail fraud statute, 18 U.S.C § 1341, and the federal wire fraud statute, 18 U.S.C. § 1343, based upon the use of the United States mails and digital/electronic mail to submit or cause to be submitted thousands of fraudulent peer review reports and IME reports on a continuous basis for several years causing denials of benefits that Plaintiff was entitled to receive under the No-Fault Laws. The reports are the result of pre-ordained decisions, are the work product of non-licensed entities, and deeming the supplies at issue to be not medically necessary regardless of the merits of the claims. Said reports were performed pursuant to kickbacks, were perjurious in nature, in contradiction to sworn testimony and documentation, and in many cases were not reviewed or signed at all by the doctors whose names appeared on the reports.

184. All Defendants, knowingly have conducted and/or participated, directly or indirectly, in the conduct of each others' affairs through a pattern of racketeering activity consisting of repeated violations of the federal mail Fraud statute, 18 U.S.C § 1341, and the federal wire fraud statute, 18 U.S.C. § 1343, based upon the use of the United States mails and digital/electronic mail to submit or cause to be submitted a multitude of correspondences on a continuous basis for several years causing denials of benefits that

Plaintiff was entitled to receive under the No-Fault Laws, as the result of misrepresentations regarding whether Plaintiff's assignors failed to appear to IMEs.

185. Defendants' business is racketeering activity, inasmuch as the enterprise exists for the purpose of submitting a massive number of fraudulent reports to insurers solely for the purposes of maximizing profits, minimizing expenses, and denying benefits to Plaintiff. The predicate acts of mail fraud and wire fraud are the regular way in which the named Defendants operate, insofar as the Defendants are not engaged in a legitimate independent peer and IME report practice, and acts of mail fraud therefore are essential in order for Defendants to function. Furthermore, the intricate planning required to carry out and conceal the predicate acts of mail fraud implies a threat of continued criminal activity, as does the fact that the Defendants continue to create the fraudulent reports and testify with respect to said reports.

186. Defendants are engaged in inherently unlawful acts, inasmuch as they continue to submit fraudulent reports and testimony, upon which insurers rely upon as the basis for denying benefits to Plaintiff. These inherently unlawful acts are taken by Defendants in pursuit of inherently unlawful goals - namely, the theft of money from PLAINTIFF and other insured parties through fraudulent practices.

187. PLAINTIFF has been injured in its business and property by reason of the above described conduct in at least \$1,000,000.00 has been denied for reimbursement pursuant to the fraudulent reports submitted by the Defendants to the insurer clients.

188. By reason of its injury, PLAINTIFF is entitled to treble damages, costs, and reasonable attorneys' fees pursuant to 18 U.S.C §1964(c), and any other relief the Court deems just and proper.

Fourth Cause of Action
Against All Defendants
(Violation of RICO, 18U.S.C. § 1962(d))

189. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

190. SCDefendants are an ongoing "enterprise," as that term is defined in 18U.S.C § 1961(4), that engages in activities which affects interstate ecommerce.

191. All Defendants, knowingly have conducted and/or participated, directly or indirectly, in the conduct of SCS's affairs through a pattern of racketeering activity consisting of repeated violations of the federal mail Fraud statute, 18 U.S.C § 1341, based upon the use of the United States mails to submit or cause to be submitted thousands of fraudulent peer review reports and IME reports on a continuous basis for several years causing denials of benefits that Plaintiff was entitled to receive under the No-Fault Laws, as the result of pre-ordained reports being created by layperson entities deeming the supplies at issue to be not medically necessary regardless of the merits of the claims. Said reports were issued pursuant to a pre-determined, fraudulent protocol designed solely to enrich the Defendants, were performed pursuant to kickbacks, were perjurious in nature, in contradiction to sworn testimony and documentation, and in many cases were not reviewed or signed at all by the doctors whose names appeared on the reports.

192. All Defendants, knowingly have conducted and/or participated, directly or indirectly, in the conduct of SCS's affairs through a pattern of racketeering activity consisting of repeated violations of the federal mail Fraud statute, 18 U.S.C § 1341, based upon the use of the United States mails to submit or cause to be submitted a multitude of correspondences, on a continuous basis for almost four years causing denials of benefits that Plaintiff was entitled to receive under the No-Fault Laws, as the result of misrepresentations regarding whether Plaintiff's assignors failed to appear to IMEs.

