

222. Allstate received purported VNG testing reports of the provider Defendant Pitch as to patient C.D., claim number 0657624722, for date of service April 11, 2022; and as to patient C.Q., claim number 0660810144, for date of service April 6, 2022; and provider Defendant Direct Med as to patient G.C., claim number 0609600209, for date of service January 12, 2021. As shown below, the “Vestibular Exam Data” for these three patients – patient C.D. (left), patient C.Q. (center), and patient G.C. (right) – are identical:

C.D.

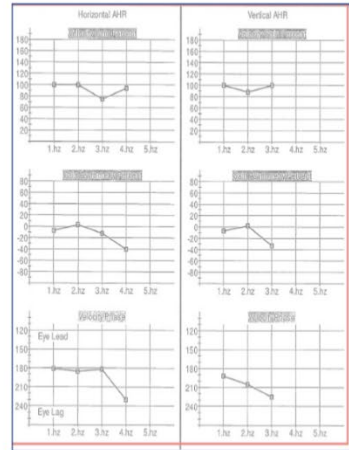
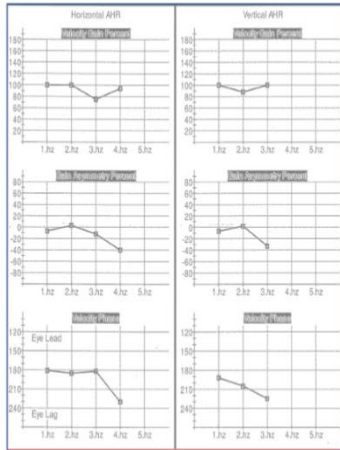
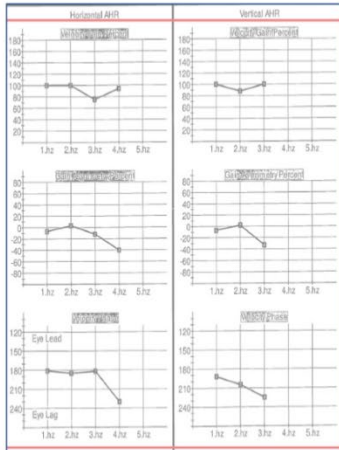
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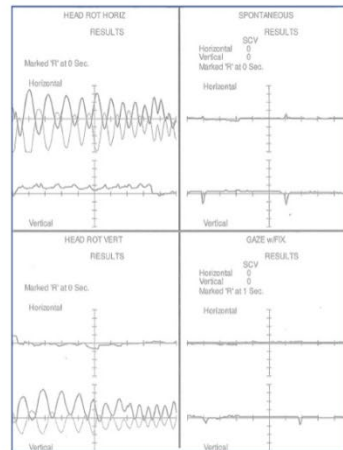
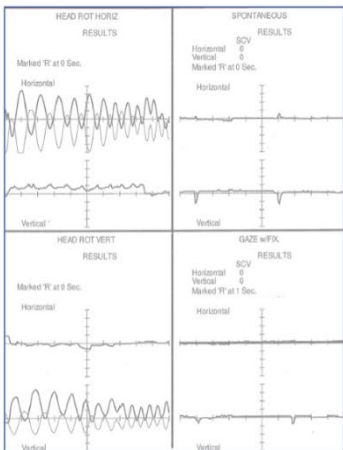
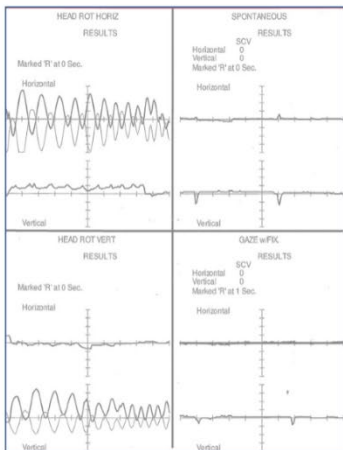
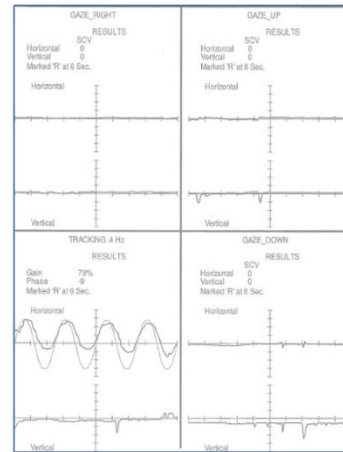
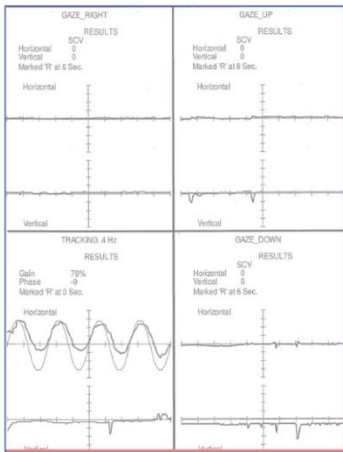
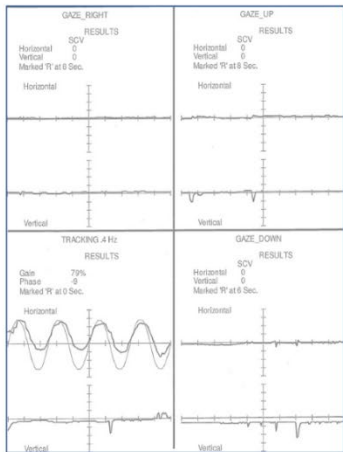
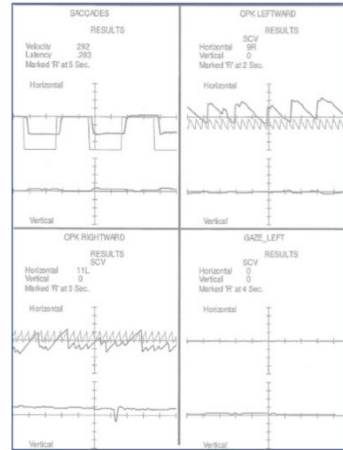
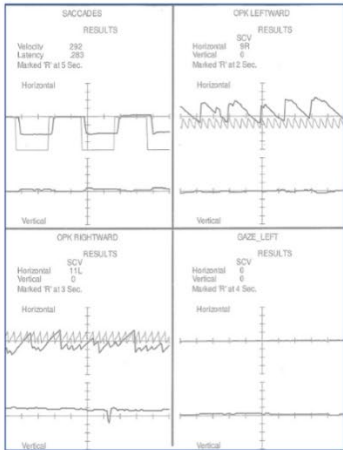
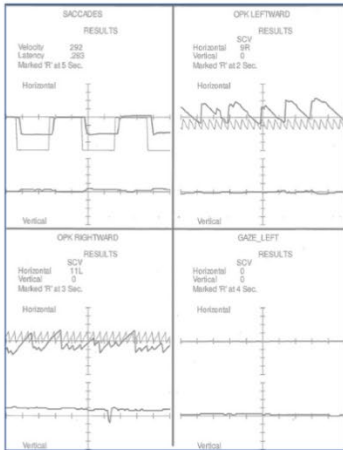
G.C.

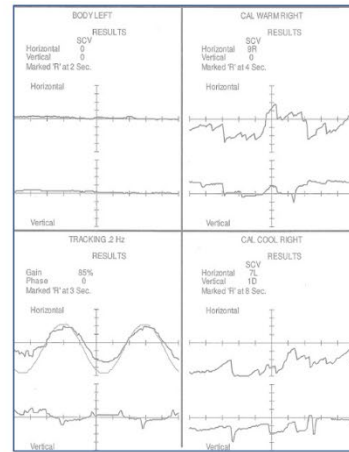
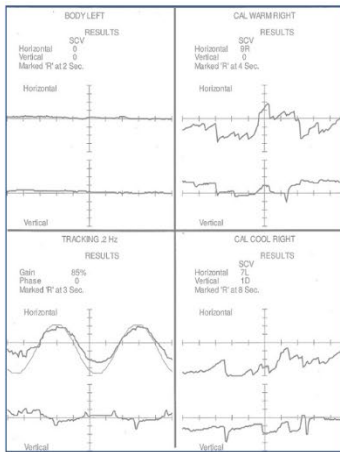
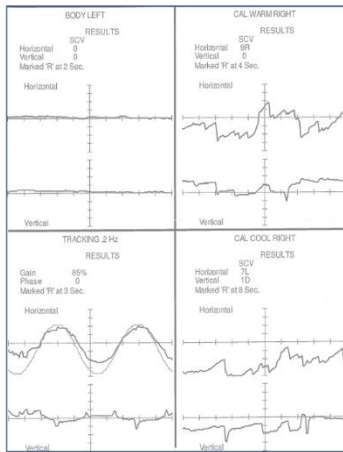
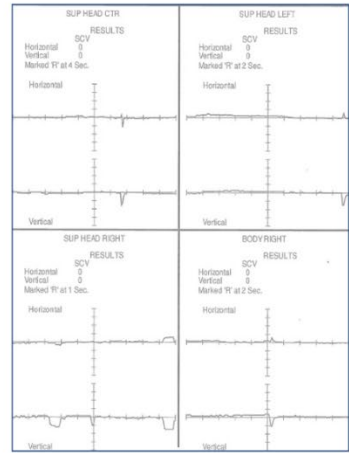
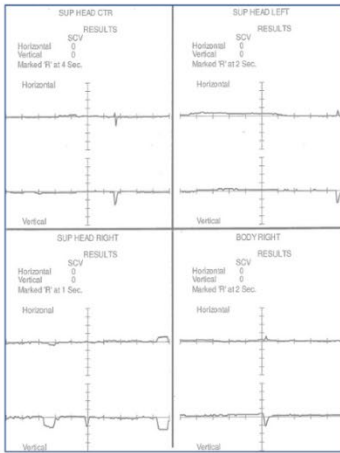
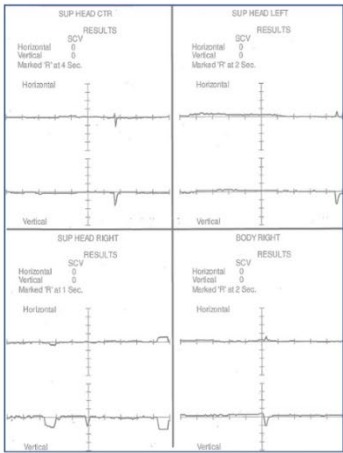
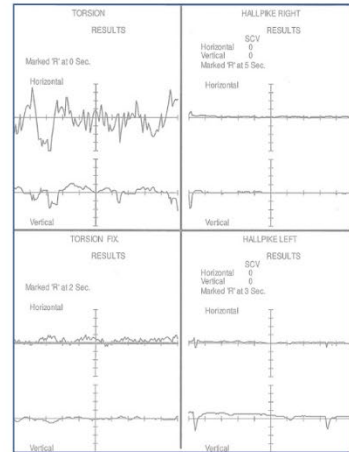
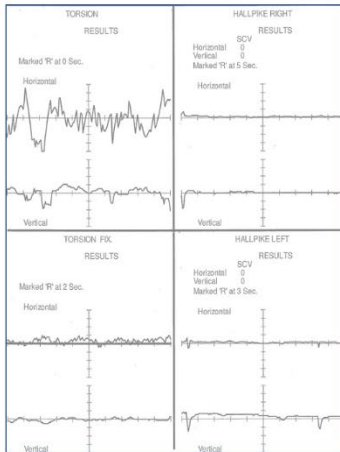
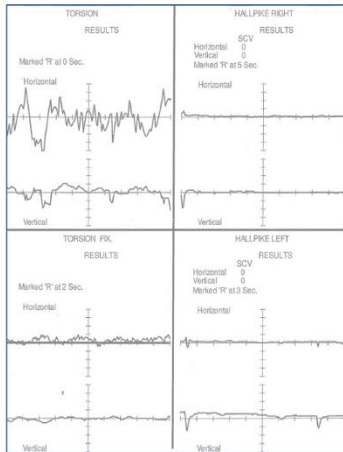
OCULOMOTOR TESTS			COMMENTS
TRACKING (4 Hz)	Gain 79%	Phase -9	
TRACKING (2 Hz)	85%	0	
SACCADES (30 deg.)	Peak Velocity 292	Delay 283	
OPK (20 degrees)	Rightward 11L	Leftward 9R	
SPONTANEOUS SPONT w/Fix	Horizontal 0	Vertical 0	
GAZE LEFT	0	0	
GAZE RIGHT	0	0	
GAZE UP	0	0	
GAZE DOWN	0	0	
TORSION SWING	Normal [0]	Abnormal [1]	
TORSION SWING w/Fix	[0]	[1]	
POSITIONAL TESTS			COMMENTS
HALLPIKE Left	Horizontal 0	Vertical 0	
HALLPIKE Right	0	0	
SUPINE HEAD Center	0	0	
SUPINE HEAD Left	0	0	
SUPINE HEAD Right	0	0	
SUPINE BODY Left	0	0	
SUPINE BODY Right	0	0	
BITHERMAL CALORICS			COMMENTS
Caloric are Offset			
LEFT IRRIGATION	5L	Cool SR 7L	
RIGHT IRRIGATION	9R	Warm SR 7L	
Unilateral Weakness <25% Dir. Preponderance <25%			

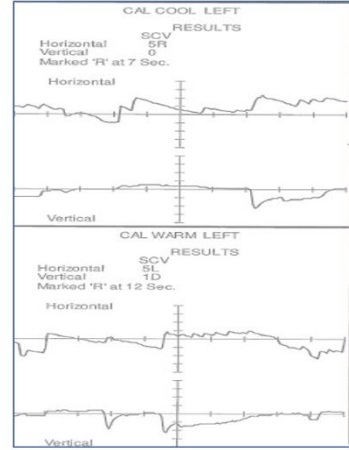
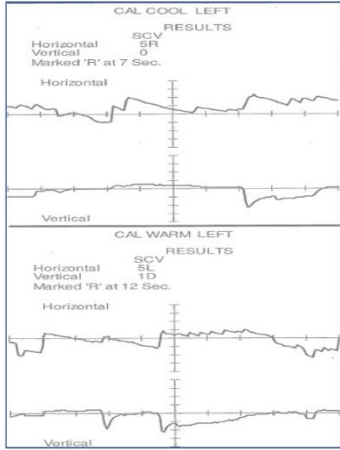
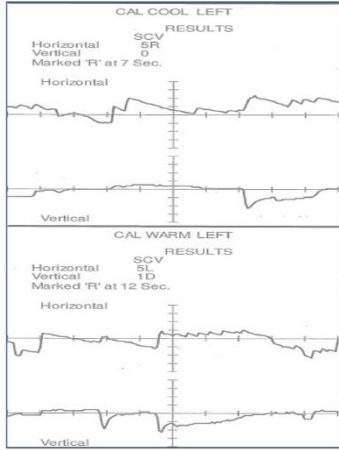
OCULOMOTOR TESTS			COMMENTS
TRACKING (4 Hz)	Gain 79%	Phase -9	
TRACKING (2 Hz)	85%	0	
SACCADES (30 deg.)	Peak Velocity 292	Delay 283	
OPK (20 degrees)	Rightward 11L	Leftward 9R	
SPONTANEOUS SPONT w/Fix	Horizontal 0	Vertical 0	
GAZE LEFT	0	0	
GAZE RIGHT	0	0	
GAZE UP	0	0	
GAZE DOWN	0	0	
TORSION SWING	Normal [0]	Abnormal [1]	
TORSION SWING w/Fix	[0]	[1]	
POSITIONAL TESTS			COMMENTS
HALLPIKE Left	Horizontal 0	Vertical 0	
HALLPIKE Right	0	0	
SUPINE HEAD Center	0	0	
SUPINE HEAD Left	0	0	
SUPINE HEAD Right	0	0	
SUPINE BODY Left	0	0	
SUPINE BODY Right	0	0	
BITHERMAL CALORICS			COMMENTS
Caloric are Offset			
LEFT IRRIGATION	5L	Cool SR 7L	
RIGHT IRRIGATION	9R	Warm SR 7L	
Unilateral Weakness <25% Dir. Preponderance <25%			

OCULOMOTOR TESTS			COMMENTS
TRACKING (4 Hz)	Gain 79%	Phase -9	
TRACKING (2 Hz)	85%	0	
SACCADES (30 deg.)	Peak Velocity 292	Delay 283	
OPK (20 degrees)	Rightward 11L	Leftward 9R	
SPONTANEOUS SPONT w/Fix	Horizontal 0	Vertical 0	
GAZE LEFT	0	0	
GAZE RIGHT	0	0	
GAZE UP	0	0	
GAZE DOWN	0	0	
TORSION SWING	Normal [0]	Abnormal [1]	
TORSION SWING w/Fix	[0]	[1]	
POSITIONAL TESTS			COMMENTS
HALLPIKE Left	Horizontal 0	Vertical 0	
HALLPIKE Right	0	0	
SUPINE HEAD Center	0	0	
SUPINE HEAD Left	0	0	
SUPINE HEAD Right	0	0	
SUPINE BODY Left	0	0	
SUPINE BODY Right	0	0	
BITHERMAL CALORICS			COMMENTS
Caloric are Offset			
LEFT IRRIGATION	5L	Cool SR 7L	
RIGHT IRRIGATION	9R	Warm SR 7L	
Unilateral Weakness <25% Dir. Preponderance <25%			



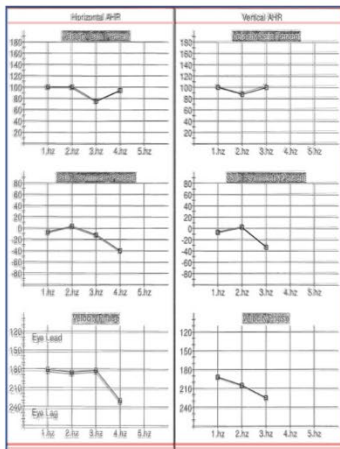


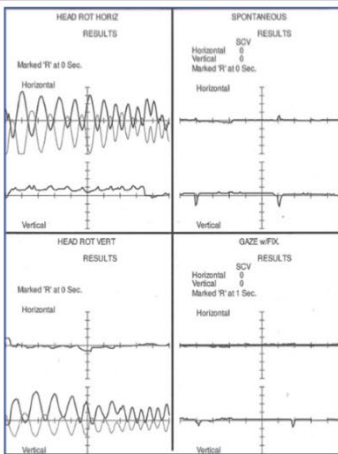
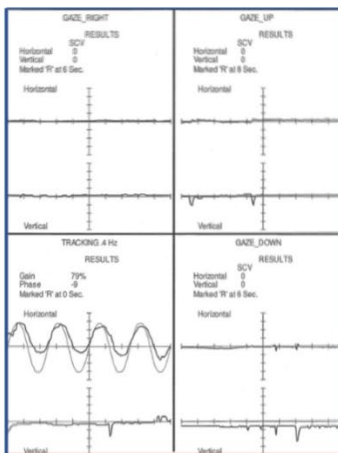
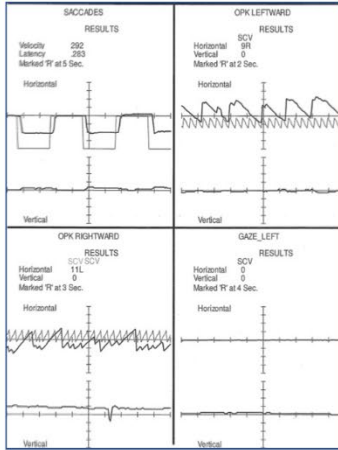


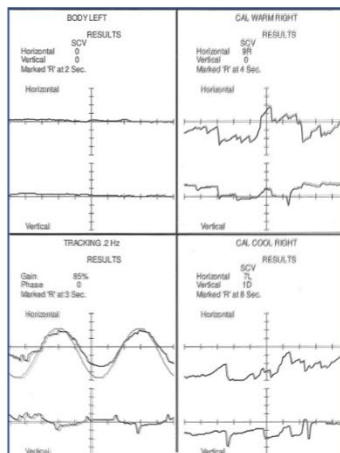
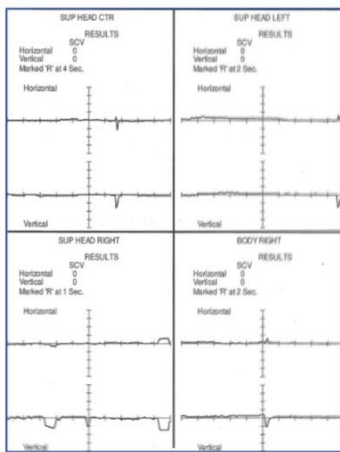
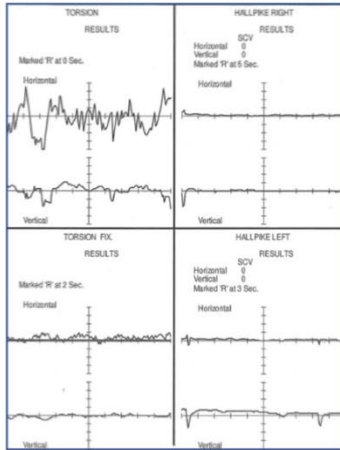


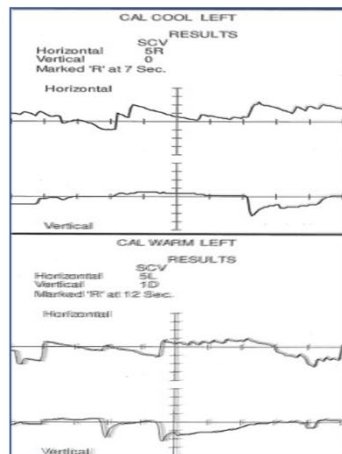
When one is superimposed over the other, the results are the following:

OCULOMOTOR TESTS			COMMENTS
TRACKING (4 Hz)	Gain	Phase	
	79%	-9	
TRACKING (2 Hz)	Gain	Phase	
	85%	0	
	Peak Velocity	Delay	
	292	283	
SACCADES (20 deg.)	Rightward	Leftward	
	11L	9R	
OPN (20 degrees)	Horizontal	Vertical	
	0	0	
SPONTANEOUS	Horizontal	Vertical	
SPONT.w/Fc	0	0	
GAZE LEFT	0	0	
GAZE RIGHT	0	0	
GAZE UP	0	0	
GAZE DOWN	0	0	
	Normal	Abnormal	
TORSION SWING	Int	Ext	
TORSION SWING w/Fc	Int	Ext	
POSITIONAL TESTS			COMMENTS
HALLPIKE Left	Horizontal	Vertical	
	0	0	
HALLPIKE Right	Horizontal	Vertical	
	0	0	
SUPINE HEAD Center	0	0	
SUPINE HEAD Left	0	0	
SUPINE HEAD Right	0	0	
SUPINE BODY Left	0	0	
SUPINE BODY Right	0	0	
BITHERMAL CALORICS			COMMENTS
Caloric are Olfert:			
LEFT IRRIGATION:	Warm	Cool	
	SL	SR	
RIGHT IRRIGATION:	Warm	Cool	
	SR	SL	
Unilateral Weakness: 16%L Dr. Preponderance 16%L			Unilateral Weakness <25% Dr. Preponderance <25%









Such a match is impossible. Yet, the Defendants had numerous such matches.

VI. The Defendants' Fraudulent Scheme to Bill for SSR Testing

223. The provider Defendants – Interventional, BLK, Refuah, Sinai, Diag Neuro, Greenwood, and Regal, assisted by lay person individuals and entities – have generated fraudulent No-Fault billing for purportedly providing their patients with Sympathetic Skin Response (SSR) studies.

224. SSR is most frequently used in diagnosing the functional impairment of non-myelinated postganglionic sudomotor sympathetic fibers in peripheral neuropathies. The SSR is the potential generated by sweat in response to different stimuli. This potential has a waveform that habituates with closely repeated stimuli and a latency of 1.3-1.5 s at the hand and 1.9-2.1 s at the foot. It has been used to study the peripheral sympathetic system in peripheral nerve diseases. The SSR is a slow wave resulting from activation of the sudomotor sympathetic efferent fibers. Records are usually made with surface electrodes on hand or foot after the electrical stimulation.

Either the amplitude or the latency of the response varies greatly on consecutive stimulations and there is also a remarkable tendency to habituation.

225. As billed for on behalf of these Defendants, however, the SSR was performed either improperly or not at all, and these Defendants routinely billed for SSR as allegedly provided to patients who were not otherwise documented as presenting with any indications for the SSR.

226. SSR was performed, if at all, not by the physicians indicated on the reports, but instead by unqualified lay persons. The Defendant providers 334 Grand, BLK, Diag Neuro, Greenwood, Healthcare Med, Interventional, Refuah, Regal, and Sinai did not properly administer such testing, and the test results were routinely fabricated.

227. These Defendants used a identical diagnostic codes and descriptions for numerous patients. Numerous bills from Interventional, Diag Neuro, Greenwood, BLK, Refuah, Sinai, and Regal used the same diagnoses. The actual conditions, diagnoses and medical needs of the patients made no difference to the Defendants billing for SSR. Their individual conditions, diagnoses and medical needs were ignored by these Defendants who placed profits from their fraudulent scheme above the interest of the patients.

228. These Defendants repeatedly submitted fraudulent claims concerning the patients' conditions, diagnoses and needs and concerning the testing. The bills and reports fabricated the diagnoses, the testing administered and the results. Again and again there were matches of test data for different patients between the Defendants in this scheme. The same codes were repeatedly billed. Multiple bills had the same exact complaints word for word from one patient and from one provider to another. Wave forms, which are invariably different from one test to another, were exact duplicates from one patient to another. The exact duplicates evince both the fraudulent nature of the scheme and the interrelationship of the Defendants.

229. On multiple SSR bills of Interventional, BLK, Refuah and Sinai, their patients were purportedly diagnosed again and again with the same conditions *verbatim*:

M54.5 Low Back Pain

R20.2 Paresthesis of Skin

230. On multiple SSR bills of Interventional, Diag Neuro, BLK and Refuah and Sinai, patients are purportedly diagnosed again and again with the condition *verbatim*:

G60.0 Neuropathy, motor and sensory

231. On some SSR bills of Greenwood and Regal, patients were diagnosed with the condition *verbatim*:

G609 Hereditary & idiopathic neuropathy

232. Greenwood and Regal also diagnosed some of their patients with the condition *verbatim*:

G608 Other hereditary and idiopathic neuropathies

233. Diag Neuro and Sinai also diagnosed their patients with the same conditions as the other Defendants with additional conditions *verbatim*

G60.0 Neuropathy, motor & sensory

R:42 Dizziness

65.29 Carotid stenosis

234. Diag Neuro and Refuah also diagnosed their patients with the same conditions as the other Defendants with additional conditions *verbatim*:

G60.9 Neuropathy, peripheral

R:42 Dizziness

G45.1 Carotid artery syndrome

235. The bills submitted on behalf of Defendants Interventional, Diag Neuro, BLK, Refuah and Sinai consisted of the same two charges under the same CPT codes, for the same services, and in the same total amount of \$445.22.

236. The bills submitted on behalf of Defendants Interventional, Diag Neuro, BLK, Refuah and Sinai consisted of two separate bills for each paired providers for the same two charges under the same CPT codes, provided on the same patients at the same time. The treating provider on one bill is a lay person while the treating provider on the other bill is a physician with the same combined total amount of \$445.22.

237. Defendant Regal charged the same one CPT code for providing services while Defendant Greenwood charged the same one CPT code for providing the physician services on the same patients at the same time. The treating provider on one bill is a lay person while the treating provider on the other bill is a physician with the same combined total amount of \$224.61.

238. The bills submitted on behalf of Defendants Interventional and BLK consisted of the same two CPT codes for services provided to the same patient on the same date of service with both bills combined totaling the amount of \$445.22. The bill submitted on behalf of Defendant BLK totaled the amount of \$314.94 which consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Interventional but provided by a lay person. The bills submitted on behalf of provider Defendant Interventional totaled the amount of \$130.28, and consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of BLK but was allegedly provided by a medical doctor.

239. The bills submitted on behalf of Defendants Interventional and Refuah consisted of the same two CPT codes for services provided to the same patient on the same date of service with both bills combined totaling the amount of \$445.22. The bill submitted on behalf of Defendant

Refuah totaled the amount of \$314.94 which consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Interventional but provided by a lay person. The bills submitted on behalf of provider Defendant Interventional totaled the amount of \$130.28, and consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Refuah but was allegedly provided by a medical doctor.

240. The bills submitted on behalf of Defendants Interventional and Sinai consisted of the same two CPT codes for services provided to the same patient on the same date of service with both bills combined totaling the amount of \$445.22. The bills submitted on behalf of Defendant Sinai totaled the amount of \$314.94 which consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Interventional but provided by a lay person. The bills submitted on behalf of Defendant Interventional totaled the amount of \$130.28, and consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Sinai but was allegedly provided by a medical doctor.

241. The bills submitted on behalf of Defendants Diag Neuro and Sinai consisted of the same two CPT codes for services provided to the same patient on the same date of service with both bills combined totaling the amount of \$445.22. The bills submitted on behalf of Defendant Sinai totaled the amount of \$318.94 which consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Diag Neuro but provided by a technician. The bills submitted on behalf of provider Defendant Diag Neuro totaled the amount of \$130.28, and consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Sinai but was allegedly provided by a medical doctor.

242. The bills submitted on behalf of provider Defendants Diag Neuro and Refuah consisted of the same two CPT codes for services provided to the same patient on the same date

of service with both bills combined totaling the amount of \$445.22. The bills submitted on behalf of Defendant Refuah totaled the amount of \$318.94 which consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Diag Neuro but provided by a layperson. The bills submitted on behalf of provider Defendant Diag Neuro totaled the amount of \$130.28, and consisted of the same two CPT codes, for the same services, on the same patient and date of service as that of Refuah but was allegedly provided by a medical doctor.

243. The bills submitted on behalf of provider Defendants Greenwood and Regal consisted of the same one CPT codes for services provided to the same patient on the same date of service with both bills combined totaling the amount of \$224.61. The bills submitted on behalf of Defendant Regal totaled the amount of \$159.47 which consisted of the same one CPT code, for the same services, on the same patient and date of service as that of Greenwood but provided by a layperson. The bills submitted on behalf of provider Defendant Greenwood totaled the amount of \$65.14, and consisted of the same one CPT code, for the same services, on the same patient and date of service as that of Regal but was allegedly provided by a medical doctor.

244. Moreover, the bills for SSR mailed by or on behalf of these provider Defendants to Allstate routinely and falsely represented that the patients with the same conditions never previously had the same or similar conditions prior to the subject motor vehicle accident (MVA), and that such conditions were “solely a result of” the MVA.

245. For example, on or about April 23, 2021, two separate bills were mailed by or on behalf of the provider Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient D. P. claim number 0617201966, in a clinic located at 9208 Liberty Ave., Jamaica, NY 11417 on March 30, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper

extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

246. On or about April 21, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK to Allstate for SSR testing purportedly provided by Interventional and BLK to patient A.S. claim number 0620911925, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on April 14, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

247. On or about August 17, 2021, two separate bills were mailed on behalf of Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient J.T. claim number 0633120530, in a clinic located at 97-01 101st Ave, Jamaica, NY 11416 on July 26, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

248. On or about August 19, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK to Allstate for SSR testing purportedly provided by Interventional and BLK to patient V.L. claim number 0631462165, in a clinic located at 92-08 Jamaica Ave., Queens, NY 11421 on July 28, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

249. On or about July 26, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK to Allstate for SSR testing purportedly provided by Interventional and BLK to patient Y.N. claim number 0628499401, in a clinic located at 9208 Liberty Ave., Woodhaven, NY 11421 on June 29, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

250. On or about April 21, 2021, two separate bills were mailed by or on behalf of the provider Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim number 0615248341, in a clinic located at 9208 Liberty Ave., Jamaica, NY 11417 on April 13, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity

and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

251. On or about March 31, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient T.J. claim number 0618829451, in a clinic located at 430 West Merrick Rd., Valley Stream, NY 11580 on March 24, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

252. On or about March 4, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient N.A. claim number 0610835472, in a clinic located at 9208 Liberty Ave., Jamaica, NY 11417 on February 3, 2021. The bill of Interventional consists of two

charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

253. On or about February 11, 2021, two separate bills were mailed by or on behalf of the provider Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient C.M. claim number 978313547, in a clinic located at 4014 A Boston Rd., Bronx, NY 10475 on February 2, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

254. On or about March 31, 2021, two separate bills were mailed by or on behalf of the provider Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient H.B. claim number 0614955938, in a clinic located at 430 West Merrick Rd., Valley Stream, NY 11580 on March 24, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

255. On or about April 9, 2021, two separate bills were mailed by or on behalf of the provider Defendants Interventional and Sinai, respectively, to Allstate for SSR testing purportedly provided by Interventional and Sinai to patient D.T., in a clinic located at 1975 Linden Blvd. Elmont, NY 11003 on March 25, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

256. On or about March 30, 2021, two separate bills were mailed by or on behalf of the provider Defendants Interventional and Sinai, respectively, to Allstate for SSR testing purportedly provided by Interventional and Sinai to patient J.F. claim number 0614879732, in a clinic located at 1975 Linden Blvd. Elmont, NY 11003 on February 25, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The bills represented that these conditions first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that these conditions resulted solely from the MVA.

257. On or about April 1, 2022, two separate bills were mailed by or on behalf of the provider Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient K.J. claim number 0662880343, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on March 24, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of

\$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

258. On or about September 2, 2022, two separate bills were mailed by or on behalf of the provider Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient D.T. claim number 0653548601, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on March 24, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

259. On or about December 21, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim number 0651017196, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on December 13, 2021. The bill of Interventional

consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

260. On or about June 23, 2022, two separate bills were mailed by or on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient N.G. claim number 0667212120, in a clinic located at 480 E. Jericho Turnpike, Huntington Station, NY 11746 on May 16, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

261. On or about June 21, 2022, two separate bills were mailed by or on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly

provided by Interventional and Refuah to patient C.B., claim number 0671495710, in a clinic located at 4014 A. Boston Rd., Bronx, NY 10475 on June 8, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

262. On or about September 16, 2022, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK to Allstate for SSR testing purportedly provided by Interventional and BLK to patient B.G. claim number is 0677715153, in a clinic located at 1568 Ralph Ave., Brooklyn, NY on August 31, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

263. On or about February 8, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Refuah, respectively, to Allstate for SSR testing purportedly provided by Diag Neuro and Refuah to patient E.H. claim number 0691418859, in a clinic located at 31 Guy Lombardi Ave., Freeport, NY 11520 on January 23, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The bills represented that the condition first arose on the date of the subject MVA and that the condition resulted solely from the MVA.

264. On or about February 1, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Refuah to Allstate for SSR testing purportedly provided by Diag Neuro and Refuah to patient S.W. claim number 0677527947, in a clinic located at 409 Rockaway Ave., Brooklyn, NY 11212 on January 3, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.9 Neuropathy peripheral
R42 Dizziness
G45.1 Carotid Artery Syndrome

The bills represented that these conditions first arose on the date of the subject MVA and that these conditions resulted solely from the MVA.

265. On or about June 13, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Sinai, respectively, to Allstate for SSR testing purportedly provided by Diag Neuro and Sinai to patient M.L. claim number 0712759372, in a clinic located at 7945 Metropolitan Avenue, Flushing, NY 11379 on May 31, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy motor and sensory
R42 Dizziness
G65.29 Carotid Stenosis

The bills represented that these conditions first arose on the date of the subject MVA and that these conditions resulted solely from the MVA.

266. On or about March 7, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient F.A.J. claim number 0656468758, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on February 7, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923-26 for upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923-TC for upper extremities, in the amount of \$159.48. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The bills represented that the condition first arose on the date of the subject MVA, that the patient never previously had the same or similar condition, and that the condition resulted solely from the MVA.

267. On or about March 7, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient F.A.J. claim number 0656468758, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on February 14, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923-26 for lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923-TC for upper extremities, in the amount of \$159.48. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The bills represented that the condition first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that the condition resulted solely from the MVA.

268. On or about May 12, 2022, two separate bills was mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on April 18, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for the upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923-TC for upper extremities, in the amount of \$159.48. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The bills represented that the condition first arose on the date of the subject MVA, that the patient never previously had the same or similar conditions, and that the condition resulted solely from the MVA.

269. On or about June 13, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on May 25, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for the lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923 TC for the lower extremities, in the amount of \$159.47. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The bills represented that the condition first arose on the date of the subject MVA, that the patient never previously had the same or similar condition, and that the conditions resulted solely from the MVA.

270. On or about May 11, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on April 28, 2021. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923 26 for the lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923 TC for the lower extremities, in the amount of \$159.47. On the face of the bills, the patient is diagnosed with:

G608

No description of the code is written on the bill (HCFA form submitted no description of the code was written but a search for this code has the following description G60. 8 for Other hereditary and idiopathic neuropathies). The bills represented that the condition first arose on the date of the subject MVA.

271. On or about October 27, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on September 13, 2021. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923 26 for the upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923 TC for the upper extremities, in the amount of \$159.47. On the face of the bills, the patient is diagnosed with:

G608

No description of the code is written on the bill (HCFA form submitted no description of the code was written but a search for this code has the following description G60. 8 for Other hereditary and idiopathic neuropathies). The bills represented that the condition first arose on the date of the subject MVA.

272. On or about October 15, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on September 29, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923 26 for the lower

extremities in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923 TC for lower extremities in the amount of \$159.47. On the face of the bills, the patient is diagnosed with:

G608

No description of the code is written on the bill (HCFA form submitted no description of the code was written but a search for this code has the following description G60. 8 for Other hereditary and idiopathic neuropathies)

273. On or about December 22, 2021, two separate bills were mailed on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on December 13, 2021. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923 26 for the upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923 TC for the upper extremities in the amount of \$159.47. On the face of the bills, the patient is diagnosed with:

G608

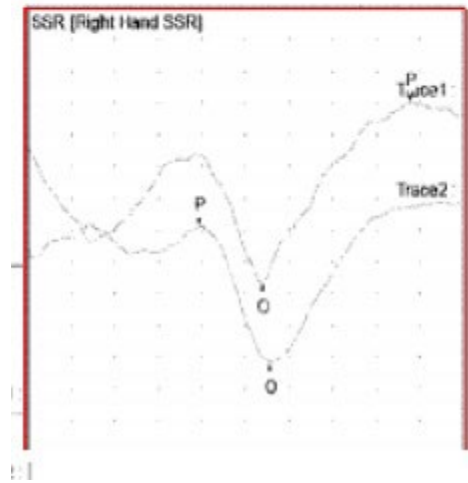
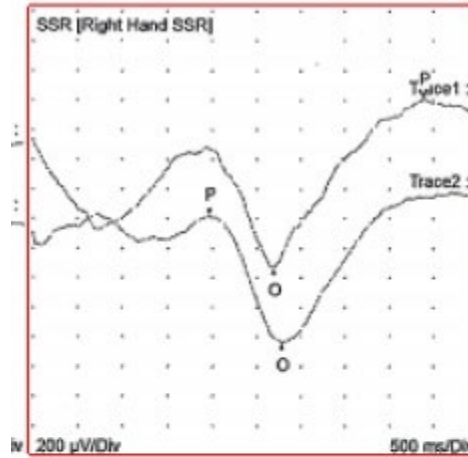
No description of the code is written on the bill (HCFA form submitted no description of the code, this code has been reported with the following description G60. 8 for Other hereditary and idiopathic neuropathies). The bills represented that the condition first arose on the date of the subject MVA.

274. In support of the fraudulent billing for SSR, phony reports were generated which purported to show each individual patient's testing results, including both numerical data and graphical waveforms. In many cases, the data and/or waveforms were copied and pasted from the

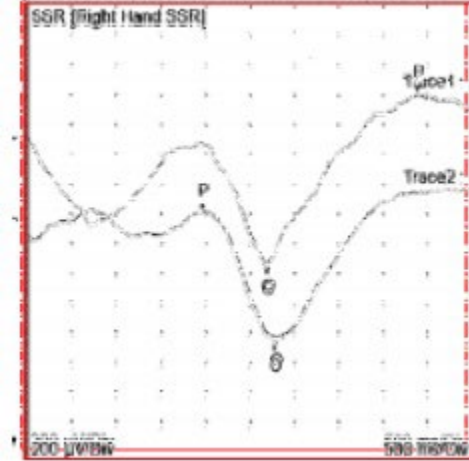
SSR report for another patient. The data and/or waveforms were completely fraudulent as to the patients into whose reports they were included.

275. For example, Allstate received purported SSR testing reports mailed to Allstate at or about the date of service by or on behalf of the provider Defendant Interventional as to patient D.P. claim number 0617201966, for date of service March 30, 2021; and as to patient E.G. claim number 0658598288, for date of service February 10, 2022. The data and waveforms for the right hand SSR (Palm) are identical for patients D.P. and E.G.

276. Identical waveforms were used for patients D.P. and E.G. The graphics below show the right hand SSR (Palm) waveforms from the reports of patients D. P. and E. G. The top waveforms are for D.P. and the bottom waveforms are for E.G.



277. The graphics below show the right hand SSR Palm waveforms of patients D.P. and E.G are partially and fully superimposed.



278. The SSR data tables from the SSR reports of the right hand for patients D.P. and E.G are identical. Such a match is impossible. Yet, the Defendant Interventional had multiple such matches. The top data table is for D.P. and the bottom data table is for E.G.

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (µV)	Norm O-P Amp
Left Hand SSR (Palm)					
Trace1		*3460.9	<1800	*463.2	>900
Trace2		1421.9		773.2	
Right Hand SSR (Palm)					
Trace1		*2695.3	<1800	1128.5	>900
Trace2		2781.3		855.1	

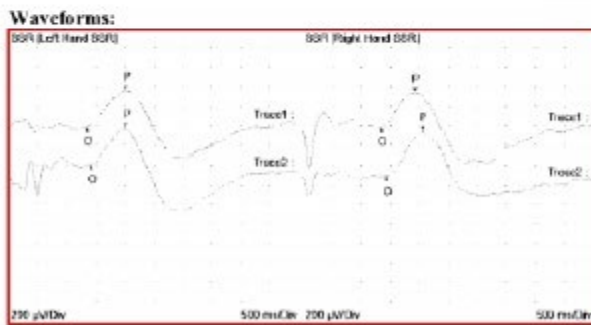
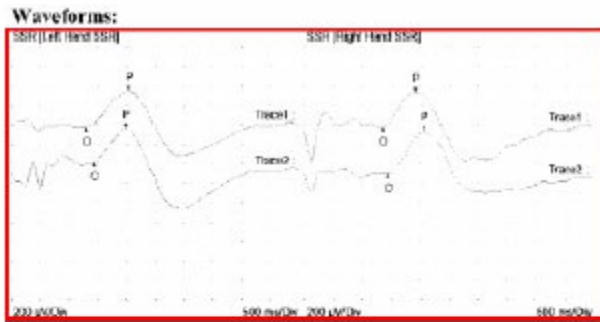
Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (µV)	Norm O-P Amp
Left Hand SSR (Palm)					
Trace1		1421.9	<1800	*767.3	>900
Trace2		3460.9		462.3	
Right Hand SSR (Palm)					
Trace1		*2695.3	<1800	1128.5	>900
Trace2		2781.3		855.1	

279. Allstate received purported SSR testing reports mailed to Allstate at or about the date of service by or on behalf of the provider Defendant Interventional as to patient E.C. claim number 0653131110-01, for date of service December 23, 2021; and as to patient A.F. claim number 0640242152-07, for date of service October 13, 2021. As shown below, the Onset data for

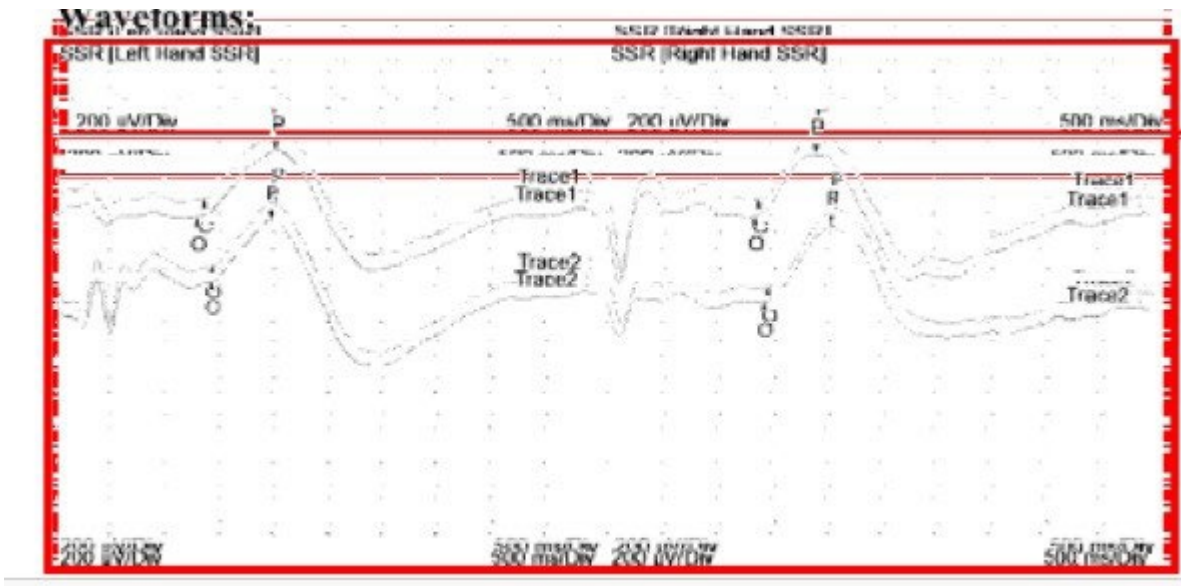
the right hand SSR (Palm) and waveforms for the right and left hand SSR (Palm) for patients E. C. and A.F. are identical.

280. The graphics below show the right and left hand SSR (Palm) waveforms from the reports of patients E.C. and A.F.

281. The graphics below show the right and left hand SSR (Palm) for patients E.G. and A.F. are identical. The top waveforms are for E.C. and the bottom waveforms are for A.F.



282. The graphics below show how the right and left hand SSR (Palm) of patients E.C. and A.F. are partially and fully superimposed.



283. SSR data tables from the SSR reports of the right hand SSR (Palm) of patients Eileen Clunie and Abigail Foster are identical. The top data table is for E.C. and the bottom data table is for A.F.

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (µV)	Norm O-P Amp
Left Hand SSR (Palm)					
Trace1		1304.7	<1800	*372.4	>900
Trace2		1437.5		349.5	
Right Hand SSR (Palm)					
Trace1		1359.4	<1800	*351.5	>900
Trace2		1445.3		437.7	

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (µV)	Norm O-P Amp
Left Hand SSR (Palm)					
Trace1		1359.4	<1800	*366.7	>900
Trace2		1429.7		349.1	
Right Hand SSR (Palm)					
Trace1		1359.4	<1800	*352.9	>900
Trace2		1445.3		442.2	

Such a match is impossible. Yet, the Defendant Interventional had multiple such matches.

284. In addition, the reports for multiple bills had the same exact complaints word for word from one patient and from one provider to another. The exact duplicates evince both the fraudulent nature of the scheme and the interrelationship of the Defendants.

285. Further, even when the patients had different diagnoses, the reports for multiple bills had the same exact complaints word for word from one patient and from one provider to another.