193. Defendants' business is racketeering activity, inasmuch as the enterprise exists for the purpose of submitting a massive number of correspondences to insurers solely for the purposes of maximizing profits, minimizing expenses, and denying benefits to Plaintiff. The predicate acts of mail fraud and wire fraud are the regular way in which the named Defendants operate, insofar as the Defendants are not engaged in a legitimate independent peer and IME report practice, and acts of mail fraud therefore are essential in order for Defendants to function. Furthermore, the intricate planning required to carry out and conceal the predicate acts of mail fraud implies a threat of continued criminal activity, as does the fact that the Defendants continue to create the fraudulent reports and testify with respect to said reports.

194. Defendants are engaged in inherently unlawful acts, inasmuch as they continue to submit fraudulent documents and testimony, upon which insurers rely upon as the basis

for denying benefits to Plaintiff. These inherently unlawful acts are taken by Defendants in pursuit of inherently unlawful goals - namely, the theft of money from PLAINTIFF and other insured parties through fraudulent practices.

195. PLAINTIFF has been injured in its business and property by reason of the above described conduct in at least \$1,000,000.00 has been denied for reimbursement pursuant to the fraudulent reports submitted by the Defendants to the insurer clients. By reason of its injury, PLAINTIFF is entitled to treble damages, costs, and reasonable attorneys' fees pursuant to 18 U.S.C §1964(c), and any other relief the Court deems just and proper.

Fifth Cause of Action
Against All Defendants
(Common Law Fraud)

196. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in /paragraphs 104 through 166 above.

197. Patient Focus d/b/a All Borough and True Owner Defendants intentionally and knowingly made false and fraudulent statements of material fact to PLAINTIFF and concealed material facts from PLAINTIFF in the course of their submission of thousands of fraudulent reports and correspondences resulting in denial of payment to PLAINTIFF.

198. The false and fraudulent statements of material fact and acts of fraudulent concealment include:

(i) In every claim denied upon the failure to appear or no-show of Plaintiff's assignors to IMEs, the representation that the assignors failed to appear when in fact either (a) the IMEs were rescheduled or (b) the assignors did in fact appear.

(ii) In every claim, the representation that the pertinent medical services actually are performed through SCS, and that the pertinent independent medical services are conducted by medical doctors, when in fact the medical services frequently are not performed at all and, to the extent that they are performed, the statements and conclusions contained therein are preordained and are performed pursuant to kickbacks that the PC Defendants and the Management Defendants provide to the Clinics and pursuant to a pre-determined fraudulent protocol designed solely to financially enrich the Defendants.

(iii) In every claim, the representation that the pertinent medical services actually are performed through SCS, and that the pertinent independent medical services are conducted by licensed doctors, when in fact the authors of said reports are laypersons who, with the help of computer technology, create a plethora of peer review reports and IME reports that are affirmed under oath to be prepared by and the work product of licensed medical doctors. Said reports are actually signed by the non-licensed professionals rather than by the Doctor Defendants themselves.

(iv) In every claim the representation that proper IMEs were performed, when in fact, while the IME reports on their face appear to be legitimate, no legitimate IMEs were ever performed; in those situations where an eligible injured person (EIP) was actually seen by a Doctor Defendant, the examinations were so cursory as to have no medical value whatsoever, were meaningless and fraudulent in nature. The outcome of the IMEs as memorialized in the reports were predetermined in nature and designed to ensure a cutoff of benefits to Plaintiff and other insured parties. Moreover, the reports were and are perjurious in that (a) although the IME reports state that certain orthopedic and related evaluations and tests were done in order to determine the medical necessity of future medical services, those evaluations and tests were in fact not done, or done so haphazardly as to have no diagnostic value; and (b) despite testimony and sworn statements that the reports are the complete work product of the Defendant Defendants, they are so similar in language and nature as to make it impossible to be the work product of said defendants.

199. The Defendants intentionally made the above-described false and fraudulent statements and concealed material facts in a calculated effort to induce denial of benefits to Plaintiff and to be paid for services rendered to the insurance carrier clients.

200. The insurance carrier clients issued denial of claim forms based upon the findings in the peer review and IME reports, denying payment for past and future services rendered by Plaintiff. Plaintiff justifiably relied on the basis of the denial of claim forms and believed that valid peer review and IMEs had been conducted, and as a proximate result has been injured in its business and property by reason of the above described

conduct in that it has been denied at least \$1,000,000 in reimbursement of no-fault benefits due entirely to the fraudulent activities by Defendants.

201. The Defendants' extensive fraudulent conduct demonstrates a high degree of moral turpitude and wanton dishonesty that entitles PLAINTIFF to recover punitive damages.