286. On multiple SSR reports of Interventional, Diag Neuro, Greenwood, BLK, Refuah, Sinai and Regal, their patients purportedly had the same complaints *verbatim*:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

287. For example, on or about April 23, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient D. P. claim number 0617201966, in a clinic located at 9208 Liberty Ave., Jamaica, NY 11417 on March 30, 2021. The bill of Intervention consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

288. On or about April 21, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient A.S. claim number 0620911925, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on April 14, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

289. On or about August 17, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient J.T. claim number 0633120530, in a clinic located at 97-01 101st Ave, Jamaica, NY 11416 on July 26, 2021. The bill of Interventional consists of two charges

for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

290. On or about August 19, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient V.L. claim number 0631462165, in a clinic located at 92-08 Jamaica Ave., Queens, NY 11421 on July 28, 2021. The bill consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

291. On or about July 26, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient Y.N. claim number 0628499401, in a clinic located at 9208 Liberty Ave., Woodhaven, NY 11421 on June 29, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

292. On or about April 21, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim number 0615248341, in a clinic located at 9208 Liberty Ave., Jamaica, NY 11417 on April 13, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26

for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

293. On or about March 31, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient T.J. claim number 0618829451, in a clinic located at 430 West Merrick Rd., Valley Stream, NY 11580 on March 24, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

294. On or about March 4, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient N.A. claim number 0610835472, in a clinic located at 9208 Liberty Ave., Jamaica, NY 11417 on February 3, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesia of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

295. On or about February 11, 2021, two separate bills were mailed by or on behalf of the Defendant Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient C.M. claim number 978313547, in a clinic located at 4014 A Boston Rd., Bronx, NY 10475 on February 2, 2021. The bill of Interventional

consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

296. On or about March 31, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient H.B. claim number 0614955938, in a clinic located at 430 West Merrick Rd., Valley Stream, NY 11580 on March 24, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bill, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

297. On or about April 9, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and Sinai, respectively, to Allstate for SSR testing purportedly provided by Interventional and Sinai to patient D.T., claim number 0619832602, in a clinic located at 1975 Linden Blvd. Elmont, NY 11003 on March 25, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

298. On or about March 30, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and Sinai, respectively, to Allstate for SSR testing purportedly provided

by Interventional to patient J.F. claim number 0614879732, in a clinic located at 1975 Linden Blvd. Elmont, NY 11003 on February 25, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. On the face of the bills, the patient is diagnosed with:

M54.5 Low back pain
R20.2 Paresthesis of skin

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

299. On or about April 1, 2022, two separate bills were mailed by or on behalf of the provider Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient K.J. claim number 0662880343, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on March 24, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

300. On or about September 2, 2022, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly provided by Interventional and BLK to patient D.T. claim number 0653548601, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on March 24, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

301. On or about December 21, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly

provided by Interventional and BLK to patient K.B. claim number 0651017196, in a clinic located at 1568 Ralph Ave., Brooklyn, NY 11234 on December 13, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

302. On or about June 23, 2022, two separate bills were mailed by or on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient N.G. claim number 0667212120, in a clinic located at 480 E. Jericho Turnpike, Huntington Station, NY 11746 on May 16, 2022. The bill Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bill, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

303. On or about June 21, 2022, two separate bills were mailed on behalf of the Defendants Interventional and Refuah, respectively, to Allstate for SSR testing purportedly provided by Interventional and Refuah to patient C.B., claim number 0671495710, in a clinic located at 4014 A. Boston Rd., Bronx, NY 10475 on June 8, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94 On the face of the bill, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

304. On or about September 16, 2022, two separate bills were mailed by or on behalf of the Defendants Interventional and BLK, respectively, to Allstate for SSR testing purportedly

provided by Interventional and BLK to patient B.G. claim number is 0677715153, in a clinic located at 1568 Ralph Ave., Brooklyn, NY on August 31, 2022. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of BLK consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

305. On or about February 8, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Refuah, respectively, to Allstate for SSR testing purportedly provided by Diag Neuro and Refuah to patient E.H. claim number 0691418859, in a clinic located at 31 Guy Lombardi Ave., Freeport, NY 11520 on January 23, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy Motor and Sensory

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

306. On or about February 1, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Refuah, respectively to Allstate for SSR testing purportedly provided by Diag Neuro and Refuah to patient S.W. claim number 0677527947, in a clinic located at 409 Rockaway Ave., Brooklyn, NY 11212 on January 3, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Refuah consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.9 Neuropathy peripheral
R42 Dizziness
G45.1 Carotid Artery Syndrome

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

307. On or about February 13, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Sinai, respectively, to Allstate for SSR testing purportedly

provided by Diag Neuro and Sinai to patient M.L. claim number 0712759372, in a clinic located at 7945 Metropolitan Avenue, Flushing, NY 11379 on May 31, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94. On the face of the bills, the patient is diagnosed with:

G60.0 Neuropathy motor and sensory
R42 Dizziness
G65.29 Carotid Stenosis

The SSR reports for the upper and lower extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

308. On or about March 7, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient J.F., claim number 0656468758, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on February 7, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for upper extremities, in the amount of \$159.48. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The SSR report for the upper extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

309. On or about March 7, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient J.F., claim number 0656468758, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on February 14, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for lower extremities, in the amount of \$159.48. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The SSR report for the lower extremities represented that the patient complained of the following:

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

310. On or about May 12, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on April 18, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for upper extremities, in the amount of \$159.48. On the face of the bill, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un (sic)

The SSR report for the upper extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

311. On or about June 13, 2022, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on May 25, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for lower extremities, in the amount of \$159.48. On the face of the bills, the patient is diagnosed with:

G609 Hereditary and idiopathic neuropathy, un

The SSR report for the lower extremities represented that the patient complained of the following:

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

312. On or about May 11, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on April 28, 2021. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for lower extremities, in the amount of \$159.47. On the face of the bill, the patient is diagnosed with:

G608

No description of the code is written on the bill (HCFA form submitted no description of the code was written but a search for this code has the following description G60. 8 for Other hereditary and idiopathic neuropathies)

The SSR report for the lower extremities represented that the patient complained of the following:

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

313. On or about October 27, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on September 13, 2021. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for upper extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for upper extremities, in the amount of \$159.47. On the face of the bill, the patient is diagnosed with:

G608

No description of the code is written on the bill. (HCFA form submitted no description of the code was written but a search for this code has the following description: G60. 8 for Other hereditary and idiopathic neuropathies.

The SSR report for the upper extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

314. On or about October 15, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly

provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on September 29, 2022. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for lower extremities, in the amount of \$159.47. On the face of the bill, the patient is diagnosed with:

G608

No description of the code is written on the bill (HCFA form submitted no description of the code was written. This code has been reported with the following description: G60. 8 for Other hereditary and idiopathic neuropathies.

The SSR report for the lower extremities represented that the patient complained of the following:

“...presents with complaints of low back pain with radiation to both lower extremities; numbness in the feet...”

315. On or about December 22, 2021, two separate bills were mailed by or on behalf of the Defendants Greenwood and Regal, respectively, to Allstate for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, in a clinic located at 300 Hempstead Tpke, West Hempstead, NY 11552 on December 13, 2021. The bill of Greenwood consists of one charge for SSR testing under CPT code 95923:26 for lower extremities, in the amount of \$65.14. The bill of Regal consists of one charge for SSR testing under CPT code 95923:TC for upper extremities, in the amount of \$159.47. On the face of the bills, the patient is diagnosed with:

G608 No description of the code is written on the bill (HCFA form submitted no description of the code was written. The code has been reported with the following description: G60. 8 for Other hereditary and idiopathic neuropathies.

The SSR report for the upper extremities represented that the patient complained of the following:

“...presents with complaints of neck pain with radiation to both upper extremities; numbness in the hands...”

316. The reports for multiple bills of Defendants Greenwood, Interventional, Regal, BLK and Refuah had normal impression or are within normal limits (WNL) but the findings and distal latency values and amplitude values are different. Defendants Greenwood, Interventional, Regal, BLK and Refuah do not indicate what distal latency values and amplitude values render a normal impression or a within normal limits (WNL) impression. The testing reports showed no interest in the patient’s welfare and were mass produced to generate fraudulent billing charges.

317. For example, Allstate received purported SSR testing reports for the bills of the Greenwood and Regal as to patient J.F., claim number 0656468758 for date of service February 14, 2022 which had the following findings:

“Evaluation of the Left foot sympathetic skin response nerve showed prolonged distal onset latency (2390.6 ms) and reduced amplitude (9440.8 μ V). The right foot sympathetic skin response nerve showed normal distal onset latency (289.1 ms) and normal amplitude (977.2 μ V).”

The Impression for these findings is stated in the report as “This Foot SSR study is normal”

318. Allstate received purported SSR testing reports for the bills of Greenwood and Regal as to patient D.D. claim number 0622727989, for date of service May 25, 2022 which had the following findings:

“Evaluation of the Left foot sympathetic skin response and Right foot sympathetic skin response nerves showed normal distal onset latency (L1531.3, R1570.3 ms) and reduced amplitude (L163.4, R189.5 μ V). “

The Impression for these findings is stated in the report as “This Foot SSR study is normal”

319. Allstate received purported SSR testing reports for the bills of Greenwood and Regal as to patient D.D. claim number 0622727989, for date of service December 13, 2021 which had the following findings:

“Evaluation of the Left hand sympathetic skin response nerve showed prolonged distal onset latency (2367.2 ms) and reduced amplitude (1245.4 μ V). The Right foot sympathetic skin response nerve showed prolonged distal onset latency (3500.0 ms) and reduced amplitude (187.7 μ V)”

The Impression for these findings is stated in the report as “This Hand SSR study is normal”

320. Allstate received purported SSR testing reports for the bills of Greenwood and Regal as to patient D.D. claim number 0622727989, for date of service April 18, 2022 which had the following findings:

“Evaluation of the Left hand sympathetic skin response and Right hand sympathetic skin response nerves showed normal distal onset latency (L1531.3, R1500 ms) and reduced amplitude (L151.0, R95.6 μ V). “

The Impression for these findings is stated in the report as “This Hand SSR study is normal.”

321. Allstate received purported SSR testing reports for the bills of Interventional and BLK as to patient J.T., claim number 0633120530, for date of service July 26, 2021 for SSR study of the lower extremities which had the following findings:

“Evaluation of the Left foot sympathetic skin response nerve showed prolonged distal onset latency (2335.9 ms) and reduced amplitude (335.5 μ V). The Right foot sympathetic skin response nerve showed normal distal onset latency (2132.8) and reduced amplitude (192.0 μ V). “

The Impression for these findings is stated in the report as “This Foot SSR study is normal.”

322. Allstate received purported SSR testing reports for the bills of Interventional and BLK as to patient J.T., claim number 0633120530, for date of service July 26, 2021 for SSR study of the upper extremities which had the following findings:

“Evaluation of the Left hand sympathetic skin response and Right hand sympathetic skin response nerves showed normal distal onset latency (L1468.8, R1617.2 ms) and reduced amplitude (L135.0, R141.7 μ V). “

The Impression for these findings is stated in the report as “This Hand SSR study is normal.”

323. Allstate received purported SSR testing reports for the bills of Interventional and BLK as to patient Y.N. claim number 0628499401, for date of service June 29, 2021 for SSR study of the lower extremities which had the following findings:

“Evaluation of the Left foot sympathetic skin response nerve showed normal distal onset latency (2039.3 ms) and reduced amplitude (460.1 μ V). The Right foot sympathetic skin response nerve showed normal distal onset latency (1625.0 and normal amplitude (940.1 μ V). “

The Impression for these findings is stated in the report as “This Foot SSR study is normal.”

324. Allstate received purported SSR testing reports for the bills of Interventional and BLK as to patient Y.N. claim number 0628499401, for date of service June 29, 2021 for SSR study of the upper extremities which had the following findings:

“Evaluation of the Left hand sympathetic skin response and the Right hand sympathetic skin response nerves showed prolonged distal onset latency (L3585.9, R3820.3 ms) and normal amplitude (L1964.3, R1662.0 μ V). “

The Impression for these findings is stated in the report as “This Hand SSR study is normal.”

325. Allstate received purported SSR testing reports for the bills of Interventional and BLK as to patient K.B. claim number 0651017196, for date of service December 13, 2021 for SSR study of the lower extremities which had the following findings:

“Evaluation of the Left foot sympathetic skin response nerve showed normal distal onset latency (1703.1 ms) and reduced amplitude (354.5 μ V). The Right foot sympathetic skin response nerve showed prolonged distal onset latency (2750.0 ms) and normal amplitude (88.0 μ V). “

The Impression for these findings is stated in the report as “This Foot SSR study is normal.”

326. Allstate received purported SSR testing reports for the bills of Interventional and BLK as to patient K.B., claim number 0651017196, for date of service December 13, 2021 for SSR study of the upper extremities which had the following findings:

“Evaluation of the Left hand sympathetic skin response and the Right hand sympathetic skin response nerves showed normal distal onset latency (L1460.9, R1390.6 ms) and reduced amplitude (L403.2, R788.2 μ V). “

The Impression for these findings is stated in the report as “This Hand SSR study is normal.”

327. Allstate received purported SSR testing reports from of Greenwood and Regal as well as Interventional and Refuah for the patient that have WNL (within normal limits) impression but do not indicate what distal latency values and amplitude values render a WNL impression.

328. For example, Allstate received purported SSR testing reports from Greenwood and Regal as to patient D.D. claim number 0622727989, for date of service September 29, 2021 which had the following findings:

“Evaluation of the Left foot sympathetic skin response and the Right foot sympathetic skin response nerves showed normal distal onset latency (L1562.5, R132.8 ms) and normal amplitude (L1230.6, R1494.1 μ V). “

The Impression for these findings is stated in the report as “This Foot SSR study is WNL.”

329. Allstate received purported SSR testing report from Interventional and Refuah as to patient C.B., claim number 0671495710, for date of service June 8, 2022 which had the following findings for the upper extremities:

“Evaluation of the Left hand sympathetic skin response nerve showed normal distal onset latency (1046.9 ms) and reduced amplitude (590.1 μ V)). The Right hand sympathetic skin response nerves showed normal distal onset latency (976.6 ms) and normal amplitude (L1230.6, R1494.1 μ V). “

The Impression for these findings is stated in the report as “This Hand SSR study is WNL.”

330. Allstate received purported SSR testing reports from Interventional and Refuah as to patient C.B., claim number 0671495710, for date of service June 8, 2022 which had the following findings for the lower extremities:

“Evaluation of the Left foot sympathetic skin response nerve showed prolonged distal onset latency (2921.9 ms) and normal amplitude (703.9 μ V). The Right foot sympathetic skin response nerves showed normal distal onset latency (1148.4 ms) and reduced amplitude (554.9 μ V). “

The Impression for these findings is stated in the report as “This Foot SSR study is WNL.”

331. Allstate received purported SSR testing reports from Interventional and Refuah as to patient N.G. claim number 0667212120 for date of service May 16, 2022 which had the following findings for the upper extremities:

“Evaluation of the Left hand sympathetic skin response and the Right hand sympathetic skin response nerves showed prolonged distal onset latency (L2015.5, R2085.9 ms) and reduced amplitude (L310.8, R452.9 μ V)”

The Impression for these findings is stated in the report as “This Hand SSR study is WNL.”

332. Allstate received purported SSR testing reports from Interventional and Refuah as to patient, patient N.G. claim number 0667212120 for date of service May 16, 2022 which had the following findings for the lower extremities:

“Evaluation of the Left foot sympathetic skin response and the Right foot sympathetic skin response nerves showed normal distal onset latency (L601.6 R1484.4 ms) and reduced amplitude (L175.2, R112.5 μ V)”

The Impression for these findings is stated in the report as “This Foot SSR study is WNL.”

333. Allstate received purported SSR testing reports from Interventional and BLK as to patient K.J. claim number 0662880343, for date of service March 24, 2022 which had the following findings for the upper extremities:

“Evaluation of the Left hand sympathetic skin response nerve showed normal distal onset latency (1734.4 ms) and normal amplitude (906.0 μ V). The right hand sympathetic skin response nerve showed normal distal onset latency (1562.5 ms) , R2085.9 ms) and reduced amplitude (255.9 μ V)”

The Impression for these findings is stated in the report as “This Hand SSR study is WNL.”

334. Allstate received purported SSR testing reports from Interventional and BLK as to patient K.J. claim number 0662880343, for date of service March 24, 2022 which had the following findings for the lower extremities:

“Evaluation of the Left foot sympathetic skin response nerve showed normal distal onset latency (703.1 ms) and normal amplitude (721.4 μ V). The right foot sympathetic skin response nerve showed prolonged distal onset latency (3335.9 ms) , R2085.9 ms) and reduced amplitude (265.3.9 μ V)”

The Impression for these findings is stated in the report as “This Foot SSR study is WNL.”

335. Allstate received purported SSR testing reports from Interventional and BLK as to patient D.T. claim number 0653548601, for date of service March 24, 2022 which had the following findings for the upper extremities:

“Evaluation of the Left hand sympathetic skin response and right hand sympathetic skin response nerves showed normal distal onset latency (L1132.8, R1335.9 ms) and normal amplitude and reduced amplitude (L189.9, R384.1 μ V)”

The Impression for these findings is stated in the report as “This Hand SSR study is WNL.”

336. Allstate received purported SSR testing reports from Interventional and BLK as to patient D.T. claim number 0653548601, for date of service March 24, 2022 which had the following findings for the lower extremities:

“Evaluation of the Left foot sympathetic skin response and right foot sympathetic skin response nerves showed prolonged distal onset latency (L2437.5, R2515.6 ms) and normal amplitude (L1327.5, R1127.5 ms).”

The Impression for these findings is stated in the report as “This Foot SSR study is WNL.”

337. Allstate received purported SSR testing reports from Interventional and BLK as to patient B.G. claim number is 0677715153, for date of service August 31, 2022 which had the following findings for the upper extremities:

“Evaluation of the Left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L398.4, R1296.9 ms) and reduced amplitude (L580.1, R607.1 μ V)”

The Impression for these findings is stated in the report as “This Hand SSR study is WNL.”

338. Allstate received purported SSR testing reports from Interventional and BLK as to patient B.G. claim number is 0677715153, for date of service August 31, 2022 which had the following findings for the lower extremities:

“Evaluation of the Left foot sympathetic skin response and the right foot sympathetic skin response nerves showed normal distal onset latency (L421.9, R492.2 ms) and reduced amplitude (L276.3, R580.1.1 μ V)”

The Impression for these findings is stated in the report as “This Foot SSR study is WNL.”

339. Defendants Greenwood and Regal in their reports for several SSR tests for patients J.F., claim number 0656468758 and D.D. claim number 0622727989 have Impressions of absent SSR but have Findings with distal latency values and amplitude values. The Defendants Greenwood and Regal do not state what distal latency values and amplitude values yield an Impression of absent SSR.

340. Allstate received purported SSR testing report from Greenwood as to patient, F.A.J. claim number 0656468758 for date of service February 7, 2022 which had the following findings:

“Evaluation of the Left hand sympathetic skin response nerve showed normal distal onset latency (78.1.6 ms) and reduced amplitude (401,2 μ V). The right foot sympathetic skin response nerve showed prolonged distal onset latency (3171.9 ms) and reduced amplitude (539.2 μ V).”

The Impression for these findings is stated in the report as “The absent left hand SSR is consistent with neuropathy.”

341. Allstate received purported SSR testing report from Greenwood as to patient D.D. claim number 0622727989, for date of service July 13, 2021 which had the following findings:

“Evaluation of the Left hand sympathetic skin response and Right hand sympathetic skin response nerves showed normal distal onset latency (L1625.0, R351.6 ms) and reduced amplitude (L144.4, R95.7 μ V). “

The Impression for these findings is stated in the report as “The absent right Hand SSR is consistent with a neuropathy.”

342. Allstate received purported SSR testing report from Greenwood as to patient D.D. claim number 0622727989, for date of service April 28, 2021 which had the following findings:

“Evaluation of the Left foot sympathetic skin response and Right foot sympathetic skin response nerves showed normal distal onset latency (L78.1, R1101.6 ms) and normal amplitude (L1966.6, R1728.2 μ V). “

The Impression for these findings is stated in the report as “The absence of Foot SSRs is consistent with a neuropathy.”

343. The abusive and excessive billing practices of the Defendants Greenwood and Regal and the related parties who assisted their billing are clearly shown in the SSR bills submitted for patient D.D. claim number 0622727989. After normal upper and lower extremity SSR testing results were obtained, another SSR test was performed on the upper and lower extremities a few months after the initial testing. There is no need for a second test when the first test was already performed and had normal SSR testing result.

344. Allstate received two separate bills and corresponding SSR testing report from Greenwood and Regal for Left and Right Hand SSR allegedly provided to patient D.D. claim number 0622727989, for date of service December 13, 2021. The Impression is:

“This Hand SSR study is normal.”

345. After having a normal Hand SSR testing on December 13, 2021 as discussed above, another Hand SSR testing was performed by Greenwood and Regal for Left and Right Hand SSR allegedly provided to patient D.D. claim number 0622727989, for date of service April 18, 2022.

346. Allstate received two separate bills and corresponding SSR testing report from Greenwood and Regal for Left and Right Hand SSR allegedly provided to patient D.D. claim number 0622727989, for date of service April 18, 2022. The Impression is:

“This Hand SSR study is normal.”

347. Allstate received two separate bills and corresponding SSR testing reports from Greenwood and Regal for Left and Right Foot SSR allegedly provided to patient D.D. claim number 0622727989 for date of service May 25, 2022. The Impression is:

“This Foot SSR study is normal.”

348. After having a normal Foot SSR testing on May 25, 2022, another Foot SSR testing was performed by Greenwood and Regal for Left and Right Hand to patient D.D. claim number 0622727989, for date of service September 29, 2022.

349. Allstate received two separate bills and corresponding SSR testing reports from Greenwood and Regal for Left and Right Foot SSR allegedly provided to patient D.D. claim number 0622727989, for date of service September 29, 2022. The Impression is:

“This Foot SSR study is WNL.” (Within Normal Limits)

350. On or about February 13, 2023, two separate bills were mailed by or on behalf of the Defendants Diag Neuro and Sinai, respectively, to Allstate for SSR testing purportedly provided by Diag Neuro and Sinai to patient M.L. claim number 0712759372, in a clinic located at 7945 Metropolitan Avenue, Flushing, NY 11379 on May 31, 2023. The bill of Diag Neuro consists of two charges for SSR testing under CPT code 95923-PC for upper extremity and CPT code 95923-PC for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for

upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$159.47 each, for a total of \$318.94.

351. The SSR report states the following in the Impression portion of the Lower Extremities in part as follows:

“ This left Lower extremity sympathetic skin response study is abnormal and findings are consistent with peripheral neuropathy.”

Although the Defendants Diag Neuro and Sinai billed for the testing of the left and right lower extremities, only an impression of the lower Left extremity was submitted. No impression of the lower right extremity was submitted.

352. On or about March 30, 2021, two separate bills were mailed by or on behalf of the Defendants Interventional and Sinai, respectively, to Allstate for SSR testing purportedly provided by Interventional and Sinai to patient J.F. claim number 0614879732, in a clinic located at 1975 Linden Blvd. Elmont, NY 11003 on February 25, 2021. The bill of Interventional consists of two charges for SSR testing under CPT code 95923-26 for upper extremity and CPT code 95923-26 for lower extremity, in the respective amounts of \$65.14 each, for a total of \$130.28. The bill of Sinai consists of two charges for SSR testing under CPT code 95923-TC for upper extremity and CPT code 95923-TC for lower extremity, in the respective amounts of \$157.47 each, for a total of \$314.94. The SSR report states the following in the Findings portion of the Lower Extremities states in part as follows”

“Evaluation of the Right foot sympathetic skin response nerve showed normal distal onset latency(1007.8 ms) and reduced amplitude (114.9.”

Although the Defendants Diag Neuro and Refuah billed for the testing of the left and right lower extremities, only a finding of the lower right foot was submitted. No impression of the lower left foot was submitted.