202. Accordingly, by virtue of the foregoing, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

Sixth Cause of Action
Against All Defendants
(Aiding and Abetting Fraud)

203. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in paragraphs I through 128 above.

204. Defendants knowingly aided and abetted the fraudulent scheme that was perpetrated on PLAINTIFF by: (i) knowingly creating and preparing in peer review and IME reports that have predetermined opinions; (ii) knowingly creating and preparing in peer review and IME reports that are purported to be created and prepared by Doctor Defendants; and (iii) knowingly signing peer review and IME reports that are purported to be signed by Doctor Defendants; and (iv) knowingly splitting fees with licensed medical professionalism in an illegal fashion; (v) knowingly siphoning and laundering money through Patient Focus d/b/a All Borough using management companies and other entities.

205. The conduct of Defendants in furtherance of the fraudulent scheme is significant and material. The conduct of each Defendant is a necessary part of and is critical to the success of the fraudulent scheme because without their actions, including the performance of the fraudulent medical and fee splitting services, issuance of the fraudulent reports, and participation in the fraudulent billing, there would be no opportunity for Defendants to obtain payment from insurance carriers.

206. Each Defendant aided and abetted the fraudulent scheme in a calculated effort to cause denial of reimbursement for no-fault payments entitled to PLAINTIFF by

perverting the independent peer review IME process for the purpose of profiting from the fraud.

207. The conduct of Defendants deprived Plaintiff of \$1,000,000 worth of no-fault benefits that it was entitled to.

208. Defendants' extensive fraudulent conduct demonstrates a high degree of moral turpitude and wanton dishonesty that entitles PLAINTIFF to recover punitive damages.

209. Accordingly, by virtue of the foregoing, PLAINTIFF is entitled to compensatory and punitive damages/together with interest and costs, and any other relief the Court deems just and proper.

Seventh Cause of Action
Against All Defendants
(Money Laundering)

210. PLAINTIFF Incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

211. Patient Focus d/b/a All Borough is a classic *Mallela* corporation, as previously defined. It is instrumental in the enterprise described above because it serves as a shell corporation to produce massive numbers of peer review and IME reports at volumes and extremely low costs that would not otherwise be possible if the reports were actually the work product of the doctors named on the reports. This shell company was created and utilized for the purposes of filtering money to non-licensed True Owner Layperson Defendants and True Owner Corporate Defendants, in violation of the law, as they are incremental to the fraudulent scheme. Defendant Sharahy remains on paper as the sole owner of Patient Focus d/b/a All Borough in order to maintain the image that the fee splitting is a legal arrangement, when it is not.

212. Additionally, as Patient Focus d/b/a All Brough often operates the facilities in which the IMEs are scheduled to take place, and its true owners split fees with the Defendant Doctors who perform the IMEs and peer reports, the use of laypersons under the direction of True Owner Corporate Defendants and True Owner Layperson Defendants to create the reports is incremental to the fraudulent scheme.

213. When PLAINTIFF was denied benefits based on fraudulent reports or misrepresentations by Defendants' concerning the appearance of Plaintiff's assignor's at

IMEs, it reasonably believed that the basis of the denials were pursuant to a protocol that operated within the tenets of the No-Fault Regulations.

214. PLAINTIFF has been damaged by this money laundering operation due to lack of reimbursement and as a result of Defendants' improper, unlawful, and unjust scheme as detailed above.

215. Defendants' retention of such payments violates fundamental principles of justice, equity, and good conscience.

216. By reason of the above, the Defendants have been unjustly enriched in an amount to be determined at trial, but in no event less than \$1,000,000.00.

Eighth Cause of Action
Against All Defendants

(Violation of Education Laws and Business Corporations Laws)

217. PLAINTIFF Incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

218. Patient Focus d/b/a All Borough is a professional corporation shell company that is owned on paper by Tatiana Sharahy, MD, but which is in truth and in fact owned, controlled and managed by True Owner Corporate Defendants and True Owner Layperson Defendants.

219. In violation of N.Y. Gen. Bus. Law §349 and the New York Education Laws, Defendant Sharahy ceded control and all decision-making to the named True Owners, who control the finances and policies of Patient Focus d/b/a All Borough.

220. Patient Focus d/b/a All Borough is a classic doc-in-the-box *Mallela* corporation. It is instrumental in the enterprise described above because it serves as a shell corporation to produce massive numbers of peer review and IME reports at volumes and extremely low costs that would not otherwise be possible if the reports were actually the work product of the doctors named on the reports. Moreover, as Patient Focus d/b/a All Borough splits fees with the Defendant Doctors whose names appear on the reports and who appear for trial testimony, Defendant Sharahy remains on paper as the sole owner of Patient Focus d/b/a All Borough in order to maintain the image that the fee splitting is a legal arrangement.

221. Additionally, as Patient Focus d/b/a All Brough often operates the facilities in which the IMEs are scheduled to take place, and its true owners split fees with the Defendant Doctors who perform the IMEs and peer reports, the arrangement is one that is in violation of N.Y. Gen. Bus. Law §349 and the New York Education Laws. Additionally, in order for the peer reports and IME reports to be created at such a large volume and for the least amount of cost possible, the use of laypersons under the direction of True Owner Corporate Defendants and True Owner Layperson Defendants to create the reports is incremental to the fraudulent scheme.

222. The Defendants' extensive fraudulent conduct demonstrates a high degree of moral turpitude and wanton dishonesty that entitles PLAINTIFF to recover punitive damages.

223. Accordingly, by virtue of the foregoing, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

Ninth Cause of Action
Against All Defendants
(Forgery)

224. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

225. The entire scheme described above also involves forgery. The signatures of the doctors are not placed on the peer and IME reports by the purported named authors of the reports, with the knowledge and consent of the Doctor Defendants. SCS, Patient Focus d/b/a All Borough, True Owner Layperson Defendants and True Owner Corporate Defendants have forged lease agreements, signatures of building landlords and invoices in order to conceal the nature of the relationship between the parties and the participatory role of the True Owner Layperson Defendants and True Owner Corporate Defendants. All forged documents have been sent through the mail system and electronic mail system numerous times.

226. Accordingly, by virtue of the foregoing, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

Tenth Cause of Action
Against Svetlana Khamikovsky
(Aiding and Abetting Fraud)

227. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

228. Svetlana Khamikovsky is the accountant for Patient Focus d/b/a All Borough. Defendant Khamikovsky plays a large role in structuring the finances of Patient Focus d/b/a All Borough in order to allow vast amounts of money to be laundered to the True Owner Corporate Defendants and True Owner Layperson Defendants without raising any red flags.

229. Defendant Khamikovsky likewise conspired with co-Defendants to fail to file biennial statements for Patient Focus d/b/a All Borough with the New York Department of Taxation and Finance in furtherance of the effort to conceal who the majority of the revenue generated by Patient Focus d/b/a All Borough was actually going to.

230. The conduct of Khamikovsky in furtherance of the fraudulent scheme is significant and material. The conduct of Khamikovsky is a necessary part of and is critical to the success of the fraudulent scheme because without her actions, including the accounting tactics used to aid in filing fraudulent tax reports and laundering money to True Owner Corporate Defendants and True Owner Layperson Defendants, the scheme would not have been as successful and damaging as it has been.

231. Khamikovsky aided and abetted the fraudulent scheme in a calculated effort to reap rewards from the fraudulent activity described above and to induce denial of payments to PLAINTIFF for services that were presumed to be medical necessary, and to which Plaintiff was entitled.

232. The conduct of Khamikovsky caused PLAINTIFF to damages of more than \$1,000,000.00 based upon the fraudulent conduct engaged in by the enterprise.

233. Khamikovsky's extensive fraudulent conduct demonstrates a high degree of moral turpitude and wanton dishonesty that entitles PLAINTIFF to recover punitive damages.

234. Accordingly, by virtue of the foregoing, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

Tenth Cause of Action
Against Svetlana Khamikovsky
(Aiding and Abetting Fraud)

227. PLAINTIFF incorporates, as though fully set forth herein, each and every allegation in paragraphs 104 through 166 above.

228. Svetlana Khamikovsky is the accountant for Patient Focus d/b/a All Borough. Defendant Khamikovsky plays a large role in structuring the finances of Patient Focus d/b/a All Borough in order to allow vast amounts of money to be laundered to the True Owner Corporate Defendants and True Owner Layperson Defendants without raising any red flags.

229. Defendant Khamikovsky likewise conspired with co-Defendants to fail to file biennial statements for Patient Focus d/b/a All Borough with the New York Department of Taxation and Finance in furtherance of the effort to conceal who the majority of the revenue generated by Patient Focus d/b/a All Borough was actually going to.

230. The conduct of Khamikovsky in furtherance of the fraudulent scheme is significant and material. The conduct of Khamikovsky is a necessary part of and is critical to the success of the fraudulent scheme because without her actions, including the accounting tactics used to aid in filing fraudulent tax reports and laundering money to True Owner Corporate Defendants and True Owner Layperson Defendants, the scheme would not have been as successful and damaging as it has been.