353. Each of these Defendants' reports set forth a recommendation for EMG for numerous patients. Numerous bills from Interventional, Diag Neuro, Greenwood BLK, Refuah, Sinai, and Regal use the same recommendation for EMG for all their patients even though the Impression of the SSR nerve test were different for each patient. Allstate received purported SSR testing report from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient D. P. claim number 0617201966 for date of service March 30, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed prolonged distal onset latency (3460.9 ms) and reduced amplitude (463.2 μ V). The right hand sympathetic skin response nerve showed prolonged distal onset latency (2695.3 ms) and normal amplitude (1128.5 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

354. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient D. P. claim number 0617201966 for date of service March 30, 2021. The reports for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response nerve showed prolonged distal onset latency (2898.4 ms) and reduced amplitude (419.5 μ V). The right foot sympathetic skin response nerve showed normal distal onset latency (1218.8 ms) and normal amplitude (257.9 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

355. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient A.S. claim number 0620911925, for date of service April 14, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1265.6, R1625.0 ms) and reduced amplitude (L55.8, R54.3 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

356. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient A.S. claim number 0620911925, for date of service April 14, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and the right foot sympathetic skin response nerves showed normal distal onset latency (L1570.3, R1835.9 ms) and normal amplitude (L700.8, R604.4 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

357. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient J.T. claim number 0633120530, for date of service July 26, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1468.8, R1617.2 ms) and reduced amplitude (L135.0, R141.7 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

358. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient J.T. claim number 0633120530, for date of service July 26, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response nerve showed prolonged distal onset latency (2335.9 ms) and reduced amplitude (335.5 μ V). The right foot sympathetic skin response nerve showed normal distal onset latency (L2132.8 ms) and reduced amplitude (192.9 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

359. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient Y.N. claim number 0628499401 for date of service June 29, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed prolonged distal onset latency (L3585.9, R3820.3 ms) and normal amplitude (L1964.3, R1662.0 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

360. Allstate received purported SSR testing reports from provider Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient Y.N., claim number 0628499401 for date of service June 29, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response nerve showed normal distal onset latency (2039.1 ms) and reduced amplitude (460.1 μ V). The right foot sympathetic skin response nerve showed normal distal onset latency (1625.0 ms) and normal amplitude (940.1 μ V) “

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

361. Allstate received purported SSR testing reports from Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim number

0615248341 for date of service April 13, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed prolonged distal onset latency (3718.8 ms) and normal amplitude (1609.9 μ V). The right hand sympathetic skin response nerve showed prolonged distal onset latency (3703.1 ms) and reduced amplitude (124.7 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

362. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim number 0615248341 for date of service April 13, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and the right foot sympathetic skin response nerves showed prolonged distal onset latency (L4273.4, R3375.0 ms) and reduced amplitude (L192.6, R42.6 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

363. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient T.J., claim number 0618829451 for date of service March 24, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1187.5, R1312.5 ms) and reduced amplitude (L206.6, R205.7 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

364. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient T.J. claim number 0618829451 for date of service March 24, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and the right foot sympathetic skin response nerves showed normal distal onset latency (L929.7, R1679.7 ms) and reduced amplitude (L83.2, R45.2 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

365. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient N.A. claim number 0610835472 for date of service February 3, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed normal normal distal onset latency (492.2 ms) and normal amplitude (1056.4 μ V). The right hand sympathetic skin response nerve showed normal distal onset latency (1148.4 ms) and reduced amplitude (169.9 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

366. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient N.A. claim number 0610835472 for date of service February 3, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and the right foot sympathetic response nerves showed prolonged distal onset latency (L2304.7, R2382.8 ms) and reduced amplitude (L222.3, R298.2 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

367. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient H.B. claim number 0614955938 for date of service March 24, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed normal distal onset latency (273.4 ms) and normal amplitude (958.7 μ V).” The right hand sympathetic skin response nerve showed prolonged distal onset latency (2984.4 ms) and normal amplitude (955.9 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

368. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient H.B. claim number 0614955938 for date of service March 24, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and the right foot sympathetic skin response nerves showed normal distal onset latency (L1757.8, R1195.3 ms) and reduced amplitude (L536.0, R329.7 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

369. Allstate received purported SSR testing reports from Defendants Interventional and Sinai for SSR testing purportedly provided by Interventional and Sinai to patient J.F. claim number 0614879732 for date of service February 25, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1250.0, R1500.0 ms) and reduced amplitude (L265.0, R403.9 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

370. Allstate received purported SSR testing reports from Defendants Interventional and Sinai for SSR testing purportedly provided by Interventional and Sinai to patient J.F. claim number 0614879732 for date of service February 25, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the right foot sympathetic skin response nerve showed normal distal onset latency (1007.8 ms) and reduced amplitude (114.9 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

371. For example, Allstate received purported SSR testing reports from Defendants Greenwood and Regal for SSR testing purportedly provided by Greenwood and Regal to patient F.A.J. claim number 0656468758, for date of service February 7, 2022. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed normal distal onset latency (78.1 ms) and reduced amplitude (401.2 μ V). The right hand sympathetic skin response nerves showed prolonged distal onset latency (3171.9 ms) and reduced amplitude (539.2 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

372. Allstate received purported SSR testing reports from Defendants Greenwood and Regal for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989, for date of service September 13, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1625.0, R351.6 ms) and reduced amplitude (L144.4, R95.7 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

373. Allstate received purported SSR testing reports from Defendants Diag Neuro and Sinai for SSR testing purportedly provided by Diag Neuro and Sinai to patient M.L. claim number 0712759372, for date of service May 31, 2023. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L335.9, R1335.9 ms) and reduced amplitude (L705.7, R196.5 μ V).”

The report had the following Impression:

“This upper extremities sympathetic skin response nerve study is abnormal and findings are consistent with mild peripheral neuropathy.”

The report further states “Electromyography is recommended to rule out radiculopathy, plexopathy or myopathy.”

374. Allstate received purported SSR testing reports from Defendants Diag Neuro and Sinai for SSR testing purportedly provided by Diag Neuro and Sinai to patient M.L. claim number 0712759372, for date of service May 31, 2023. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L335.9, R1335.9 ms) and reduced amplitude (L705.7, R196.5 μ V).”

The report had the following Impression:

“This left lower extremity sympathetic skin response nerve study is abnormal and findings are consistent with peripheral neuropathy.”

The report further states “Electromyography is recommended to rule out radiculopathy, plexopathy or myopathy.”

375. Allstate received purported SSR testing reports from Defendants Diag Neuro and Refuah, for SSR testing purportedly provided by Diag Neuro and Refuah to patient S.W. claim number 0677527947, for date of service January 3, 2023. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1164.1, R937.5 ms) and reduced amplitude (L243.8, R373.5 μ V).”

The report had the following Impression:

“This upper extremities sympathetic skin response nerve study is abnormal and findings are consistent with possible mild peripheral neuropathy.”

The report further states “Electromyography is recommended to rule out radiculopathy, plexopathy or myopathy.”

376. Allstate received purported SSR testing reports from Defendants Diag Neuro and Refuah for SSR testing purportedly provided by Diag Neuro and Refuah to patient E.H. claim number 0691418859, for date of service January 23, 2023. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1242.2, R1453.1 ms) and reduced amplitude (L777.8, R468.2 μ V).”

The report had the following Impression:

“This upper extremities sympathetic skin response nerve study is abnormal and findings are consistent with possible mild peripheral neuropathy.”

The report further states “Electromyography is recommended to rule out radiculopathy, plexopathy or myopathy.”

377. The Defendants recommended EMG for patients to rule out radiculopathy, plexopathy or myopathy even though SSR nerve test results are Normal.

378. For example, Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient V.L. claim number 0631462165 for date of service July 28, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed normal distal onset latency (1437.5 ms) and reduced amplitude (176.4 μ V).”

The report had the following Impression:

“This Hand SSR study is normal.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

379. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient V.L. claim number 0631462165, for date of service July 28, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the right foot sympathetic skin response nerve showed normal distal onset latency (46.9 ms) and reduced amplitude (128.7 μ V).”

The report had the following Impression:

“This Foot SSR study is normal.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

380. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim

number 0651017196, for date of service December 31, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and right hand sympathetic skin response nerves showed normal distal onset latency (L1460.9, R1390.6 ms) and reduced amplitude (L403.2, R 788.2 μ V).”

The report had the following Impression:

“This Hand SSR study is normal.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

381. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient K.B. claim number 0651017196, for date of service December 31, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response nerve showed normal distal latency (1703.1 ms)/ and reduced amplitude (354.5 μ V). The right foot sympathetic skin response nerve showed prolonged distal onset latency (2750.0 ms) and reduced amplitude (88.0 μ V).”

The report had the following Impression:

“This Foot SSR study is normal.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

382. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient C.M. claim number 978313547 for date of service February 2, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L390.6, R812.5 ms) and normal amplitude (L1407, R1704.8 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

383. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient C.M. claim number 978313547 for date of service February 2, 2021. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and the right foot sympathetic skin response nerves showed normal distal onset latency (L828.1, R835.9 ms) and normal amplitude (L2375.6, R1853.0 μ V).”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

384. Allstate received purported SSR testing reports from Defendants Greenwood and Regal for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989 for date of service December 13, 2021. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed prolonged distal latency (2367.2 ms) and normal amplitude (1245.4 μ V). The right hand sympathetic skin response nerve showed prolonged distal onset latency (3500.0 ms) and reduced amplitude (187.8 μ V).”

The report had the following Impression:

“This Hand SSR study is normal.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

385. Allstate received purported SSR testing reports from Defendants Greenwood and Regal for SSR testing purportedly provided by Greenwood and Regal to patient D.D. claim number 0622727989 for date of service April 18, 2022. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and the right hand sympathetic skin response nerves showed normal distal onset latency (L1531.3, R1500.0 ms) and reduced amplitude (L161.0, R95.6 μ V).”

The report had the following Impression:

“This Hand SSR study is normal.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

386. The Defendants Interventional, Greenwood, BLK, Refuah and Regal recommended EMG for patients to rule out radiculopathy, plexopathy or myopathy even though SSR nerve test results were Within Normal Limits.

387. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient B.G. claim number is 0677715153, for date of service August 31, 2022. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and right hand sympathetic skin response nerves showed normal distal onset latency (L398.4, R1296.9 ms) and reduced amplitude (L580.1, R607.1 μ V).”

The report had the following Impression:

“This Hand SSR study is WNL.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

388. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient B.G. claim number is 0677715153, for date of service August 31, 2022. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response and right foot sympathetic skin response nerves showed normal distal onset latency (L421.9, R492.2 ms) and reduced amplitude (L276.3, R580.1 μ V).”

The report had the following Impression:

“This Foot SSR study is WNL.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

389. Allstate received purported SSR testing reports from Defendants Interventional and BLK for SSR testing purportedly provided by Interventional and BLK to patient D.T. claim number 0653548601, for date of service March 24, 2022. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left hand sympathetic skin response and right hand sympathetic skin response nerves showed prolonged distal onset latency (L2437.5, R2515.6 ms) and reduced amplitude (L1327.5, R1127.5 μ V).”

The report had the following Impression:

“This Foot SSR study is WNL.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

390. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient C.B., claim number 0671495710, for date of service June 8, 2022. The report for the SSR of the upper extremities had the following findings:

“Evaluation of the left hand sympathetic skin response nerve showed normal distal onset latency (1046.9 ms) and reduced amplitude (590.1 μ V). The right hand sympathetic skin response nerve showed normal distal onset latency (976.6 ms) and reduced amplitude (1326.8 μ V).”

The report had the following Impression:

“This Hand SSR study is WNL.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

391. Allstate received purported SSR testing reports from Defendants Interventional and Refuah for SSR testing purportedly provided by Interventional and Refuah to patient C.B., claim number 0671495710, for date of service June 8, 2022. The report for the SSR of the lower extremities had the following findings:

“Evaluation of the left foot sympathetic skin response nerve showed prolonged distal onset latency (2921.9 ms) and normal amplitude (703.9 μ V). The right foot sympathetic skin response nerve showed normal distal onset latency (1148.4 ms) and reduced amplitude (554.9 μ V).”

The report had the following Impression:

“This Foot SSR study is WNL.”

The report further states “EMG is recommended to rule out radiculopathy, plexopathy or myopathy.”

VII. The Provider Defendants’ Interrelationships

392. The Defendants in this case have been interrelated in the fraudulent scheme perpetrated upon the Plaintiffs.

393. By dividing the fraudulent services and billing among numerous separate entities and individuals, the total revenue realized by the scheme has been maximized, while the amount attributable to any single billing Defendant has been minimized. The Defendants have been

connected and interrelated. The Defendants have been joined and connected in multiple ways. First, multiple billing Defendants used the same clinic location where services are provided, with most of them sharing more than one of these clinic locations. Second, a consistent practice involved two Defendants billing for the same services with one Defendant entity claiming to administer the services, while another claimed to interpret services, splitting the claims between Defendants. Third, some of the individual Defendants owned multiple Defendant entities, each offering identical services, minimizing the likelihood of detection of the true scale of the fraud. Fourth, multiple Defendants have shared diagnoses and language in the bills and reports, frequently using language that was not only the same for multiple patients of the same providers; they were also the same for patients of different Defendants. The use of the same language in the reports of these supposedly separate entities was a prevalent feature, further demonstrating the direct connection and interrelationships among the Defendants. Fifth, all of the Defendants had waveforms of their testing results that matched those of other patients, and they regularly had waveforms that matched those of other patients of other entities and providers. These waveforms are unique and should not have been duplicated even between two patients of one Defendant. The Defendants used the same waveforms for numerous patients. It is a clear indication of the degree of interrelationship among the Defendants that the identical matching waveforms were not only fraudulently used for patients of the same Defendants, but also for patients of different Defendants as well.

A. Multiple Billing Defendants Used the Same Clinic Locations

394. In this scheme, multiple billing Defendants were frequently sent to the same clinic locations, where they purportedly provided the same types of fraudulent diagnostic services to No-

Fault patients, often on the very same patient. As a further measure to inflate billing and minimize the amount billed by any one entity, the billing for TCD testing and VNG testing was submitted separately, even though these testing services were purportedly performed by the same provider Defendant for the same patient, on the same date at the same location. For patient after patient, their bills generally duplicated the services, CPT codes, and charged amounts represented thereon.

395. At the clinical location of 430 West Merrick Rd., Valley Stream, NY 11580 (“West Merrick”), at least seven Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least two lay entities billing for such testing.

396. For example, Defendant Chai LLC mailed a bill, on or about the time it was dated, December 7, 2022, totaling \$1,388.46 to Allstate for TCD, complete study (CPT 93886-TC), TCD, emboli detection (93892-TC), TCD, vasoreactivity study (93890-TC), sinusoidal vertical axis rotational testing (billed twice under 92546-59-TC and 92546-59-76-TC), computerized dynamic posturography (92548-TC), use of vertical electrodes (92547-TC), basic vestibular evaluation (92540-TC), and caloric vestibular testing (92537-TC), all as allegedly provided on November 14, 2022 to patient D.R., identified by claim number 0680071883, at the West Merrick clinic.

397. Regarding the same patient D.R. and date of service November 14, 2022, the Defendant Diag Neuro mailed a bill, on or about the time it was dated, December 7, 2022, totaling \$907.68 to Allstate for the same nine testing services, and under the same CPT codes (minus the technical component modifier “-TC”) as allegedly provided to patient D.R. at the West Merrick clinic.

398. Chai LLC then mailed a bill again, on or about the time it was dated, January 3, 2023, totaling \$1,388.46 to Allstate for the same nine services and charges for the TCD and VNG

testing as allegedly provided to patient Z.W., identified by claim number 0693926362, at the West Merrick clinic on January 3, 2023. Once again, Diag Neuro mailed a bill, on or about the time it was dated, January 3, 2023, totaling \$907.68 to Allstate for the same nine testing services, as allegedly performed on patient Z.W. at the West Merrick clinic.

399. Defendant Refuah LLC mailed a bill on or about the time it was dated, March 31, 2021, totaling \$314.94 to Allstate for autonomic nervous system function testing – upper extremity (95923-TC) and autonomic nervous system function testing – lower extremity (95923-TC), all as allegedly provided on March 24, 2021, to patient H.B., identified by claim number 0614955938, at the West Merrick clinic.

400. Regarding the same patient H.B., and date of service March 24, 2021, Defendant Interventional PLLC mailed a bill on or about the time it was dated, March 31, 2021, totaling \$130.28 to Allstate for the same two autonomous nervous system testing services, under the same CPT codes (minus the technical component modifier “-TC”) as allegedly provided to patient H.B., identified by claim number 0614955938, at the West Merrick clinic.

401. Regarding the same patient H.B., and date of service March 24, 2021, Defendant Direct Med mailed two bills on or about the time they were dated, April 14, 2021, to Allstate, the first totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$654.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), computerized dynamic posturography (92548), all as allegedly provided to patient H.B., identified by claim number 0614955938, at the West Merrick clinic.

402. Defendant Hillside mailed two bills on or about the time they were dated, February 3, 2021, to Allstate, the first totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$666.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational texting (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided on January 5, 2021 to patient A.R., identified by claim number 0609536874, at the West Merrick clinic.

403. Defendant Lifeline mailed two bills on or about the time they were dated, November 19, 2019, to Allstate, the first bill totaling \$1,253.21 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892), and the second bill totaling \$381.52 for caloric vestibular testing (92533), basic vestibular evaluation (92540), sinusoidal vertical axis rotational texting (92546), and computerized dynamic posturography (92548), all as allegedly provided on October 17, 2019 to patient E.J., identified by claim number 0531309847, at the West Merrick clinic.

404. At the clinical location of 1568 Ralph Ave, Brooklyn, NY 11234 (“Ralph Avenue”), at least six Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least three lay Defendants billing for the testing.

405. Allstate was billed by at least four (4) Defendants for the same patient A.S. on the same date of service April 14, 2021, at the Ralph Avenue clinic. Defendant Chai mailed two bills on or about the time they were dated, May 5, 2021, to Allstate, the first bill totaling \$1,155.24 for TCD, complete study (CPT 93886-TC), TCD, vasoreactivity study (93890-TC), TCD, emboli

detection (93892-59-TC), and the second bill totaling \$233.21 for caloric vestibular testing (92537-TC), basic vestibular evaluation (92540-TC), sinusoidal vertical axis rotational testing (billed twice under 92546-59-TC and 92546-59-76-TC), use of vertical electrodes (92547-TC), and computerized dynamic posturography (92548-TC), all as allegedly provided on April 14, 2021 to patient A.S., identified by claim number 0620911925, at the Ralph Avenue clinic.

406. Regarding the same patient A.S., and date of service April 14, 2021, Defendant Diag Neuro mailed a bill on or about the time it was dated, May 5, 2021, totaling \$421.13 to Allstate for the same testing services, and under the same CPT codes, (minus the technical component modifier “-TC”) all as allegedly provided on April 14, 2021 to patient A.S., identified by claim number 0620911925, at the Ralph Avenue clinic.

407. Regarding the same patient A.S., and date of service April 14, 2021, Defendant BLK mailed a bill on or about the time it was dated, April 21, 2021, totaling \$314.94 to Allstate for autonomic nervous system function testing – upper ext (95923-TC) and autonomic nervous system function testing – lower ext (95923-TC), all as allegedly provided on April 14, 2021 to patient A.S., identified by claim number 0620911925, at the Ralph Avenue clinic.

408. Regarding the same patient A.S., and date of service April 14, 2021, Defendant Interventional mailed a bill on or about the time it was dated, April 21, 2021, totaling \$130.28 to Allstate for the same two autonomic nervous system testing services, under the same CPT codes (minus the technical component modifier “-TC”), all as allegedly provided on April 14, 2021 to patient A.S., identified by claim number 0620911925, at the Ralph Avenue clinic.

409. Defendant Regal LLC mailed a bill on or about the time it was dated, January 22, 2021, totaling \$290.92 for VNG testing with recording (92537-TC), vestibular evaluation (92540-TC), sinusoidal rotational test (billed twice under 92546-59-TC and 92546-59-TC-76),

supplemental electrical test (92547), and posturography (92548-TC), all as allegedly provided on January 12, 2021 to patient A.C., identified by claim number 0611468991, at the Ralph Avenue clinic.

410. Regarding the same patient A.C., and date of service January 12, 2021, Defendant Healthcare Med mailed a bill on or about the time it was dated, January 22, 2021, totaling \$486.55 to Allstate for intracranial study (CPT 93886-26), TCD, intracranial arteries (93890-26), TCD, intracranial arteries emboli detection (93892-26), all as allegedly provided on January 12, 2021 to patient A.C., identified by claim number 0611468991, at the Ralph Avenue clinic.

411. At the clinical location of 1975 Linden Blvd, Elmont, NY 11003 (“Linden Blvd”), at least five Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least one lay Defendant billing for such testing.

412. For example, Defendant Sinai mailed a bill on or about the time it was dated, March 30, 2021, totaling \$314.94 to Allstate for autonomic nervous system function testing – upper ext (95923-TC) and autonomic nervous system function testing – lower ext (95923-TC), all as allegedly provided on February 25, 2021, to patient J.F., identified by claim number 0614879732, at the Linden Blvd clinic.

413. Regarding the same patient J.F., and date of service February 25, 2021, Defendant Interventional mailed a bill on or about the time it was dated, March 30, 2021, totaling \$130.28 to Allstate for the same two autonomic nervous system testing services, under the same CPT codes (minus the technical component modifier “-TC”), all as allegedly provided on February 25, 2021 to patient J.F., identified by claim number 0614879732, at the Linden Blvd clinic.

414. Regarding the same patient J.F., and date of service February 25, 2021, Defendant Direct mailed two bills on or about the time they were dated, March 22, 2021, to Allstate, the first bill totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), and TCD, emboli detection (93892-59), and the second bill totaling \$654.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided on February 25, 2021 to patient J.F., identified by claim number 0614879732, at the Linden Blvd clinic.

415. Defendant Hillside mailed two bills on or about the time they were dated, January 6, 2021, to Allstate, the first bill totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$666.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided on December 15, 2020 to patient J.C., identified by claim number 0609100912, at the Linden Blvd clinic.

416. Defendant Sanitas mailed two bills on or about the time they were dated, February 25, 2022, to Allstate, the first bill totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$654.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as provided on

February 17, 2022 to patient D.C., identified by claim number 0656877503, at the Linden Blvd clinic.

417. At the clinical location of 4014A Boston Road, Bronx, NY 10475 (“Boston Road”), five Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least two lay Defendants billing for such testing.

418. For example, Defendant Chai LLC mailed a combined TCD and VNG testing bill on or about the time it was dated, December 29, 2022, totaling \$1,388.46 for TCD, emboli detection (93892-TC), TCD, vasoreactivity study (93890-TC), TCD, complete study (CPT 93886-TC), computerized dynamic posturography (92548-TC), use of vertical electrodes (92547-TC), sinusoidal vertical axis rotational testing (billed twice under 92546-59-TC and 92546-59-76-TC), basic vestibular evaluation (92540-TC), and caloric vestibular testing (92537-TC), all as allegedly provided on November 8, 2022 to patient N.A., identified by claim number 0644027682, at the Boston Road clinic.

419. Regarding the same patient N.A., and date of service November 8, 2022, Defendant Diag Neuro mailed a combined TCD and VNG bill on or about the time it was dated, December 29, 2022, totaling \$907.68 to Allstate for the same testing services, and under the same CPT codes, (minus the technical component modifier “-TC”) all as allegedly provided on November 8, 2022 to patient N.A., identified by claim number 0644027682, at the Boston Road clinic.

420. Regarding the same patient N.A., and date of service October 14, 2021, Defendant Refuah mailed a bill on or about the time it was dated, October 22, 2021, totaling \$318.94 to Allstate for autonomous nervous system testing – upper (95923-TC), and autonomous nervous system testing – lower (95923-TC), all as allegedly provided on October 14, 2021 to patient N.A., identified by claim number 0644027682, at the Boston Road clinic.

421. Regarding the same patient N.A., and date of service October 14, 2021, Defendant Interventional mailed a bill on or about the time it was dated, October 22, 2021, totaling \$130.28 to Allstate for the same autonomic nervous system testing services, and under the same CPT codes, (minus the technical component modifier “-TC”) all as allegedly provided on October 14, 2021, to patient N.A., identified by claim number 0644027682, at the Boston Road clinic.

422. Defendant Direct Med mailed two bills on or about the time they were dated, February 15, 2021, to Allstate, the first bill totaling \$1,641.79 for TCD, emboli detection (93892-59), TCD, vasoreactivity study (93890), and TCD, complete study (CPT 93886), and the second bill totaling \$666.34 for computerized dynamic posturography (92548), use of vertical electrodes (92547), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), basic vestibular evaluation (92540), and caloric vestibular testing (92537) all as allegedly provided on January 18, 2021 to patient C.M., identified by claim number 978313547, at the Boston Road clinic.

423. At the clinical location of 7945 Metropolitan Avenue, Flushing, NY 11379 (“Metropolitan”), at least five Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least two lay Defendants billing for such testing.

424. For example, Defendant Maimonides mailed a combined TCD and VNG testing bill on or about the time it was dated, June 13, 2023, totaling \$1,388.46 for the use of vertical electrodes (92547-TC), sinusoidal vertical axis rotational testing (billed twice under 92546-59-TC and 92546-59-76-TC), computerized dynamic posturography (92548-TC), caloric vestibular testing (92537-TC), basic vestibular evaluation (92540-TC), and TCD, vasoreactivity study (93890), TCD, emboli detection (93892), TCD, complete study (CPT 93886), all as allegedly

provided on May 31, 2023 to patient M.L., identified by claim number 0712759372, at the Metropolitan clinic.

425. Regarding the same patient M.L., and date of service May 31, 2023, Defendant Diag Neuro mailed a combined TCD and VNG bill on or about the time it was dated, June 13, 2023, totaling \$907.68 to Allstate for the same CPT codes, (minus the technical component modifier “-TC”) all as allegedly provided on May 31, 2023 to patient M.L., identified by claim number 0712759372, at the Metropolitan clinic.

426. Regarding the same patient M.L., and date of service May 31, 2023, Defendant Sinai mailed a bill on or about the time it was dated, June 13, 2023, totaling \$318.94 to Allstate for autonomous nervous system testing – upper (95923-TC), and autonomous nervous system testing – lower (95923-TC), all as allegedly provided on May 31, 2023 to patient M.L., identified by claim number 0712759372, at the Metropolitan clinic.

427. Defendant Hillside mailed two bills on or about the time they were dated, January 28, 2021, to Allstate, the first bill totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$666.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided on January 4, 2021 to patient W.C., identified by claim number 0609600209, at the Metropolitan clinic.

428. Defendant Lifeline mailed two bills on or about the time they were dated, October 18, 2019, to Allstate, the first bill totaling \$1,253.21 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892), and the second bill totaling \$381.52

for caloric vestibular testing (92533), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (92546), and computerized dynamic posturography (92548), all as allegedly provided on September 10, 2019 to patient E.G., identified by claim number 0551577265, at the Metropolitan clinic.

429. At the clinical location of 11 E Hawthorne Ave, Valley Stream, NY 11580 (“Hawthorne”), at least four Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least one lay Defendant billing for such testing.

430. For example, Defendant Refuah mailed a bill on or about the time it was dated, March 9, 2022, totaling \$318.94 to Allstate for autonomic nervous system function testing – upper (95923-TC) and autonomic nervous system function testing – lower (95923-TC), all as allegedly provided on February 23, 2022, to patient I.C., identified by claim number 0653732578, at the Hawthorne clinic.

431. Regarding the same patient I.C., and date of service February 23, 2022, Defendant Interventional mailed a bill on or about the time it was dated, March 9, 2022, totaling \$130.28 to Allstate for two autonomous nervous system testing services, and under the same CPT codes (minus the technical component modifier “-TC”) as allegedly provided to patient I.C., identified by claim number 0653732578, at the Hawthorne clinic.

432. Defendant Central Park mailed two bills on or about the time they were dated, September 28, 2020, to Allstate, the first bill totaling \$1,253.21 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892), and the second bill totaling \$628.21 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of

vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided on September 16, 2020 to patient R.P., identified by claim number 0595587759, at the Hawthorne clinic.

433. Defendant Hillside mailed two bills on or about the time they were dated, January 15, 2021, to Allstate, the first totaling \$1,641.79 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$666.34 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided on December 30, 2020 to patient C.G., identified by claim number 0608947999, at the Hawthorne clinic.

434. At the clinical location of 1575 Hillside Ave, Ste 100, New Hyde Park, NY 11040 (“Hillside”), three Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least one lay Defendant billing for such testing.

435. For example, Defendant Regal mailed a bill on or about the time it was dated, August 13, 2022, totaling \$278.15 to Allstate for caloric vestibular test (92537-TC), vstblr funcj nystag fovl & perph stimj osc (92540-TC), sinusoidal ver axis rotational tstg (billed twice under 92546-59-TC and 92546-59-76-TC), use vert eltrds (92547-TC), cptrizd dynamic posturography (92548-TC), all as allegedly provided on August 2, 2022, to patient J.G., identified by claim number 0674627491, at the Hillside clinic.

436. Regarding the same patient J.G., and date of service August 2, 2022, Defendant Greenwood mailed a bill on or about the time it was dated, August 13, 2022, totaling \$600.73 to

Allstate for the same CPT codes (minus the technical component modifier “-TC”) as allegedly provided to patient J.G., identified by claim number 0674627491, at the Hillside clinic.

437. Defendant Regal also mailed a bill on or about the time it was dated, July 2, 2020, totaling \$238.81 to Allstate for the caloric vestibular testing (92543-TC), vestibular evaluation (92540-TC), sinusoidal rotational test (billed twice under 92546-59-TC and 92546-59-TC-76), supplemental electrical test (92547), posturography (92548-TC), all as allegedly provided on March 2, 2020 to patient G.C., identified by claim number 0575409636, at the Hillside clinic.

438. Regarding the same patient G.C., and date of service March 2, 2020, Defendant Healthcare Med mailed a bill on or about the time it was dated, July 2, 2020, totaling \$564.47 to Allstate for VNG testing services, under the same CPT codes (minus the technical component modifier “-TC”) as allegedly provided to patient G.C., identified by claim number 0575409636, at the Hillside clinic.

439. At the clinical location of 632 Utica Ave, Brooklyn, NY 11203 (“Utica”), -three Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services.

440. For example, Defendant Wilson mailed a bill on or about the time it was dated, July 8, 2021, totaling \$1,641.79 to Allstate for TCD, emboli detection (93892), TCD, vasoreactivity study (93890), and TCD, complete study (CPT 93886), all as allegedly provided on June 23, 2021 to patient D.G., identified by claim number 0629756668, at the Utica clinic.

441. Similarly, Defendant Hillside mailed a bill on or about the time it was dated, January 20, 2021, totaling \$1,641.79 to Allstate for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), and TCD, emboli detection (93892-59), all as allegedly provided on December 23, 2020 to patient T.P., identified by claim number 0609065636, at the Utica clinic.

442. Similarly, Defendant Pitch PC mailed a bill on or about the time it was dated, May 16, 2022, totaling \$1,641.79 to Allstate for TCD, emboli detection (93892), TCD, vasoreactivity study (93890), and TCD, complete study (CPT 93886), all as allegedly provided on April 6, 2022 to patient C.Q., identified by claim number 0660810144, at the Utica clinic.

443. At the clinical location of 318 Seguine Ave, Staten Island, NY 10309 (“Seguine”), three Defendants have billed Allstate for providing patients on its premises with TCD, VNG, and/or SSR testing services. This number includes at least one lay Defendant billing for such testing.

444. For example, Defendant Regal mailed a bill on or about the time it was dated, October 20, 2020, totaling \$243.46 to Allstate for autonomic nervous func test (95923-TC), and autonomic nervous func test (95923-TC), all as provided on September 9, 2020, to patient M.P., identified by claim number 0591029731, at the Seguine clinic.

445. Regarding the same patient M.P., and date of service September 9, 2020, Defendant Greenwood mailed a bill on or about the time it was dated, October 20, 2020, totaling \$99.44 to Allstate for autonomic nervous testing services, and under the same CPT codes (minus the technical component modifier “-TC”) as allegedly provided to patient M.P., identified by claim number 0591029731, at the Seguine clinic.

446. Defendant Central Park mailed two bills on or about the time they were dated, October 5, 2020, to Allstate, the first bill totaling \$1,253.21 for TCD, complete study (CPT 93886), TCD, vasoreactivity study (93890), TCD, emboli detection (93892-59), and the second bill totaling \$628.21 for caloric vestibular testing (92537), basic vestibular evaluation (92540), sinusoidal vertical axis rotational testing (billed twice under 92546-59 and 92546-59-76), use of vertical electrodes (92547), and computerized dynamic posturography (92548), all as allegedly provided

on September 16, 2020 to patient L.P., identified by claim number 0596238071, at the Seguire clinic.

B. Separate Billing Entities for Administration and Interpretation of Results

447. In this aspect of the scheme, lay Defendants have billed for the services of a “technician” or “technologist” in performing the testing, while the provider billing Defendants have billed for interpretation of the purported testing results. Thus there have been pairs of Defendants and their owners for much of the billing linking many of the Defendants together.

448. There is no license in New York for such a “technician” or “technologist” nor any required qualification. This is a fancy name for a lay person. For patient after patient, their bills generally set forth the same services, CPT codes, and charged amounts represented thereon regardless of any differences between the patients.

449. For example, Defendant Chai LLC mailed a combined TCD and VNG testing bill on or about the time it was dated, March 7, 2023, totaling \$1,388.46 for the technical components of two sinusoidal vertical axis testing (92546-59-76-TC and 94546-59-TC), computerized dynamic posturography (92548-TC), use of vertical electrodes (92547-TC), basic vestibular evaluation (92540-TC), caloric vestibular test (92537-TC), TCD emboli detection (93892-59-TC), TCD vasoreactivity study (93890-TC), and TCD complete study (93886-TC), all as allegedly provided by a technician on February 6, 2023 to patient S.S., identified by claim number 0700543267.

450. Regarding the same patient S.T., and date of service February 6, 2023, Defendant Diag Neuro mailed a combined TCD and VNG bill on or about the time it was dated, March 7, 2023, totaling \$907.68 to Allstate for the interpretive components of the same testing services, and

under the same CPT codes, (minus the technical component modifier “-TC”) all as allegedly provided to patient S.T.

451. In another example, Defendant BLK LLC mailed a bill on or about the time it was dated, August 17, 2021, totaling \$314.94 to Allstate for the technical components of autonomic nervous system function testing – upper ext (95923-TC) and autonomic nervous system function testing – lower ext (95923-TC), all as allegedly provided on July 26, 2021, to patient J.T., identified by claim number 0633120530.

452. Regarding the same patient J.T., and date of service July 26, 2021, Defendant Interventional PLLC mailed a bill on or about the time it was dated, August 17, 2021, totaling \$130.28 to Allstate for the interpretive components of the same two testing services, and under the same CPT codes (minus the technical component modifier “-TC”) all as allegedly provided to patient J.T.

C. Multiple Entities Owned by Same Individual Defendant

453. The Defendants in this scheme were also interconnected with overlapping ownership between many of the Defendants. By distributing the billing among several providers with overlapping ownership instead of billing through one entity, the amount attributable to any one provider Defendant was reduced, further obscuring the nature and scale of the fraud. For example, individual Defendant Duhamel is listed as the nominal owner of at least two billing Defendants, Hillside and Wilson.

454. Layperson Defendant D. Bogatin is listed as the nominal owner of at least five billing Unlicensed Defendants: BLK, Chai, Maimonides, Refuah, and Sinai.

455. Layperson Defendant G. Bogatin is listed as the nominal owner of at least five billing Unlicensed Defendants: BLK, Chai, Maimonides, Refuah, and Sinai.

456. Layperson Defendant Khanatayev is listed as the nominal owner of at least five billing Unlicensed Defendants: BLK, Chai, Maimonides, Refuah, and Sinai.

457. Layperson Defendant Kofman is listed as the nominal owner of at least five billing Unlicensed Defendants: BLK, Chai, Maimonides, Refuah, Sinai, and Regal.

458. Licensed Defendant Khanna is listed as the nominal owner of at least two billing Licensed Defendants: Pitch and Emote.

D. Use of Same Diagnoses and Duplication of Data and Waveforms

459. As discussed, and demonstrated through examples in the factual allegations above, numerous fraudulent bills were mailed to Allstate on behalf of the billing Defendants for TCD, VNG, and SSR testing using the same diagnoses regardless of the patient's age, symptoms, or medical conditions.

460. In many cases, as demonstrated through examples in this complaint, numerous fraudulent bills for TCD testing, VNG testing, and SSR testing by the separate billing Defendant entities were supported by reports with identical data and waveforms. In some of these cases, despite identical data and waveforms, the results and/or impressions differed, further demonstrating the lack of medical necessity and lack of actual relationship of these reports to the particular patient or their history.

461. For example, on multiple TCD bills of Direct Med, Green Power, Hillside, Chai, Diag Neuro, Wizard, and Sanitas, and some of Pitch, their patients are purportedly diagnosed again and again with the same serious conditions *verbatim*:

462. G45.1 Carotid artery syndrome,G45.8 Other transient cerebral ischemic attacks and related syndromes,I63.8 Othercerebral infarction,I63.89 Other cerebral infarction,I65.1 Occlusion and stenosis of basilar artery,I65.29 Occlusion and stenosis of unspecified carotid artery,I66.8 Occlusion and stenosis of other cerebral arteries,

463. On multiple VNG testing bills of Sanitas, Direct Med, and Green Power, patients are purportedly diagnosed again and again with the same conditions *verbatim*:

464. H81.399 Other peripheral vertigo, unspecified ear,H81.09 Meniere’s disease, unspecified,H81.13 Benign paroxysmal vertigo, bilateral,H81.49 Vertigo of central origin,R26.9 Awkward uncoordinated of walking,R27.0 Loss of coordination of voluntary muscular movement,R42 Dizziness,Z91.81 History of falling,

465. On multiple VNG testing bills of Direct Med, Wilson, patients are purportedly diagnosed again and again with the same conditions *verbatim*:

R42 – DIZZINESS

H81.399-Peripheral vertigo, unspecified

R26.9 - Unspecified abnormalities of gait and mobility

466. On multiple SSR bills of Interventional, BLK, Refuah, and Sinai, patients are purportedly diagnosed again and again with the same conditions *verbatim*:

M54.5 Low Back Pain

R20.2 Paresthesia of Skin

467. On multiple SSR bills of Interventional, Diag Neuro, BLK, Refuah, and Sinai, patients are purportedly diagnosed again and again with the same conditions *verbatim*:

G60.0 Neuropathy, motor and sensory

468. For patient after patient, the bills of these billing Defendants listed the same phony – and sometimes potentially life-threatening – diagnoses of the patients’ relevant conditions. It is absurd for numerous patients to have word for word the same brain injury diagnoses. It is also absurd for numerous patients to have word for word the same vestibular disorders or autonomous system function abnormalities. And it is beyond absurd for patient after patient after patient to have both sets of symptoms with word-for-word identical language.

469. Additionally, as demonstrated through examples in this complaint, numerous phony reports for TCD testing, VNG testing, and SSR testing were generated by the separate billing Defendants which purported to show each individual patient's testing results. In some of these cases, the data and waveforms were identical and were simply copied and pasted from the reports for another patient.

470. Set forth in the earlier sections of this complaint are examples of identical TCD data and waveforms of different patients from different Defendant entities. Set forth in the earlier sections of this complaint are examples of identical VNG data and waveforms of different patients from different Defendant entities. Set forth in the earlier sections of this complaint are examples of examples of identical SSR data and waveforms of different patients from different Defendant entities.

E. Use of Same Forms and Same Language in Reports

471. Furthermore, the billing Defendants frequently utilized identical forms already filled with predetermined information. The consistent language found in the reports of these seemingly distinct entities was a common characteristic, providing further evidence of the direct association and interconnectedness among the Defendants.

472. In many cases, as demonstrated through examples in this complaint, these separate billing Defendant entities used the same forms, used the same language in reports, and filled them using preselected information, with rote diagnoses and charges having no medical necessity, and no relationship to the particular patient or their history.

473. For example, the Licensed Defendants Diag Neuro, Direct Med, Emote, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson have used identical language again and again on their TCD reports *verbatim*:

Technical Result: Pulsed-Doppler mean velocities(cm/sec) and the Gosling pulsatility indices for each vessel insonated from the temporal, orbital, and sub-occipital windows. Vasomotor Reactivity is the percentage increase in mean flow velocity following a 20-30 second breath-holding maneuver(B/H).

474. Direct Med, Hillside, Pitch, Sanitas, Seneca, and Wilson have used identical language again and again on their TCD reports *verbatim*:

This study confirms the patency of the major basal intracranial arteries of the Circle of Willis. Vasomotor Reactivity (VMR) testing showed normal vasodilator reactivity in the right(r) MCA. No evidence of emboli detection throughout the monitoring period. TCD is not sensitive for tumors, aneurysms and small AVMs.

475. Diag Neuro, Emote, and Lifeline have used identical language again and again on their TCD reports *verbatim*:

This study confirms the patency of the major basal intracranial arteries of the Circle of Willis. There is no evidence of intracranial stenosis or occlusive disease. TCD is not sensitive for tumors, aneurysms and small AVMs The testing was performed by a technician and is based solely on the tracing provided (in this report – lifeline)

476. Lifeline and 334 Grand have used identical language again and again on their TCD reports *verbatim*:

Normal Transcranial Doppler Study. No evidence of hemodynamically significant stenosis or occlusion in the intracerebral arteries. Breath holding index with questionably abnormal or normal vasoreactivity. No evidence of intensity transient signals(micro-emboli).There is no evidence of intracranial stenosis or occlusive disease. TCD is not sensitive for tumors, aneurysms and small AVMs The testing was performed by a technician and is based solely on the tracing provided(in this report – lifeline)

477. Green Power and Lifeline have used identical language again and again on their TCD reports *verbatim*:

Normal Study with adequate functional reserve testing (VMR). No evidence of intensity transient signals(micro-emboli). This study confirms the patency of the major basal intracranial arteries of the Circle of Willis. There is no evidence of intracranial stenosis or occlusive disease. TCD is not sensitive for tumors, aneurysms and small AVMs The testing was performed by a technician and is based solely on the tracing provided(in this report – lifeline)

478. Diag Neuro, Interventional and Greenwood have used identical language again and again on their SSR reports *verbatim*:

C/o Neck pain with radiation to both upper extremities; numbness in hands
C/o back pain with radiation to both lower extremities; numbness in feet

479. Diag Neuro, Interventional and Greenwood have used identical language again and again on their SSR reports *verbatim*:

Findings: EMG is recommended to rule out radiculopathy, plexopathy, or myopathy. Clinical correlation is recommended. The testing was performed by a technician and interpretation is solely based on the graphics and tracing provided in this report.

480. In addition to using identical language in their reports, the Defendants also used the same forms for their reports.

481. For example, the entire first page of the “Videonystagmography (VNG) with Computerized Dynamic Posturography (DPP) REPORT” often used by Defendants 334 Grand Concourse, Diag Neuro, Emote, Hillside, Lifeline, Pitch, and Sanitas are identical.

482. The Infrared/Video ENG Report often used by Defendants Direct Med, Hillside, Pitch, Sanitas, Seneca, and Wilson are identical.

483. The first page of the Upper Extremity Sympathetic Skin Response Report often used by Defendants Diag Neuro, Interventional and Greenwood are identical.

484. The first page of the Lower Extremity Sympathetic Skin Response Report often used by Defendants Diag Neuro, Interventional and Greenwood are identical.

485. The billing Defendants’ connections and interrelations are apparent through various practices utilized by the managers of the scheme. These deceptive strategies emphasize the complexity and sophistication employed by the scheme’s architects to obscure their illicit activities, thereby complicating the detection process further.

VIII. The Defendants' Failure to Verify Claims

486. Bills were submitted on behalf of the Licensed Defendant Central Park, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored. Allstate has also requested the examination under oath (EUOs) of Central Park, which has failed to appear for such EUO, and who has thereby violated a policy condition.

487. Bills were submitted on behalf of the Unlicensed Defendant Chai, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

488. Bills were submitted on behalf of the Licensed Defendant Direct Med, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored. Allstate has also requested the examination under oath (EUOs) of Direct Med, which has failed to appear for such EUO, and who has thereby violated a policy condition.

489. Bills were submitted on behalf of the Unlicensed Defendant Green Power, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

490. Bills were submitted on behalf of the Licensed Defendant Greenwood, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

491. Bills were submitted on behalf of the Licensed Defendant Hillside, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored. Allstate has also

requested the examination under oath (EUOs) of Hillside, which has failed to appear for such EUO, and who has thereby violated a policy condition.

492. Bills were submitted on behalf of the Licensed Defendant Lifeline, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

493. Bills were submitted on behalf of the Unlicensed Defendant Regal, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

494. Bills were submitted on behalf of the Licensed Defendant Sanitas, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored. Allstate has also requested the examination under oath (EUOs) of Sanitas, which has failed to appear for such EUO, and who has thereby violated a policy condition.

495. Bills were submitted on behalf of the Licensed Defendant Seneca, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored. Allstate has also requested the examination under oath (EUOs) of Seneca, which has failed to appear for such EUO, and who has thereby violated a policy condition.

496. Bills were submitted on behalf of the Licensed Defendant Wilson, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

497. Bills were submitted on behalf of the Unlicensed Defendant Wizard, and Allstate has sought to verify these claims and to ascertain the basis(es) or lack thereof for such billing. Allstate has made numerous written verification requests which have been ignored.

IX. The Defendants’ Fraudulent Scheme to Bill for Services Rendered by Independent Contractors

498. Under the No-Fault Law, a health care provider is not entitled to payment from insurers for services provided by independent contractors. The applicable DFS Regulations provide, in pertinent part, for “pay[ment of] benefits directly to providers of health care services.” 11 NYCRR 65-3.11(a) (emphasis added). In the leading decision on this question, the Appellate Division, Second Department held that “11 NYCRR 65-3.11(a) does not authorize direct payment to a medical provider which submits a bill identifying the treating provider as an independent contractor.” *A.M. Med. Servs. v. Progressive Cas. Ins. Co.*, 101 A.D.3d 53, 62 (2nd Dep’t 2012).

499. The DFS and its predecessor the Insurance Department have issued a series of opinion letters setting forth their position that professional corporations (PCs) cannot submit bills in their own name for services provided by independent contractors, and those opinions are entitled to deference by the courts unless irrational or unreasonable. *See Marin v. Apple-Metro, Inc.*, No. 12-cv-5274 (ENV) (CLP), 2020 U.S. Dist. LEXIS 195258, at *34-35 (E.D.N.Y. Oct. 7, 2020) (“Deference extends even to informal opinion letters that ‘represent[] the position’ of the relevant agency.”) (quoting *A.M. Medical*, 101 A.D.3d at 64).

500. The decision of the Appellate Division in *A.M. Medical* was rendered in deference to a February 21, 2001 informal opinion letter of the General Counsel of the Insurance Department. In that letter, the General Counsel stated that “[w]here the health services are performed by a provider who is an independent contractor with [a (PC)] and is not an employee under the direct

supervision of a PC owner, the PC is not authorized to bill under No-Fault as a licensed provider of those services.” *A.M Medical*, 101 A.D.3d at 63. The Appellate Division quoted at length from the February 21, 2001 opinion letter:

Such direct billing by the PC, due to the lack of supervisory control by the PC, may facilitate fraud, since the PC might bill under its own fee schedule as a specialist rather than the general practitioner fee schedule of the independent contractor, who actually provided the service. In addition, the patient may wrongfully believe the independent contractor’s actions are under the supervision of the PC.

Since New York Education Law § 6509-specifically authorizes shareholders and employees to contribute to the income of a PC, and is separate with respect to independent contractors, allowing the PC to bill for the independent contractor may constitute unlawful fee splitting....

Accordingly, since the control, and therefore the liability, of the principal for the acts of the independent contractor is attenuated, and in order to preserve the integrity of the No-Fault and physician licensing systems, this Department has determined that, when the services are provided by an independent contractor, the PC should not be considered as the ‘licensed provider’ authorized to bill under No-Fault.”

Id. (quoting Ops. Gen. Counsel NY Ins. Dep’t No. 01-02-13 (Feb. 21, 2001)).

501. The Insurance Department (now the DFS) upheld and reaffirmed the 2001 opinion regarding billing for services performed by independent contractors in subsequent opinion letters, including without limitation letters dated February 5, 2002; March 11, 2002; October 29, 2003; and March 21, 2005.

502. In order to permit insurers to know whether services have been provided by employees or independent contractors, DFS promulgated a prescribed claim form – Form NF-3 – that requires a health care provider to disclose whether the billed-for services were provided by employees or independent contractors. The health provider Defendants have repeatedly set forth false information as to who provided the services, claiming that it was the Defendant health providers or their owners who are licensed physicians, when in actuality it was performed by

laypersons or by no one at all. These laypersons were not employees of the billing provider Defendants but were independent contractors to the extent they provided any services. As set forth in the deposition testimony taken by GEICO of the laypersons who administered these services, the laypersons did not even know for which medical practice they were supposedly working.

503. To the extent that any services were provided at all, the services were provided by independent contractors, and the provider Defendants or their nominal owners who are physicians were not involved in the providing of services.

X. The Defendants' Fraudulent Scheme was Enabled by Illegal Referrals of Patients

504. The referral network and the payments to referring providers were the foundation of this scheme. The Defendants obtained the patients with payments to the referring providers. The services billed for the Defendants were of no value and there was no reason for any of the referring providers and clinics to make such referrals. The only reason were the financial incentives provided by the Defendants.

505. GEICO has chronicled in case after case against many of the Defendants in this case the schemes utilized to obtain patients by making payments to the referring providers often making use of intermediaries with criminal and fraudulent backgrounds including money laundering.

506. Under Section 238-d of the New York Public Health Law, referrals between financially related providers are generally prohibited, except where that financial relationship is disclosed to the patient. Courts have interpreted this statute as prescribing a non-precludable defense for insurers against No-Fault claims. *See Fair Price Med. Supp. Corp. v. ELRAC Inc.*, 12 Misc. 3d 119, 121-22, 820 N.Y.S.2d 679, 681 (App. Term 2nd Dep't 2006).

507. Moreover, for certain enumerated health care services, even disclosure of a relationship to patients will not cure a self-referral violation. Section 238-a(1) of the Public Health Law forbids a provider from referring patients to another provider with which it has a financial relationship for clinical laboratory services, pharmacy services, radiation therapy services, physical therapy (PT) services, and x-ray or imaging services. Any billing for services resulting from such a referral is also prohibited by Section 238-a(2). Such referrals and billing are illegal even with disclosure to the patient of a financial relationship between the providers.

508. Ultrasound, which encompasses TCD testing, is an enumerated service under Section 238-a(1) of the Public Health Law.

A. Illegal Referrals to the Defendants (P.H.L. § 238-d)

509. The Defendants obtained their patients from referring providers that they had financial relationships with and did not disclose that financial relationship to patients, in violation of Section 238-d of the Public Health Law.

510. The referral of patients between these financially related entities was illegal under New York law. The true nature and extent of the interrelationships were not disclosed to patients.

511. In addition, the provider Defendants have been extensively connected and interrelated, with sharing of patients between financially related entities. This is also illegal and was part of an illegal pattern of referrals.