231. Khamikovsky aided and abetted the fraudulent scheme in a calculated effort to reap rewards from the fraudulent activity described above and to induce denial of payments to PLAINTIFF for services that were presumed to be medical necessary, and to which Plaintiff was entitled.

232. The conduct of Khamikovsky caused PLAINTIFF to damages of more than \$1,000,000.00 based upon the fraudulent conduct engaged in by the enterprise.

233. Khamikovsky's extensive fraudulent conduct demonstrates a high degree of moral turpitude and wanton dishonesty that entitles PLAINTIFF to recover punitive damages.

234. Accordingly, by virtue of the foregoing, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

WHEREFORE, Plaintiff Sky Medical Supply Inc., demands that a Judgment be entered in their favor:

A. On the First Cause of Action against Defendants named therein, a judgment pursuant to the Declaratory Judgment Act, 28 U.S.C. §§ 2201 and 2202, declaring that: (i) all correspondences, documents and materials issued by SCS, Patient Focus d/b/a All Borough and Doctor Defendants claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void because the IME appointments were in fact rescheduled by Plaintiff's assignors or legal representatives of Plaintiff's assignors; (ii) all correspondences, documents and materials issued by SCS, Patient Focus d/b/a All Borough and Doctor Defendants claiming that Plaintiff's assignors failed to appear and/or were "no-shows" at duly scheduled IMEs are null and void; and (iii) all trial and other live testimony with respect to alleged failures by Plaintiff's assignors to appear to IMEs is deemed stricken, null and void because said Defendants put in place a fraudulent protocol that deemed the assignors as "no-shows" despite the fact that they appeared at the designated place, time and date

B. On the second cause of action against the Defendants named therein, a judgment pursuant to the Declaratory Judgment Act, 28 U.S.C. §§ 2201 and 2202, declaring that: (i) All peer review reports, IME reports, and other written representations, affirmations, attestations, affidavits and documents by Defendants pertaining to the medical necessity of the services and/or supplies rendered by Plaintiff are null and void;; and (ii) all peer review reports, IME reports correspondences, documents and materials issued by Defendants are null and void.

C. On the Third Cause of Action against Defendants named therein, PLAINTIFF is entitled to treble damages, costs, and reasonable attorneys' fees pursuant to 18 U.S.C §1964(c), and any other relief the Court deems just and proper.

D. On the Fourth Cause of Action against Defendants named therein PLAINTIFF is entitled to treble damages, costs, and reasonable attorneys' fees pursuant to 18 U.S.C §1964(d), and any other relief the Court deems just and proper.

E. On the Fifth Cause of Action against Defendants named therein, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

F. On the Sixth Cause of Action against Defendants named therein, PLAINTIFF is entitled to compensatory and punitive damages in the amount of \$1,000,000 together with interest and costs, and any other relief the Court deems just and proper.

G. On the Sixth Cause of Action against Defendants named therein, PLAINTIFF is entitled to compensatory and punitive damages in the amount of \$1,000,000 together with interest and costs, and any other relief the Court deems just and proper.

H. On the Eighth Cause of Action against Defendants named therein, PLAINTIFF is entitled to compensatory and punitive damages in the amount of \$1,000,000 together with interest and costs, and any other relief the Court deems just and proper.

I. On the Ninth Cause of Action against Defendants named therein, PLAINTIFF is entitled to compensatory and punitive damages in the amount of \$1,000,000 together with interest and costs, and any other relief the Court deems just and proper;

K. On the Tenth Cause of Action against Defendant named therein, PLAINTIFF is entitled to compensatory and punitive damages, together with interest and costs, and any other relief the Court deems just and proper.

Dated: 12/24/12

Yours, etc.



Gary Tsirelman, Esq.



Stefan M. Belinfanti, Esq.

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Sky Medical Supply, Inc.
65 Jay Street
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Brooklyn, NY 11201

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
Sky Medical Supply Inc.
Plaintiff

Docket No. _____

- against -

SCS Support Claims Services, Inc.
Vendor Defendant

And

Tatiana Sharahy, MD, et al.
Doctor Defendants

And

Patient Focus Medical Examinations, PC
d/b/a All Borough Medical, PC
Shell Company Defendant

Nationwide Management Inc.
BAB Management Inc.
ABC Management Company
DEF Management Company
True Owner Corporate Defendants

Benjamin Osiashvili aka Benjamin Osi, et al.
True Owner Layperson Defendants

Linda Ackerman, et al.
Other Defendants

-----X

COMPLAINT

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