B. Illegal Referrals for TCD Testing (P.H.L. § 238-a)

512. Ultrasound, which encompasses TCD testing, is an enumerated service pursuant to P.H.L. § 238-a.

513. The referring providers are prohibited from making referrals to the health provider Defendants for Doppler testing under P.H.L. § 238-a(1), and the Defendants 334 Grand, Central Park, Chai, Diag Neuro, Direct Med, Green Power, Healthcare Med, Hillside, Lifeline, Maimonides, Pitch, Regal, Sanitas, Seneca, Wilson, and Wizard are prohibited from billing Allstate for doppler testing based on such referrals under P.H.L. § 238-a(1) and Allstate has the right to recover all amounts paid under P.H.L. § 238-a(1).

FIRST CLAIM FOR RELIEF

(Common Law Fraud)

(Against All Defendants)

514. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 513 of this Complaint with the same force and effect as if set forth fully herein.

515. As part of the fraudulent scheme implemented by the Defendants, as set forth in detail in this Complaint, the Defendants made material misrepresentations and/or omitted material statements in submitting No-Fault claims to ALLSTATE for payment.

516. As set forth herein, the Defendants intentionally, knowingly, fraudulently, and with an intent to deceive ALLSTATE and the public, omitted material facts and made various misleading statements (i) intending to hold out the Defendants as legal and lawfully operating professional entities licensed in the state where the services were provided when in fact they were not; (ii) intending to fraudulently induce ALLSTATE to make payments that the Defendants were not entitled to because of their illegal operation or because of the existence of an illegal referral arrangement and/or because the services were not provided as billed and/or because the findings and reports of the Defendants were fictitious; (iii) intending to fraudulently induce ALLSTATE to

make payments by representing that the services had been provided by properly licensed doctors; (iv) misrepresenting the nature of the services that had been administered and misrepresenting the relationship of the services to a covered accident; (v) misrepresenting that the referrals and services were necessary; (vi) misrepresenting that the services were provided by employees; (vii) misrepresenting that Defendants were being legally owned and lawfully operating as required by licensing requirements; and (viii) setting forth fictitious diagnoses and representations of services provided.

517. As set forth herein, the Defendants intentionally, knowingly, fraudulently, and with an intent to deceive ALLSTATE, their own patients and the general public, hid improper referral relationships and did not provide the services that were billed by making false representations of material facts, including, but not limited to, the following fraudulent misrepresentations: (i) false and misleading statements that services had been provided and were provided by employees when the services were fictitious and were not provided as billed and were not provided by employees; (ii) false and misleading statements contained in each separate bill, medical record and report submitted to ALLSTATE regarding the nature of service provided and/or the relationship between the Defendants, the shareholder-doctors, and entities to which referrals were made; (iii) false and misleading statements as to the details of the Defendants' operation, management, ownership and lack of compliance with State licensing requirements which not only defrauded ALLSTATE but also endangered the welfare of the public; and (iv) false and misleading statements as to the details of the services administered to patients.

518. The Individual Defendants, acting in concert with the Entity Defendants, participated in, conspired together, aided and abetted, and furthered the fraudulent schemes through a common course of conduct and purpose.

519. The Defendants concealed the fraudulent nature of their claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. The Defendants' fraudulent concealment of their scheme to defraud prevented ALLSTATE from discovering or asserting, until now, the foregoing fraud, or the injury resulting therefrom to ALLSTATE.

520. ALLSTATE has no obligation to pay for health care services allegedly rendered by individuals acting in the employ of a professional corporation and/or physician, where, as here, the services were not provided by properly licensed providers, the services billed were not provided, the services were not provided as billed, the services were provided by independent contractors, the services were provided pursuant to an illegal referral scheme, the claimed injuries did not exist, the claimed diagnoses were fictitious and not related to a covered accident, the claimed test results were fictitious, the submitted claims are fraudulent in nature, the services were provided by entities and individuals that were not legally owned, controlled, and managed according to state licensing and operating requirements; and/or the services were provided as part of a scheme and pattern to bill unnecessary services in order to submit substantial fraudulent billing to ALLSTATE.

521. The Defendants knew the foregoing material misrepresentations to be false when made and made or facilitated these false representations with the intention and purpose of inducing ALLSTATE to rely thereon.

522. ALLSTATE did in fact reasonably and justifiably rely on the foregoing material misrepresentations and upon a state of facts that ALLSTATE was led to believe existed as a result

of the Defendants' acts of fraud and deception, and which led to ALLSTATE making payments to the Defendants and incurring expenses as a result.

523. Had ALLSTATE known of the fraudulent content of the reports, the fraudulent nature of the diagnoses, the fictitious nature of the claimed injuries, the fictitious nature of the services that were represented to be provided, the referrals by financially related entities, the illegal payments made to obtain referrals, the fact that the services had not been provided as billed, the fact that the fees billed were in violation of the law, the fact that the services had not been provided by licensed providers, the illegal operation, management, ownership, and lack of compliance with state licensing requirements of the Defendant health providers, and the fact that the services were provided by independent contractors, it would not have paid the Defendants' claims for No-Fault insurance benefits submitted in connection therewith.

524. In reliance upon these false representations and/or omissions, during the six (6) years preceding this Complaint, ALLSTATE has made payments to the Defendants and incurred additional costs totaling at least \$1,668,862.73 as a result of the fraudulent billing.

525. ALLSTATE was thus injured as a proximate result and is entitled to recover, jointly and severally, the payments it made to the Defendants. As a result of the fraud of the Defendants, ALLSTATE should recover, jointly and severally, all of its payments and be reimbursed for the costs incurred as a result of the fraudulent billing.

526. ALLSTATE also requests punitive damages, jointly and severally, in the amount of \$1,000,000, plus interest.

SECOND CLAIM FOR RELIEF

(Unjust Enrichment)

(Against All Defendants)

527. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 526 of this Complaint with the same force and effect as if set forth fully herein.

528. By reason of their wrongdoing, the Defendants have been unjustly enriched, in that they have received monies from ALLSTATE that are the result of unlawful conduct, and that in equity and good conscience, they should not be permitted to keep.

529. No contract exists between ALLSTATE and the Defendants. ALLSTATE is not asserting any ground for recovery that arises from any contract.

530. ALLSTATE is therefore entitled to restitution from the Defendants in the amount by which the Defendants have been unjustly enriched.

THIRD CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Wizard, Duhamel, John Doe 1 and ABC Corp. 1)

531. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 530 of this Complaint with the same force and effect as if set forth fully herein.

532. At all times relevant to this Complaint, the Defendant Hillside constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

533. At all times relevant to this Complaint, the Defendants Wizard, Duhamel, John Doe 1 and ABC Corp. 1 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

534. The Defendants Wizard, Duhamel, John Doe 1 and ABC Corp. 1 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of the Hillside who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition, Wizard submitted more billing in its own name for services allegedly performed and/or interpreted by Hillside even though Wizard had no license as a health provider. Wizard used a phony name on its corporate papers for its owner. Duhamel enabled the fraudulent use of his name and license and that of Hillside in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Hillside which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Wizard added fraudulent billings in its own name. Substantial billing was mailed to ALLSTATE on behalf of Hillside for TCD and VNG testing. These services were not provided as billed and were not provided by Duhamel. Indeed, Duhamel was practicing illegally suspended in March 2021. He was incapable of providing the services that Hillside and Wizard billed for. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Duhamel, Wizard, John Doe 1, and ABC Corp. 1. The Defendant Wizard provided and directed many of the persons including laypersons who actually administered any purported health care

services that were provided by the Defendants. The Defendants Duhamel, Wizard, John Doe 1 and ABC Corp. 1 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Hillside had financial relationships with its referring providers, and did not disclose these relationships;

c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Hillside for services that were not provided by Hillside and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Hillside had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Hillside billed for had been administered by employees

of the Defendant Hillside when in fact the services were administered by independent contractors or had not been administered at all;

g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Hillside billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Hillside and Duhamel were properly licensed and operating within the scope of their licenses and that the Defendants Hillside and Duhamel administered the services billed under their names and licenses. And these Defendants submitted billing in the name of Duhamel after his license to practice medicine was suspended by the Department of Health State Board for Professional Misconduct in March 2021;

k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

535. The Defendants have engaged in this scheme from October 2020 and up to the present and continuing, and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

536. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

537. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

538. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Hillside the substantial claim amount of approximately \$105,322.68.

539. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

540. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Hillside which would not have otherwise been made but for the fraudulent activities.

FOURTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1)

541. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 540 of this Complaint with the same force and effect as if set forth fully herein.

542. At all times relevant to this Complaint, the Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

543. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

544. The Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Hillside, Wizard submitted more billing in its own name for services allegedly performed and/or interpreted by Hillside even though Wizard had no license as a health provider. Wizard used a phony name on its corporate papers for its owner. Duhamel enabled the fraudulent use of his name and license and that of Hillside in order to submit billing

to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Hillside and Wizard which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Hillside and Wizard for TCD and VNG testing. These services were not provided as billed and were not provided by Duhamel. Indeed, Duhamel was practicing illegally and had his license suspended in March 2021. He was incapable of providing the services that Hillside and Wizard billed for. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Hillside, Wizard, Duhamel, and the John Doe 1 and ABC Corp. 1 Defendants. The Defendant Wizard provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Hillside and Wizard had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Hillside for services that were not provided by Hillside and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Hillside and Wizard had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Hillside billed for had been administered by employees of the Defendant Hillside when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Hillside billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Hillside and Duhamel were properly licensed and operating within the scope of their licenses and that the Defendants Hillside and Duhamel administered the services billed under their names and licenses. And these Defendants submitted billing in the name of Duhamel after his license to practice medicine was suspended by the Department of Health State Board for Professional Misconduct in March 2021.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

545. The Defendants have engaged in this scheme from October 2020 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

546. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

547. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

548. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained

by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Hillside substantial claim amounts totaling at least \$105,322.68, and to the Defendant Wizard substantial claim amounts totaling about \$30,670.13.

549. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

550. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Hillside and Wizard which would not have otherwise been made but for the fraudulent activities.

FIFTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1)

551. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 550 of this Complaint with the same force and effect as if set forth fully herein.

552. The Defendants Hillside, Wizard, Duhamel, John Doe 1, and ABC Corp. 1 have conspired with each other to violate 18 U.S.C. § 1962(c).

553. The Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the

affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

554. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

555. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

556. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

557. The Defendants Hillside, Wizard, Duhamel, John Doe 1 and ABC Corp. 1 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

SIXTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Duhamel, John Doe 2 and ABC Corp. 2)

558. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 557 of this Complaint with the same force and effect as if set forth fully herein.

559. At all times relevant to this Complaint, the Defendant Wilson constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

560. At all times relevant to this Complaint, the Defendants Duhamel, John Doe 2 and ABC Corp. 2 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

561. The Defendants Duhamel, John Doe 2 and ABC Corp. 2 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Wilson who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Duhamel enabled the fraudulent use of his name and license and that of Wilson in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Wilson which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Wilson for TCD and VNG testing. These services were not

provided as billed and were not provided by Duhamel. Indeed, Duhamel was practicing illegally and had his license suspended in March 2021. He was incapable of providing the services that Wilson billed for. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Duhamel, John Doe 2, and ABC Corp. 2. The Defendants Duhamel, John Doe 2 and ABC Corp. 2 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Wilson had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Wilson for services that were not provided by Wilson and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Wilson had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Wilson billed for had been administered by employees of the Defendant Wilson when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Wilson billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Wilson and Duhamel were properly licensed and operating within the scope of their licenses and that the Defendants Wilson and Duhamel administered the services billed under their names and licenses. And these Defendants submitted billing in the name of Duhamel after his license to practice medicine was suspended by the Department of Health State Board for Professional Misconduct in March 2021.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

562. The Defendants have engaged in this scheme from April 2021 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will

continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

563. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

564. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

565. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Wilson the substantial claim amount of approximately \$49,697.92.

566. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

567. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Wilson which would not have otherwise been made but for the fraudulent activities.

SEVENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2)

568. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 567 of this Complaint with the same force and effect as if set forth fully herein.

569. At all times relevant to this Complaint, the Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

570. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

571. The Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Duhamel enabled the fraudulent use of his name and license and that of Wilson in order to submit billing to

ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Wilson which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Wilson for TCD and VNG tests. These services were not provided as billed and were not provided by Duhamel. Indeed, Duhamel was practicing illegally and had his license suspended in March 2021. He was incapable of providing the services that Wilson billed for. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Wilson, Duhamel and the John Doe 2 and ABC Corp. 2 Defendants. The Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Wilson had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Wilson for services that were not

provided by Wilson and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Wilson had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Wilson billed for had been administered by employees of the Defendant Wilson when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Wilson billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Wilson and Duhamel were properly licensed and operating within the scope of their licenses and that the Defendants Wilson and Duhamel administered the services billed under their names and licenses. And these Defendants submitted billing in the name of Duhamel after his license to practice medicine was suspended by the Department of Health State Board for Professional Misconduct in March 2021.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

572. The Defendants have engaged in this scheme from April 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

573. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

574. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

575. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Wilson substantial claim amounts totaling at least \$49,697.92.

576. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

577. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Wilson which would not have otherwise been made but for the fraudulent activities.

EIGHTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2)

578. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 577 of this Complaint with the same force and effect as if set forth fully herein.

579. The Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 have conspired with each other to violate 18 U.S.C. § 1962(c).

580. The Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after

fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

581. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

582. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

583. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

584. The Defendants Wilson, Duhamel, John Doe 2 and ABC Corp. 2 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

NINTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3)

585. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 584 of this Complaint with the same force and effect as if set forth fully herein.

586. At all times relevant to this Complaint, the Defendant Interventional constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

587. At all times relevant to this Complaint, the Defendants Mammen, BLK, Refuah, Sinai, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

588. The Defendants Mammen, BLK, Refuah, Sinai, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of the Defendant Interventional who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition, BLK, Refuah, and Sinai submitted more billing in their own names for services allegedly performed and/or interpreted by Interventional even though BLK, Refuah, or Sinai had no license as health providers. Mammen enabled the fraudulent use of his name and license and that of Interventional in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Interventional which

regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. BLK, Refuah, and Sinai added fraudulent billing in their own names. Substantial billing was mailed to ALLSTATE on behalf of Interventional for SSR testings. These services were not provided as billed and were not provided by Mammen. Many of these tests were not administered at all. The SSR testing was, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine. This fraudulent billing was enabled by the Defendants Mammen, BLK, Refuah, Sinai, D. Bogatin, G. Bogatin, Khanatayev, Kofman, and the Joe Doe 3 and ABC Corp. 3 Defendants. The Defendants BLK, Refuah, and Sinai provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Mammen, BLK, Refuah, Sinai, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the

fact that the Defendant Interventional had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Interventional for services that were not provided by Interventional and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Interventional had administered SSR tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Interventional billed for had been administered by employees of the Defendant Interventional when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Interventional billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendant Interventional and Mammen were properly licensed and operating within the scope of their licenses and that the Defendants Interventional and Mammen administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

589. The Defendants have engaged in this scheme from December 2020 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

590. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

591. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

592. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorney'

fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Interventional the substantial claim amount of approximately \$47,772.53.

593. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

594. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Interventional which would not have otherwise been made but for the fraudulent activities.

TENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

**(Against Defendants Interventional, BLK, Refuah, Sinai, Mammen,
D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3)**

595. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 594 of this Complaint with the same force and effect as if set forth fully herein.

596. At all times relevant to this Complaint, the Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

597. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

598. The Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Interventional, BLK, Refuah, and Sinai submitted more billing in their own names for services allegedly performed and/or interpreted by Interventional even though BLK, Refuah, or Sinai had no license as health providers. Mammen enabled the fraudulent use of his name and license and that of Interventional in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Interventional, BLK, Refuah, and Sinai, which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Interventional, BLK, Refuah, and Sinai for SSR testing. These services were not provided as billed and were not provided by Mammen. Many of these tests were not administered at all. The SSR testing was, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine. This fraudulent billing was enabled by the Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, and the John Doe 3 and ABC Corp. 3 Defendants. The Defendants BLK, Refuah, and Sinai provided and directed many of the persons including laypersons who actually administered any purported health care

services that were provided by the Defendants. The Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Interventional, BLK, Refuah, and Sinai had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Interventional for services that were not provided by Interventional and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Interventional, BLK, Refuah, and Sinai had administered SSR tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Interventional billed for had been administered by employees

of the Defendant Interventional when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Interventional billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Interventional and Mammen were properly licensed and operating within the scope of their licenses and that the Defendants Interventional and Mammen administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

599. The Defendants have engaged in this scheme from December 2020 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

600. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

601. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

602. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendants Interventional substantial claim amounts totaling at least \$47,772.53, to the Defendant BLK substantial claim amounts totaling about \$8,638.05, to the Defendant Refuah substantial claim amounts totaling about \$57,488.16, and to the Defendant Sinai substantial claim amounts totaling about \$53,540.37.

603. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

604. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Interventional, BLK, Refuah, and Sinai which would not have otherwise been made but for the fraudulent activities.

ELEVENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

**(Against Defendants Interventional, BLK, Refuah, Sinai, Mammen,
D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3)**

605. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 604 of this Complaint with the same force and effect as if set forth fully herein.

606. The Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 have conspired with each other to violate 18 U.S.C. § 1962(c).

607. The Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

608. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

609. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

610. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

611. The Defendants Interventional, BLK, Refuah, Sinai, Mammen, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 3 and ABC Corp. 3 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

TWELFTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

**(Against Defendants Zhivotenko, Chai, Maimonides, D. Bogatin, G. Bogatin,
Khanatayev, Kofman, John Doe 4 and ABC Corp. 4)**

612. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 611 of this Complaint with the same force and effect as if set forth fully herein.

613. At all times relevant to this Complaint, the Defendant Diag Neuro constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

614. At all times relevant to this Complaint, the Defendants Zhivotenko, Chai, Maimonides, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

615. The Defendants Zhivotenko, Chai, Maimonides, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of the Defendant Diag Neuro who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition, Chai and Maimonides submitted more billing in their own names for services allegedly performed and/or interpreted by Diag Neuro even though Chai or Maimonides had no license as health providers. Zhivotenko enabled the fraudulent use of his name and license and that of Diag Neuro in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Diag Neuro which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Chai and Maimonides added fraudulent billings in their own names. Substantial billing was mailed to ALLSTATE on behalf of Diag Neuro for TCD and VNG testing. These services were not provided as billed and were not provided by Zhivotenko. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually

provided, illegally performed by individuals who did not have license in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Zhivotenko, Chai, Maimonides, D. Bogatin, G. Bogatin, Khanatayev, Kofman, and the Joe Doe 4 and ABC Corp. 4 Defendants. The Defendants Chai and Maimonides provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Zhivotenko, Chai, Maimonides, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Diag Neuro had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Diag Neuro for services that were not provided by Diag Neuro and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that

Diag Neuro had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendants Diag Neuro billed for had been administered by employees of the Defendant Diag Neuro when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Diag Neuro billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Diag Neuro and Zhivotenko were properly licensed and operating within the scope of their licenses and that the Defendants Diag Neuro and Zhivotenko administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

616. The Defendants have engaged in this scheme from January 2020 up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will

continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

617. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

618. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

619. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorney' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Diag Neuro the substantial claim amount of approximately \$72,081.85.

620. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

621. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Diag Neuro which would not have otherwise been made but for the fraudulent activities.

THIRTEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

**(Against Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin,
G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4)**

622. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 621 of this Complaint with the same force and effect as if set forth fully herein.

623. At all times relevant to this Complaint, the Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

624. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

625. The Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed

for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Diag Neuro, Chai and Maimonides submitted more billing in their own names for services allegedly performed and/or interpreted by Diag Neuro even though Chai or Maimonides had no license as health providers. Zhivotenko enabled the fraudulent use of his name and license and that of Diag Neuro in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Diag Neuro, Chai, and Maimonides, which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Diag Neuro, Chai and Maimonides for TCD and VNG testings. These services were not provided as billed and were not provided by Zhivotenko. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine/audiology. This fraudulent billing was enabled by the Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, and the John Doe 4 and ABC Corp. 4 Defendants. The Defendants Chai and Maimonides provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Diag Neuro, Chai, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these

claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Diag Neuro, Chai, and Maimonides had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Diag Neuro for services that were not provided by Diag Neuro and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Diag Neuro, Chai, and Maimonides had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendants Diag Neuro billed for had been administered by employees of the Defendants Diag Neuro when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Diag Neuro billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the

health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Diag Neuro and Zhivotenko were properly licensed and operating within the scope of their licenses and that the Defendants Diag Neuro and Zhivotenko administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

626. The Defendants have engaged in this scheme from January 2020 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

627. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

628. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the

staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

629. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Diag Neuro substantial claim amounts totaling at least \$72,081.85, to the Defendant Chai substantial claim amounts totaling about \$75,407.65, and to the Defendant Maimonides substantial claim amounts totaling about \$50,700.27.

630. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

631. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Diag Neuro, Chai, and Maimonides which would not have otherwise been made but for the fraudulent activities.

FOURTEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4)

632. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 631 of this Complaint with the same force and effect as if set forth fully herein.

633. The Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 have conspired with each other to violate 18 U.S.C. § 1962(c).

634. The Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

635. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

636. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

637. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

638. The Defendants Diag Neuro, Chai, Maimonides, Zhivotenko, D. Bogatin, G. Bogatin, Khanatayev, Kofman, John Doe 4 and ABC Corp. 4 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

FIFTEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Wizard, Pepeljugoski, John Doe 5 and ABC Corp. 5)

639. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 638 of this Complaint with the same force and effect as if set forth fully herein.

640. At all times relevant to this Complaint, the Defendant Sanitas constituted a separate "enterprise" within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the "PC Enterprise").

641. At all times relevant to this Complaint, the Defendants Wizard, Pepeljugoski, John Doe 5 and ABC Corp. 5 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

642. The Defendants Wizard, Pepeljugoski, John Doe 5 and ABC Corp. 5 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Sanitas who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition, Wizard submitted more billing in its own name for services allegedly performed and/or interpreted by Sanitas even though Wizard had no license as a health provider. Wizard used a phony name on its corporate papers for its owner. Pepeljugoski enabled the fraudulent use of her name and license and that of Sanitas in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Sanitas which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Wizard added fraudulent billing in its own name. Substantial billing was mailed to ALLSTATE on behalf of Sanitas for TCD and VNG testing. These services were not provided as billed and were not provided by Pepeljugoski. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Pepeljugoski, Wizard, John Doe 5, and ABC Corp. 5. The Defendant Wizard provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Wizard, Pepeljugoski, John Doe 5 and ABC Corp. 5 made and/or

received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Sanitas had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Sanitas for services that were not provided by Sanitas and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Sanitas had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Sanitas billed for had been administered by employees of the Defendant Sanitas when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that

the services that the Defendant Sanitas billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Sanitas and Pepeljuginoski were properly licensed and operating within the scope of their licenses and that the Defendants Sanitas and Pepeljuginoski administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

643. The Defendants have engaged in this scheme from September 2021 and up to the present and continuing, and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

644. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

645. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many

professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

646. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Sanitas the substantial claim amount of approximately \$96,377.90.

647. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

648. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Sanitas which would not have otherwise been made but for the fraudulent activities.

SIXTEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Sanitas, Wizard, Pepeljuginoski, John Doe 5 and ABC Corp. 5)

649. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 648 of this Complaint with the same force and effect as if set forth fully herein.

650. At all times relevant to this Complaint, the Defendants Sanitas, Wizard, Pepeljuginoski, John Doe 5 and ABC Corp. 5 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

651. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

652. The Defendants Sanitas, Wizard, Pepeljuginoski, John Doe 5 and ABC Corp. 5 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Sanitas, Wizard submitted more billing in its own name for services allegedly performed and/or interpreted by Sanitas even though Wizard had no license as a health provider. Wizard used a phony name on its corporate papers for its owner. Pepeljuginoski enabled the fraudulent use of her name and license and that of Sanitas in order to submit billing to

ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Sanitas and Wizard which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Sanitas and Wizard for TCD and VNG tests. These services were not provided as billed and were not provided by Pepeljuginoski. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Sanitas, Pepeljuginoski, Wizard, and the John Doe 5 and ABC Corp. 5 Defendants. The Defendant Wizard provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Sanitas, Wizard, Pepeljuginoski, John Doe 5 and ABC Corp. 5 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Sanitas and Wizard had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Sanitas for services that were not provided by Sanitas and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Sanitas and Wizard had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Sanitas billed for had been administered by employees of the Defendant Sanitas when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Sanitas billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Sanitas and Pepeljgoski were properly licensed and operating within the scope of their licenses and that the Defendants Sanitas and Pepeljgoski administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

653. The Defendants have engaged in this scheme from September 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

654. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

655. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

656. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Sanitas substantial claim amounts totaling at least \$96,377.90 and to the Defendant Wizard substantial claim amounts totaling about \$30,670.13.

657. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

658. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Sanitas and Wizard which would not have otherwise been made but for the fraudulent activities.

SEVENTEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Sanitas, Wizard, Pepeljugoski, John Doe 5 and ABC Corp. 5)

659. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 658 of this Complaint with the same force and effect as if set forth fully herein.

660. The Defendants Sanitas, Wizard, Pepeljugoski, John Doe 5, and ABC Corp. 5 have conspired with each other to violate 18 U.S.C. § 1962(c).

661. The Defendants Sanitas, Wizard, Pepeljugoski, John Doe 5 and ABC Corp. 5 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services

provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

662. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

663. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

664. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Sanitas, Wizard, Pepeljuginoski, John Doe 5 and ABC Corp. 5 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

665. The Defendants Sanitas, Wizard, Pepeljuginoski, John Doe 5 and ABC Corp. 5 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

EIGHTEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Wizard, Carmili, John Doe 6 and ABC Corp. 6)

666. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 665 of this Complaint with the same force and effect as if set forth fully herein.

667. At all times relevant to this Complaint, the Defendant Seneca constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

668. At all times relevant to this Complaint, the Defendants Wizard, Carmili, John Doe 6 and ABC Corp. 6 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

669. The Defendants Wizard, Carmili, John Doe 6 and ABC Corp. 6 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of the Seneca who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition, Wizard submitted more billing in its own name for services allegedly performed and/or interpreted by Seneca even though Wizard had no license as a health provider. Wizard used a phony name on its corporate papers for its owner. Carmili enabled the fraudulent use of his name and license and that of Seneca in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Seneca which regularly set forth fictitious medical findings and/or set forth services and phony test results that

had not been provided. Wizard added fraudulent billing in its own name. Substantial billing was mailed to ALLSTATE on behalf of Seneca for TCD and VNG testing. These services were not provided as billed and were not provided by Carmili. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Carmili, Wizard, John Doe 6 and ABC Corp. 6. The Defendant Wizard provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Wizard, Carmili, John Doe 6 and ABC Corp. 6 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Seneca had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Seneca for services that were not provided by Seneca and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Seneca had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Seneca billed for had been administered by employees of the Defendant Seneca when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Seneca billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Seneca and Carmili were properly licensed and operating within the scope of their licenses and that the Defendants Seneca and Carmili administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

670. The Defendants have engaged in this scheme from September 2021 and up to the present and continuing, and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

671. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

672. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

673. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Seneca the substantial claim amount of approximately \$17,374.72.

674. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of

each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

675. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Seneca which would not have otherwise been made but for the fraudulent activities.

NINETEENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6)

676. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 675 of this Complaint with the same force and effect as if set forth fully herein.

677. At all times relevant to this Complaint, the Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

678. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

679. The Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they

were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Seneca, Wizard submitted more billing in its own name for services allegedly performed and/or interpreted by Seneca even though Wizard had no license as a health provider. Wizard used a phony name on its corporate papers for its owner. Carmili enabled the fraudulent use of his name and license and that of Seneca in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Seneca and Wizard which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Seneca and Wizard for TCD and VNG testing. These services were not provided as billed and were not provided by Carmili. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Seneca, Carmili and the John Doe 6 and ABC Corp. 6 Defendants. The Defendant Wizard provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Seneca and Wizard had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Seneca for services that were not provided by Seneca and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Seneca and Wizard had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Seneca billed for had been administered by employees of the Defendant Seneca when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Seneca billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Seneca and Carmili were properly licensed and operating within the scope of their licenses and that the Defendants Seneca and Carmili administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

680. The Defendants have engaged in this scheme from September 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

681. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

682. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

683. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Seneca substantial claim amounts totaling at least \$17,374.72, and to the Defendant Wizard substantial claim amounts totaling about \$30,670.13.

684. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

685. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Senecas and Wizard which would not have otherwise been made but for the fraudulent activities.

TWENTIETH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6)

686. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 685 of this Complaint with the same force and effect as if set forth fully herein.

687. The Defendants Seneca, Wizard, Carmili, John Doe 6, and ABC Corp. 6 have conspired with each other to violate 18 U.S.C. § 1962(c).

688. The Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

689. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

690. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

691. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

692. The Defendants Seneca, Wizard, Carmili, John Doe 6 and ABC Corp. 6 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through

their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

TWENTY-FIRST CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Miller, Regal, Faivish, John Doe 7 and ABC Corp. 7)

693. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 692 of this Complaint with the same force and effect as if set forth fully herein.

694. At all times relevant to this Complaint, the Defendant Healthcare Med constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

695. At all times relevant to this Complaint, the Defendants Miller, Regal, Faivish, John Doe 7 and ABC Corp. 7 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

696. The Defendants Miller, Regal, Faivish, John Doe 7 and ABC Corp. 7 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Healthcare Med who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition, Regal submitted more billing in its own name for services allegedly performed and/or interpreted by Healthcare Med even though Regal had no license as a health provider. Miller enabled the fraudulent use of his name and license and that of

Healthcare Med in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Healthcare Med which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Regal added fraudulent billings in its own name. Substantial billing was mailed to ALLSTATE on behalf of Healthcare Med for TCD and VNG testing. These services were not provided as billed and were not provided by Miller. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Miller, Faivish, Regal, John Doe 7, and ABC Corp. 7. The Defendant Regal provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Miller, Regal, Faivish, John Doe 7, and ABC Corp. 7 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that

the Defendant Healthcare Med had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Healthcare Med for services that were not provided by Healthcare Med and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Healthcare Med had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Healthcare Med billed for had been administered by employees of the Defendant Healthcare Med when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Healthcare Med billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Healthcare Med and Miller were properly licensed and operating within the scope of their licenses and that the Defendants Healthcare Med and Miller administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

697. The Defendants have engaged in this scheme from February 2020 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

698. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

699. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

700. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorney'

fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Healthcare Med the substantial claim amount of approximately \$32,757.24.

701. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

702. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Healthcare Med which would not have otherwise been made but for the fraudulent activities.

TWENTY-SECOND CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7)

703. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 702 of this Complaint with the same force and effect as if set forth fully herein.

704. At all times relevant to this Complaint, the Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

705. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

706. The Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Healthcare Med, Regal submitted more billing in its own name for services allegedly performed and/or interpreted by Healthcare Med even though Regal had no license as a health provider. Miller enabled the fraudulent use of his name and license and that of Healthcare Med in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Healthcare Med and Regal which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Healthcare Med and Regal for TCD and VNG tests. These services were not provided as billed and were not provided by Miller. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Healthcare Med, Regal, Miller, Faivish, and the John Doe 7 and ABC Corp. 7 Defendants. The Defendant Regal provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 made and/or

received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Healthcare Med and Regal had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Healthcare Med for services that were not provided by Healthcare Med and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Healthcare Med and Regal had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Healthcare Med billed for had been administered by employees of the Defendant Healthcare Med when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the

services that the Defendant Healthcare Med billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Healthcare Med and Miller were properly licensed and operating within the scope of their licenses and that the Defendants Healthcare Med and Miller administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

707. The Defendants have engaged in this scheme from February 2020 and up to the present and continuing, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

708. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

709. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

710. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Healthcare Med substantial claim amounts totaling at least \$32,757.24, and to the Defendant Regal substantial claim amounts totaling at least \$9,780.56.

711. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

712. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Healthcare Med and Regal which would not have otherwise been made but for the fraudulent activities.

TWENTY-THIRD CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7)

713. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 712 of this Complaint with the same force and effect as if set forth fully herein.

714. The Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 have conspired with each other to violate 18 U.S.C. § 1962(c).

715. The Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

716. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

717. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

718. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

719. The Defendants Healthcare Med, Regal, Miller, Faivish, John Doe 7 and ABC Corp. 7 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

TWENTY-FOURTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Mallett, John Doe 8 and ABC Corp. 8)

720. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 719 of this Complaint with the same force and effect as if set forth fully herein.

721. At all times relevant to this Complaint, the Defendant 334 Grand constituted a separate "enterprise" within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the "PC Enterprise").

722. At all times relevant to this Complaint, the Defendants Mallett, John Doe 8 and ABC Corp. 8 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

723. The Defendants Mallett, John Doe 8 and ABC Corp. 8 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of 334 Grand who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Mallett enabled the fraudulent use of his name and license and that of 334 Grand in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of 334 Grand which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of 334 Grand for TCD, VNG, and SSR testing. These services were not provided as billed and were not provided by Mallett. Many of these tests were not administered at all. The TCD, VNG, and SSR tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Mallett, John Doe 8 and ABC Corp. 8. The Defendants Mallett, John Doe 8 and ABC Corp. 8 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these

claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant 334 Grand had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant 334 Grand for services that were not provided by 334 Grand and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that 334 Grand had administered VNG, TCD, and SSR tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant 334 Grand billed for had been administered by employees of the Defendant 334 Grand when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant 334 Grand billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants 334 Grand and Mallett were properly licensed and operating within the scope of their licenses and that the Defendants 334 Grand and Mallett administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

724. The Defendants have engaged in this scheme from June 2021 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

725. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

726. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

727. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant 334 Grand the substantial claim amount of approximately \$124,449.36.

728. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

729. ALLSTATE was damaged by this scheme in that payments were made to the Defendant 334 Grand which would not have otherwise been made but for the fraudulent activities.

TWENTY-FIFTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8)

730. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 729 of this Complaint with the same force and effect as if set forth fully herein.

731. At all times relevant to this Complaint, the Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce

(the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

732. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

733. The Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Mallett enabled the fraudulent use of his name and license and that of 334 Grand in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of 334 Grand which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of 334 Grand for TCD, VNG, and SSR tests. These services were not provided as billed and were not provided by Mallett. Many of these tests were not administered at all. The TCD, VNG, and SSR tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants 334 Grand, Mallett and the John Doe 8 and ABC Corp. 8 Defendants. The Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these

Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant 334 Grand had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant 334 Grand for services that were not provided by 334 Grand and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that 334 Grand had administered VNG, TCD, and SSR tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant 334 Grand billed for had been administered by employees of the Defendant 334 Grand when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant 334 Grand billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have

jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants 334 Grand and Mallett were properly licensed and operating within the scope of their licenses and that the Defendants 334 Grand and Mallett administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

734. The Defendants have engaged in this scheme from June 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

735. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

736. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the

submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

737. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant 334 Grand substantial claim amounts totaling at least \$124,449.36.

738. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

739. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant 334 Grand which would not have otherwise been made but for the fraudulent activities.

TWENTY-SIXTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8)

740. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 739 of this Complaint with the same force and effect as if set forth fully herein.

741. The Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 have conspired with each other to violate 18 U.S.C. § 1962(c).

742. The Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

743. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

744. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

745. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

746. The Defendants 334 Grand, Mallett, John Doe 8 and ABC Corp. 8 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

TWENTY-SEVENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Onyema, John Doe 9 and ABC Corp. 9)

747. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 746 of this Complaint with the same force and effect as if set forth fully herein.

748. At all times relevant to this Complaint, the Defendant Direct Med constituted a separate "enterprise" within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the "PC Enterprise").

749. At all times relevant to this Complaint, the Defendants Onyema, John Doe 9 and ABC Corp. 9 were "persons" associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

750. The Defendants Onyema, John Doe 9 and ABC Corp. 9 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise's affairs through a

pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Direct Med who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Onyema enabled the fraudulent use of his name and license and that of Direct Med in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Direct Med which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Direct Med for TCD and VNG testing. These services were not provided as billed and were not provided by Onyema. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Onyema, Joe Doe 9 and ABC Corp. 9. The Defendants Onyema, John Doe 9 and ABC Corp. 9 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Direct Med had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Direct Med for services that were not provided by Direct Med and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Direct Med had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Direct Med billed for had been administered by employees of the Defendant Direct Med when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Direct Med billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Direct Med and Onyema were properly licensed and operating within the scope of their licenses and that the Defendants Direct Med and Onyema administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

751. The Defendants have engaged in this scheme from January 2021 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

752. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

753. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

754. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys'

fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Direct Med the substantial claim amount of approximately \$75,830.01.

755. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

756. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Direct Med which would not have otherwise been made but for the fraudulent activities.

TWENTY-EIGHTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9)

757. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 756 of this Complaint with the same force and effect as if set forth fully herein.

758. At all times relevant to this Complaint, the Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

759. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

760. The Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Onyema enabled the fraudulent use of his name and license and that of Direct Med in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Direct Med which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Direct Med for TCD and VNG tests. These services were not provided as billed and were not provided by Onyema. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Direct Med, Onyema and the John Doe 9 and ABC Corp. 9 Defendants. The Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of

racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Direct Med had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Direct Med for services that were not provided by Direct Med and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Direct Med had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Direct Med billed for had been administered by employees of the Defendant Direct Med when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Direct Med billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the

health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Direct Med and Onyema were properly licensed and operating within the scope of their licenses and that the Defendants Direct Med and Onyema administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

761. The Defendants have engaged in this scheme from January 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

762. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

763. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the

staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

764. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Direct Med substantial claim amounts totaling at least \$75,830.01.

765. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

766. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Direct Med which would not have otherwise been made but for the fraudulent activities.

TWENTY-NINTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9)

767. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 766 of this Complaint with the same force and effect as if set forth fully herein.

768. The Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 have conspired with each other to violate 18 U.S.C. § 1962(c).

769. The Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

770. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

771. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

772. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

773. The Defendants Direct Med, Onyema, John Doe 9 and ABC Corp. 9 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their

misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

THIRTIETH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Khanna, John Doe 10 and ABC Corp. 10)

774. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 773 of this Complaint with the same force and effect as if set forth fully herein.

775. At all times relevant to this Complaint, the Defendant Emote constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

776. At all times relevant to this Complaint, the Defendants Khanna, John Doe 10 and ABC Corp. 10 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

777. The Defendants Khanna, John Doe 10 and ABC Corp. 10 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Emote who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Khanna enabled the fraudulent use of his name and license and that of Emote in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Emote which regularly set forth fictitious medical findings and/or

set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Emote for VNG testing. These services were not provided as billed and were not provided by Khanna. Many of these tests were not administered at all. The VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Khanna, John Doe 10 and ABC Corp. 10 Defendants. The Defendants Khanna, John Doe 10 and ABC Corp. 10 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Emote had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Emote for services that were not provided by Emote and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that

Emote had administered VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Emote billed for had been administered by employees of the Defendant Emote when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Emote billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Emote and Khanna were properly licensed and operating within the scope of their licenses and that the Defendants Emote and Khanna administered the services billed under their names and licenses;

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

778. The Defendants have engaged in this scheme from June of 2021 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will

continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

779. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

780. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

781. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Emote the substantial claim amount of approximately \$132,413.55.

782. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

783. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Emote which would not have otherwise been made but for the fraudulent activities.

THIRTY-FIRST CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10)

784. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 783 of this Complaint with the same force and effect as if set forth fully herein.

785. At all times relevant to this Complaint, the Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

786. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

787. The Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Khanna enabled the fraudulent use of his name and license and that of Emote in order to submit billing to

ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Emote which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Emote for VNG tests. These services were not provided as billed and were not provided by Khanna. Many of these tests were not administered at all. The VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Emote, Khanna and the John Doe 10 and ABC Corp. 10 Defendants. The Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Emote had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Emote for services that were not provided by Emote and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Emote had administered VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Emote billed for had been administered by employees of the Defendant Emote when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Emote billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Emote and Khanna were properly licensed and operating within the scope of their licenses and that the Defendants Emote and Khanna administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

788. The Defendants have engaged in this scheme from June of 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will

continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

789. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

790. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

791. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Emote substantial claim amounts totaling at least \$132,413.55.

792. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud.

This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

793. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Emote which would not have otherwise been made but for the fraudulent activities.

THIRTY-SECOND CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10)

794. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 793 of this Complaint with the same force and effect as if set forth fully herein.

795. The Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 have conspired with each other to violate 18 U.S.C. § 1962(c).

796. The Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

797. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

798. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

799. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

800. The Defendants Emote, Khanna, John Doe 10 and ABC Corp. 10 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

THIRTY-THIRD CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Koutelos, John Doe 11 and ABC Corp. 11)

801. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 800 of this Complaint with the same force and effect as if set forth fully herein.

802. At all times relevant to this Complaint, the Defendant Green Power constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

803. At all times relevant to this Complaint, the Defendants Koutelos, John Doe 11 and ABC Corp. 11 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

804. The Defendants Koutelos, John Doe 11 and ABC Corp. 11 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Green Power who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Koutelos enabled the fraudulent use of his name and license and that of Green Power in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Green Power which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Green Power for TCD and VNG testing. These services were not provided as billed and were not provided by Koutelos. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendant Koutelos and the John Doe 2 and ABC Corp. 11 Defendants. The Defendants Koutelos, John Doe 11 and ABC Corp. 11 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted

and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Green Power had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Green Power for services that were not provided by Green Power and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Green Power had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Green Power billed for had been administered by employees of the Defendant Green Power when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Green Power billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Green Power and Koutelos were properly licensed and operating within the scope of their licenses and that the Defendants Green Power and Koutelos administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

805. The Defendants have engaged in this scheme from November 2021 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

806. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

807. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing

a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

808. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Green Power the substantial claim amount of approximately \$99,314.12.

809. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

810. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Green Power which would not have otherwise been made but for the fraudulent activities.

THIRTY-FOURTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11)

811. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 810 of this Complaint with the same force and effect as if set forth fully herein.

812. At all times relevant to this Complaint, the Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

813. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

814. The Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Koutelos enabled the fraudulent use of his name and license and that of Green Power in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Green Power which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on

behalf of Green Power for TCD and VNG tests. These services were not provided as billed and were not provided by Koutelos. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Green Power, Koutelos and the John Doe 11 and ABC Corp. 11 Defendants. The Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Green Power had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Green Power for services that were not provided by Green Power and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Green Power had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Green Power billed for had been administered by employees of the Defendant Green Power when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Green Power billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Green Power and Koutelos were properly licensed and operating within the scope of their licenses and that the Defendants Green Power and Koutelos administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

815. The Defendants have engaged in this scheme from November 2021 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal

operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

816. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

817. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

818. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Green Power substantial claim amounts totaling at least \$99,314.12.

819. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

820. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Green Power which would not have otherwise been made but for the fraudulent activities.

THIRTY-FIFTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11)

821. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 820 of this Complaint with the same force and effect as if set forth fully herein.

822. The Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 have conspired with each other to violate 18 U.S.C. § 1962(c).

823. The Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

824. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

825. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

826. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

827. The Defendants Green Power, Koutelos, John Doe 11 and ABC Corp. 11 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

THIRTY-SIXTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Khanna, John Doe 12 and ABC Corp. 12)

828. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 827 of this Complaint with the same force and effect as if set forth fully herein.

829. At all times relevant to this Complaint, the Defendant Pitch constituted a separate “enterprise” within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “PC Enterprise”).

830. At all times relevant to this Complaint, the Defendants Khanna, John Doe 12 and ABC Corp. 12 were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

831. The Defendants Khanna, John Doe 12 and ABC Corp. 12 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Pitch who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Khanna enabled the fraudulent use of his name and license and that of Pitch in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Pitch which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Pitch for TCD and VNG testing. These services were not provided as billed and were not provided by Khanna. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendant Khanna and the John Doe 12 and ABC Corp. 12 Defendants. The Defendants Khanna, John Doe 12 and ABC Corp. 12 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing

even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Pitch had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Pitch for services that were not provided by Pitch and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Pitch had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Pitch billed for had been administered by employees of the Defendant Pitch when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Pitch billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Pitch and Khanna were properly licensed and operating within the scope of their licenses and that the Defendants Pitch and Khanna administered the services billed under their names and licenses;

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

832. The Defendants have engaged in this scheme from April 2022 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

833. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

834. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the

submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

835. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Pitch the substantial claim amount of approximately \$145,146.30.

836. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

837. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Pitch which would not have otherwise been made but for the fraudulent activities.

THIRTY-SEVENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12)

838. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 837 of this Complaint with the same force and effect as if set forth fully herein.

839. At all times relevant to this Complaint, the Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

840. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

841. The Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Khanna enabled the fraudulent use of his name and license and that of Pitch in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Pitch which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Pitch for TCD and VNG tests. These services were not provided as billed and were not provided by Khanna. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Pitch, Khanna and the John Doe 12 and ABC Corp. 12 Defendants. The Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 made and/or received improper referrals to and from

financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Pitch had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Pitch for services that were not provided by Pitch and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Pitch had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Pitch billed for had been administered by employees of the Defendant Pitch when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Pitch billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Pitch and Khanna were properly licensed and operating within the scope of their licenses and that the Defendants Pitch and Khanna administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

842. The Defendants have engaged in this scheme from April 2022 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

843. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

844. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a

variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

845. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Pitch substantial claim amounts totaling at least \$145,146.30.

846. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

847. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Pitch which would not have otherwise been made but for the fraudulent activities.

THIRTY-EIGHTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12)

848. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 847 of this Complaint with the same force and effect as if set forth fully herein.

849. The Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 have conspired with each other to violate 18 U.S.C. § 1962(c).

850. The Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

851. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

852. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

853. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

854. The Defendants Pitch, Khanna, John Doe 12 and ABC Corp. 12 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

THIRTY-NINTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(PC Enterprise)**

(Against Defendants Dorsten, John Doe 13 and ABC Corp. 13)

855. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 854 of this Complaint with the same force and effect as if set forth fully herein.

856. At all times relevant to this Complaint, the Defendant Lifeline constituted a separate "enterprise" within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the "PC Enterprise").

857. At all times relevant to this Complaint, the Defendants Dorsten, John Doe 13 and ABC Corp. 13 were "persons" associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c).

858. The Defendants Dorsten, John Doe 13 and ABC Corp. 13 conducted or participated, directly or indirectly, in the conduct of the PC Enterprise's affairs through a pattern of racketeering

activity in violation of 18 U.S.C. § 1962(c). These Defendants enabled and/or controlled the billing of Lifeline who regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Dorsten enabled the fraudulent use of his name and license and that of Lifeline in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Lifeline which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Lifeline for TCD and VNG testing. These services were not provided as billed and were not provided by Dorsten. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendant Dorsten and the John Doe 13 and ABC Corp. 13 Defendants. The Defendants Dorsten, John Doe 13 and ABC Corp. 13 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed and some of which could have harmed the patients. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Lifeline had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Lifeline for services that were not provided by Lifeline and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Lifeline had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Lifeline billed for had been administered by employees of the Defendant Lifeline when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Lifeline billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Lifeline and Dorsten were properly licensed and operating within the scope of their licenses and that the Defendants Lifeline and Dorsten administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such

Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

859. The Defendants have engaged in this scheme from August 2020 and up to the present and continuing and if the Court does not provide relief, the fraudulent enterprise will continue to seek to submit and collect fraudulent claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

860. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

861. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

862. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Lifeline the substantial claim amount of approximately \$199,071.72.

863. Such Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, such Defendants also concealed the existence of the overall scheme to defraud.

864. ALLSTATE was damaged by this scheme in that payments were made to the Defendant Lifeline which would not have otherwise been made but for the fraudulent activities.

FORTIETH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13)

865. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 864 of this Complaint with the same force and effect as if set forth fully herein.

866. At all times relevant to this Complaint, the Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

867. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

868. The Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these

Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. Dorsten enabled the fraudulent use of his name and license and that of Lifeline in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Lifeline which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Lifeline for TCD and VNG tests. These services were not provided as billed and were not provided by Dorsten. Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Lifeline, Dorsten and the John Doe 13 and ABC Corp. 13 Defendants. The Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Lifeline had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Lifeline for services that were not provided by Lifeline and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Lifeline had administered VNG and TCD tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Lifeline billed for had been administered by employees of the Defendant Lifeline when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Lifeline billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendants Lifeline and Dorsten were properly licensed and operating within the scope of their licenses and that the Defendants Lifeline and Dorsten administered the services billed under their names and licenses.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

869. The Defendants have engaged in this scheme from August 2020 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

870. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

871. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

872. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Lifeline substantial claim amounts totaling at least \$199,071.72.

873. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

874. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Lifeline which would not have otherwise been made but for the fraudulent activities.

FORTY-FIRST CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13)

875. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 874 of this Complaint with the same force and effect as if set forth fully herein.

876. The Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 have conspired with each other to violate 18 U.S.C. § 1962(c).

877. The Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the PC Enterprise and/or the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after

fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

878. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

879. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

880. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

881. The Defendants Lifeline, Dorsten, John Doe 13 and ABC Corp. 13 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

FORTY-SECOND CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Central Park, John Doe 14 and ABC Corp. 14)

882. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 881 of this Complaint with the same force and effect as if set forth fully herein.

883. At all times relevant to this Complaint, the Defendants Central Park, John Doe 14 and ABC Corp. 14 constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

884. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

885. The Defendants Central Park, John Doe 14 and ABC Corp. 14 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. All of these Defendants enabled and/or controlled the reports of Central Park which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Central Park for TCD and VNG tests. These services were not provided as billed and were not provided by a medical doctor.

Many of these tests were not administered at all. The TCD and VNG tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Central Park, John Doe 14 and ABC Corp. 14. The Defendants Central Park, John Doe 14 and ABC Corp. 14 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendant Central Park had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Central Park for services that were not provided by Central Park and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Central Park had administered TCD and VNG tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Central Park billed for had been administered by employees of the Defendant Central Park when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Central Park billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendant Central Park was properly licensed and operating within the scope of its licenses and that the Defendant Central Park administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

886. The Defendants have engaged in this scheme from June 2020 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers.

Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

887. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

888. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

889. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Central Park substantial claim amounts totaling at least \$31,421.97.

890. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

891. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendant Central Park which would not have otherwise been made but for the fraudulent activities.

FORTY-THIRD CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Central Park, John Doe 14 and ABC Corp. 14)

892. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 891 of this Complaint with the same force and effect as if set forth fully herein.

893. The Defendants Central Park, John Doe 14 and ABC Corp. 14 have conspired with each other to violate 18 U.S.C. § 1962(c).

894. The Defendants Central Park, John Doe 14 and ABC Corp. 14 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

895. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

896. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

897. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Central Park, John Doe 14 and ABC Corp. 13 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

898. The Defendants Central Park, John Doe 14 and ABC Corp. 14 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

FORTY-FOURTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15)

899. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 898 of this Complaint with the same force and effect as if set forth fully herein.

900. At all times relevant to this Complaint, the Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 constituted a separate associated in fact enterprise within the

meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

901. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

902. The Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of these Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the name of Greenwood, Regal submitted more billing in its own name for services allegedly performed and/or interpreted by Greenwood even though Regal had no license as a health provider. Greenwood enabled the fraudulent use of his name and license in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of Greenwood and Regal which regularly set forth fictitious medical findings and/or set forth services and phony test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of Greenwood and Regal for VNG and SSR tests. These services were not provided as billed and were not provided by Greenwood. Many of these tests were not administered at all. The VNG and SSR tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine and/or audiology. This fraudulent billing was enabled by the Defendants Greenwood, Regal, Faivish, and the John Doe 15 and ABC Corp. 15 Defendants. The Defendant Regal provided and directed many

of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. The Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. Each of these Defendants assisted and/or submitted the fraudulent billing even though they were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Defendants Greenwood and Regal had financial relationships with its referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the name of the Defendant Greenwood for services that were not provided by Greenwood and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that Greenwood and Regal had administered VNG and SSR tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Greenwood billed for had been administered by employees of

the Defendant Greenwood when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Defendant Greenwood billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Defendant Greenwood was properly licensed and operating within the scope of his license and that the Defendant Greenwood administered the services billed under his name and license.

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

903. The Defendants have engaged in this scheme from February 2020 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

904. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

905. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the staff of the enterprise, by creating and maintaining files and other records, and by negotiating and executing various lease agreements.

906. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendant Greenwood substantial claim amounts totaling at least \$5,840.76, and to the Defendant Regal substantial claim amounts totaling at least \$9,780.56.

907. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

908. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of, the Defendants Greenwood and Regal which would not have otherwise been made but for the fraudulent activities.

FORTY-FIFTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15)

909. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 908 of this Complaint with the same force and effect as if set forth fully herein.

910. The Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 have conspired with each other to violate 18 U.S.C. § 1962(c).

911. The Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

912. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

913. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

914. By virtue of this violation of 18 U.S.C. § 1962(d), the Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

915. The Defendants Greenwood, Regal, Faivish, John Doe 15 and ABC Corp. 15 concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

FORTY-SIXTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(c))
(Association In Fact Enterprise)**

(Against All Defendants)

916. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 915 of this Complaint with the same force and effect as if set forth fully herein.

917. At all times relevant to this Complaint, all Defendants constituted a separate associated in fact enterprise within the meaning of 18 U.S.C. § 1961(4), which is engaged in, and the activities of which affect, interstate commerce (the “Associated In Fact Enterprise”). This enterprise was formed with the common purpose of engaging in fraudulent activities.

918. At all times relevant to this Complaint, such Defendants were “persons” associated with an enterprise within the meaning of 18 U.S.C. §§ 1961(3) and 1965(c), with an existence separate and apart from the Associated In Fact Enterprise.

919. All Defendants conducted or participated, directly or indirectly, in the conduct of the Associated In Fact Enterprise’s affairs through a pattern of racketeering activity in violation of 18 U.S.C. § 1962(c). All of the Defendants regularly billed for fraudulent charges intended to maximize billing even though they were not provided as billed and some of which could have harmed the patients. In addition to services billed in the names of the Licensed Defendant providers, the Unlicensed Defendant entities BLK, Chai, Green Power, Maimonides, Refuah, Regal, Sinai, and Wizard submitted more billing in their own names for services allegedly performed and/or interpreted by the Licensed Defendant providers even though the Unlicensed Defendant entities BLK, Chai, Green Power, Maimonides, Refuah, Regal, Sinai, or Wizard had no license as health providers. The licensed individual Defendants Carmili, Duhamel, Greenwood, Khanna, Koutelos, Mallett, Mammen, Miller, Onyema, Pepeljugoski, and Zhivotenko enabled the fraudulent use of their names and licenses and that of the Licensed Defendant providers 334 Grand, Central Park, Sanitas, Diag Neuro, Direct Med, Emote, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Seneca, and Wilson in order to submit billing to ALLSTATE and other insurers. All of these Defendants enabled and/or controlled the reports of the licensed billing Defendant which regularly set forth fictitious medical findings and/or set forth services and phony

test results that had not been provided. Substantial billing was mailed to ALLSTATE on behalf of the licensed billing Defendants for TCD, VNG, and SSR tests. These services were not provided as billed and were not provided by the licensed individual Defendants Carmili, Duhamel, Greenwood, Khanna, Koutelos, Mallett, Mammen, Miller, Onyema, Pepeljugoski, and Zhivotenko. Many of these tests were not administered at all. The TCD, VNG and SSR tests were, to the extent any services were actually provided, illegally performed by individuals who did not have licenses in medicine/audiology. This fraudulent billing was enabled by all Defendants. The Unlicensed Defendant entities BLK, Chai, Green Power, Maimonides, Refuah, Regal, Sinai, and Wizard provided and directed many of the persons including laypersons who actually administered any purported health care services that were provided by the Defendants. All Defendants made and/or received improper referrals to and from financially related entities which is how they obtained patients which they used to bill the fraudulent services. The Defendants were interrelated and worked in concert to defraud the Plaintiffs. Each of these Defendants assisted and/or submitted the fraudulent billing even though the services were not provided as billed. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims. The acts alleged herein constitute a pattern of racketeering activity within the meaning of 18 U.S.C. § 1961, to wit, in violation of 18 U.S.C. §§ 1341 and 1343:

(a) Such Defendants devised and executed a scheme and artifice to defraud ALLSTATE of its money and property by means of false and fraudulent pretenses, representations and promises and by the concealment of material facts regarding the health care claims for payment;

(b) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants concealed the fact that the Licensed Defendants had financial relationships with their referring providers, and did not disclose these relationships;

(c) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims in the names of the Licensed Defendant providers 334 Grand, Central Park, Sanitas, Diag Neuro, Direct Med, Emote, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Seneca, and Wilson for services that were not provided by the Licensed Defendant providers 334 Grand, Central Park, Greenwood, Sanitas, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Seneca, and Wilson and concealed the fact that the services billed for were illegal self-referrals from providers that these Defendants had financial relationships with;

(d) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the billing Defendants administered TCD, VNG and SSR tests to the patients when in fact no such tests had been administered;

(e) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the testing they administered and other services they provided were medically necessary for the care of the patients;

(f) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Licensed Defendant entity providers 334 Grand, Central Park, Sanitas, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Seneca, and Wilson and the licensed individual Defendants Carmili, Duhamel, Greenwood, Khanna, Koutelos, Mallett, Mammen, Miller, Onyema, Pepeljugoski, and Zhivotenko billed for had been administered by employees of the Licensed Defendant providers 334 Grand, Central Park, Greenwood, Sanitas, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Seneca, and Wilson when in fact the services were administered by independent contractors or had not been administered at all;

(g) Pursuant to the scheme, such Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the services that the Licensed Defendant entity providers 334 Grand, Central Park, Sanitas, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Seneca, and Wilson and the licensed individual Defendants Carmili, Duhamel, Greenwood, Khanna, Koutelos, Mallett, Mammen, Miller, Onyema, Pepeljugoski, and Zhivotenko billed for had been administered by doctors when in fact the services were administered by lay persons or had not been administered at all;

(h) Pursuant to the scheme, the Defendants submitted to ALLSTATE false and fraudulent claims that included fictitious diagnoses some of which could have jeopardized the well being of the patients if true and would have required medical attention which the Defendants did not provide;

(i) Pursuant to the scheme, the Defendants submitted to ALLSTATE false and fraudulent claims and information in that such Defendants falsely represented that the

health provider Defendants had provided necessary services administered by licensed health provider employees that were for injuries arising solely out of covered automobile accidents and which injuries the patients had never had before;

(j) Pursuant to the scheme, such Defendants misrepresented to ALLSTATE that the Licensed Defendants were properly licensed and operating within the scope of their licenses and that the Licensed Defendants administered the services billed under their names and licenses; and

(k) For the purpose of executing this scheme and artifice to defraud, such Defendants submitted such false and fraudulent claims and information to ALLSTATE and others by use of the mail and interstate wire facilities and caused ALLSTATE to make payments for said fraudulent claims by use of the mail and interstate wire facilities. Each of these Defendants was aware that these claims would be sent to ALLSTATE through the use of the mails and authorized the use of the mails to submit these claims.

920. The Defendants have engaged in this scheme from 2019 and continuing to the present day, and absent the requested relief from the Court, the fraudulent enterprise will continue to seek to submit and collect fraudulent No-Fault claims. Every single claim submitted by the Defendants associated with this enterprise has been fraudulent. This is a continuing illegal operation which has submitted numerous fraudulent claims to ALLSTATE and other insurers. Efforts continue to be made by the fraudulent enterprise to collect the illegal billing submitted to ALLSTATE.

921. The Defendants have mailed substantial claims to ALLSTATE, and a representative sample of such mailings is set forth in the factual section of this Complaint.

922. The Enterprise is distinct from, and has an existence beyond, the pattern of racketeering that is described herein, namely by recruiting, overseeing, and coordinating many professionals and non-professionals who have been responsible for facilitating and performing a variety of administrative and professional functions beyond the acts of mail fraud (i.e., the submission of the fraudulent bills to ALLSTATE and other insurers), by providing benefits for the

staff of the enterprise, by creating and maintaining files and other records and by negotiating and executing various lease agreements.

923. By reason of such Defendants' violation of 18 U.S.C. § 1962(c), ALLSTATE was injured in its business or property within the meaning of 18 U.S.C. § 1964(c) and is therefore entitled to recover from such Defendants, jointly and severally, three times the damages sustained by ALLSTATE and the costs of this suit, including reasonable attorneys' fees. During the four years preceding this Complaint, ALLSTATE has paid to the Defendants substantial claim amounts totaling at least \$1,593,214.89.

924. The Defendants concealed the fraudulent nature of these claims through their misrepresentations and material omissions. In addition to concealing the fraudulent nature of each individual claim, the Defendants also concealed the existence of the overall scheme to defraud. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

925. ALLSTATE was damaged by this scheme in that payments were made to, or to others on behalf of the billing Defendants which would not have otherwise been made but for the fraudulent activities.

FORTY-SEVENTH CLAIM FOR RELIEF

**(Violation of 18 U.S.C. § 1962(d))
(Conspiracy)**

(Against All Defendants)

926. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 925 of this Complaint with the same force and effect as if set forth fully herein.

927. The all Defendants have conspired with each other to violate 18 U.S.C. § 1962(c).

928. All Defendants each agreed to participate in a conspiracy to commit the RICO violation by agreeing to conduct the affairs of the Associated In Fact Enterprise by means of a pattern of racketeering activity, including numerous acts of mail and wire fraud as set forth herein, and through the preparation and/or submission of fraudulent claim documents to ALLSTATE including billing services that were not provided with fictitious test results, unnecessary services provided after fraudulent referrals from related entities and other services with false diagnoses which could have injured the patients if relied upon and through the submission of supporting sham invoices and the preparation and/or submission of fraudulent claim documents to ALLSTATE.

929. The purpose of the conspiracy was to obtain No-Fault payments from ALLSTATE based on sham invoices and fraudulent claim documents. Each of the conspirators was aware of this goal and agreed to take part in facilitating it.

930. ALLSTATE has been injured in its business and property by reason of this conspiratorial conduct, in that they have paid substantial insurance benefits as a result of the unlawful conduct.

931. By virtue of this violation of 18 U.S.C. § 1962(d), All Defendants are jointly and severally liable to ALLSTATE for three times the damages that ALLSTATE has sustained, plus the costs of this suit, including reasonable attorneys' fees.

932. All Defendants concealed their conspiratorial conduct, as well as their overall scheme to defraud, from ALLSTATE through their misrepresentations and material omissions. This prevented ALLSTATE from discovering or asserting, until now, the foregoing claim, or the injury resulting therefrom to ALLSTATE.

FORTY-EIGHTH CLAIM FOR RELIEF

(New York Public Health Law § 238-a)

(Against Defendants 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, Wilson, John Does 4-6, and ABC Corps. 4-6)

933. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 932 of this Complaint with the same force and effect as if set forth fully herein.

934. Section 238-a of the New York Public Health Law provides, in relevant part:

(1)(a) A practitioner authorized to order clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or xray or imaging services may not make a referral for such services to a health care provider authorized to provide such services where such practitioner or immediate family member of such practitioner has a financial relationship with such health care provider.

(b) A health care provider or a referring practitioner may not present or cause to be presented to any individual or third party payor, or other entity a claim, bill, or other demand for payment for clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or x-ray or imaging services furnished pursuant to a referral prohibited by this subdivision.

* * *

(7) If a referring practitioner or a health care provider furnishing clinical laboratory services, pharmacy services, radiation therapy services, physical therapy services or xray or imaging services or any other person or entity, collects any amounts that were billed in violation of this section, such referring practitioner and health care provider and other person or entity shall be jointly and severally liable to the payor for any amounts so collected.

935. The Defendants John Does 4-6 and ABC Corps. 4-6 are practitioners as that term is defined under Section 238(11) of the New York Public Health Law.

936. The Defendants John Does 4-6 and ABC Corps. 4-6 regularly made referrals to the Defendants 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson, with which they had financial relationships, including referrals for x-ray or imaging services.

937. The 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson are “health care providers” as that term is defined under Section 238(6) of the New York Public Health Law.

938. The Defendants 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson had a “financial relationship” with the Defendants John Does 4-6 and ABC Corps. 4-6 as that term is defined under Section 238(3) of the New York Public Health Law, and routine referrals for x-ray or imaging services were made to the Defendants 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson for patients allegedly treated by John Does 4-6 and ABC Corps. 4-6.

939. The referrals by the Defendants John Does 4-6 and ABC Corps. 4-6 violate Section 238-a(1) and (9) of the New York Public Health Law.

940. In violation of Section 238a(1)(b) of the New York Public Health Law, the Defendants 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson have presented or caused to be presented to ALLSTATE claims for payment for x-ray or imaging services furnished pursuant to a prohibited referral.

941. ALLSTATE has paid substantial amounts to the Defendants 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca,

and Wilson totaling at least \$397,528.24 for TCD ultrasound services billed in violation of Section 238-a of the Public Health Law and, pursuant to Section 238-a(7) of the Public Health Law, is entitled to recover such amounts from Defendants John Does 4-6, ABC Corps. 4-6, 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Lifeline, Pitch, Sanitas, Seneca, and Wilson which, as practitioners and as health care providers respectively, are jointly and severally liable to ALLSTATE for the amounts received in violation of New York Public Health Law § 238-a. ALLSTATE is also entitled to an order declaring all amounts billed as violative of New York Public Health Law § 238-a and not eligible for payment.

FORTY-NINTH CLAIM FOR RELIEF

(Declaratory Judgment)

(Against All Defendants)

942. ALLSTATE repeats and realleges the allegations of paragraphs 1 through 941 of this Complaint with the same force and effect as if fully set forth herein.

943. All of the Defendants made and/or received referrals from providers they had financial relationships with and did not properly disclose these relationships to the patients in violation of New York statutes.

944. Bills were mailed to ALLSTATE on behalf of the Defendant providers 334 Grand, BLK, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Maimonides, Pitch, Refuah, Regal, Sanitas, Seneca, Sinai, Wilson, and Wizard for TCD, VNG, and/or SSR testing services when no such fees should have been recoverable because the services were not performed as billed or were not performed at all.

945. The Defendant providers Central Park, Chai, Direct Med, Green Power, Greenwood, Hillside, Lifeline, Regal, Sanitas, Seneca, Wilson, and Wizard failed to verify their claims and to provide proper proof of claim in violation of the policies and the No-Fault regulations.

946. The Defendant providers Central Park, Direct Med, Hillside, Sanitas, and Seneca failed to appear for an examination under oath (EUO) as requested by ALLSTATE in violation of the policies and the No-Fault regulations.

947. Billing was mailed to ALLSTATE on behalf of the Defendant providers 334 Grand, BLK, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Maimonides, Pitch, Refuah, Regal, Sanitas, Seneca, Sinai, Wilson, and Wizard for the services of independent contractors, in violation of the No-Fault regulations.

948. The Defendant providers 334 Grand, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Lifeline, Maimonides, Pitch, Regal, Sanitas, Seneca, Wilson, and Wizard billed for VNG testing services that should have been but were not performed by a physician or audiologist.

949. Each of the Defendants conspired to bill for services that were not provided as billed.

950. The Licensed Defendant providers 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Sanitas, Seneca, and Wilson have billed ALLSTATE for TCD, VNG, and/or SSR testing services that were not provided by the physicians named on their bills.

951. The Licensed Defendant providers 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Sanitas, Seneca, and Wilson are sham professional entities secretly controlled by the Defendants John Does 1-15 and ABC Corps. 1-15, and they are not in fact owned and controlled by the doctors who are their nominal owners on paper. The individual practice of the Licensed Defendant provider Greenwood is also secretly controlled by the Defendants John Does 1-15 and ABC Corps. 1-15.

952. The Unlicensed Defendant providers BLK, Chai, Green Power, Maimonides, Refuah, Regal, Sinai, and Wizard are not professional entities and are not entitled to reimbursement under the No-Fault law for the TCD, VNG and/or SSR testing for which they have billed ALLSTATE, and no other person, including the Licensed Defendant providers, may bill for any such services rendered by these Unlicensed Defendants.

953. The Unlicensed Defendants are not entitled to payment under the No Fault Law and Regulations, and no other entity or provider is entitled to be paid for their services.

954. The Defendant providers 334 Grand, BLK, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Maimonides, Pitch, Refuah, Regal, Sanitas, Seneca, Sinai, Wilson, and Wizard, and others on their behalf, continue to submit bills to ALLSTATE, and to seek to collect on assigned No-Fault claims for the fraudulent services and billing described herein.

955. ALLSTATE has and will be prejudiced without a judicial declaration that the Defendants are not entitled to payment of assigned first-party No-Fault benefits in any claims from ALLSTATE due to: (1) the Defendants' financial relationship with their referring providers in violation of Public Health Law §§ 238-a and/or 238-d; (2) the Defendants' failure to disclose their financial relationship with their referring providers to their patients pursuant to Public Health Law

§238-d; (3) the billing by or on behalf of the Licensed Defendant providers 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Sanitas, Seneca, and Wilson for medical services that were not provided by the physicians named on their bills; (4) the billing for VNG testing services by or on behalf of 334 Grand, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Lifeline, Maimonides, Pitch, Regal, Sanitas, Seneca, Wilson, and Wizard that were required to be performed but were not performed by doctors or audiologists; (5) the failure of Defendant providers Central Park, Chai, Direct Med, Green Power, Greenwood, Hillside, Lifeline, Regal, Sanitas, Seneca, Wilson, and Wizard to verify their claims and provide proper proof of claim in accordance with the policy and the No Fault Regulations; (6) the failure of Defendant providers Central Park, Direct Med, Hillside, Sanitas, and Seneca to appear for examinations under oath (EUOs) requested by ALLSTATE; (7) the billing for healthcare services by or on behalf of the Licensed Defendant providers 334 Grand, Central Park, Diag Neuro, Direct Med, Emote, Healthcare Med, Hillside, Interventional, Lifeline, Pitch, Sanitas, Seneca, and Wilson when they are sham professional entities secretly owned and controlled by laypersons; (8) the billing for healthcare services by or on behalf of the individual practice of Licensed Defendant provider Greenwood when it is secretly owned and controlled by laypersons; (9) the billing for healthcare services by or on behalf of the Unlicensed Defendant providers BLK, Chai, Green Power, Maimonides, Refuah, Regal, Sinai, and Wizard when they are not professional entities and are not entitled to reimbursement under the No-Fault law; and (10) the billing for medical services by or on behalf of the Defendant providers 334 Grand, BLK, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Maimonides, Pitch, Refuah, Regal, Sanitas, Seneca, Sinai, Wilson, and

Wizard when the services were provided, if at all, by independent contractors.

956. There exists a real, actual and justiciable controversy between ALLSTATE and the Defendants.

957. ALLSTATE has no adequate remedy at law.

FIFTIETH CLAIM FOR RELIEF

(Permanent Injunctive Relief)

(Against All Defendants)

958. ALLSTATE repeats and realleges the allegations set forth in paragraphs 1 through 957 of this Complaint with the same force and effect as if set forth fully herein.

959. This is an actual case and controversy between the Defendants and ALLSTATE regarding at least \$1,592,659.64 in unpaid billing for the fraudulent insurance claims that have been submitted to ALLSTATE.

960. All of the Defendants who have billed ALLSTATE for these insurance claims have no right to receive payment from ALLSTATE on the unpaid billing because of the fraudulent and unlawful billing detailed herein.

961. Accordingly, ALLSTATE requests that the Court permanently enjoin the Defendants from seeking payment for any pending bills in the name of the Defendants 334 Grand, BLK, Central Park, Chai, Diag Neuro, Direct Med, Emote, Green Power, Greenwood, Healthcare Med, Hillside, Interventional, Lifeline, Maimonides, Pitch, Refuah, Regal, Sanitas, Seneca, Sinai, Wilson, and Wizard submitted to ALLSTATE.

WHEREFORE, ALLSTATE demands Judgments against the Defendants named in each Claim for Relief, jointly and severally except for the Second Claim for Relief for unjust enrichment, the Forty-Ninth Claim for Relief for a declaratory judgment, and the Fiftieth Claim for Relief for a permanent injunction, as follows:

- (a) On ALLSTATE's First Claim For Relief for fraud, the damages that Plaintiffs have sustained as a result of the Defendants' conduct which are in excess of \$1,668,862.73, the exact amount to be determined at trial, plus one million dollars (\$1,000,00.00) punitive damages, plus a declaratory judgment decreeing that ALLSTATE has no obligation to pay pending No-Fault claims submitted by the Defendants;
- (b) On ALLSTATE's Second Claim For Relief for unjust enrichment, the amount by which the Defendants were unjustly enriched, the exact amount to be determined at trial;
- (c) On ALLSTATE's Third through Fifth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$135,992.81, or \$407,978.43, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (d) On ALLSTATE's Sixth through Eighth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$49,697.92, or \$149,093.76, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (e) On ALLSTATE's Ninth through Eleventh Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$167,439.11, or \$502,317.33, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (f) On ALLSTATE's Twelfth through Fourteenth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$198,492.68, or \$595,478.04, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (g) On ALLSTATE's Fifteenth through Seventeenth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$127,048.03, or \$381,144.09, the exact

amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;

- (h) On ALLSTATE's Eighteenth through Twentieth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$48,044.85, or \$144,134.55, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (i) On ALLSTATE's Twenty-First through Twenty-Third Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$43,030.95, or \$129,092.84, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (j) On ALLSTATE's Twenty-Fourth through Twenty-Sixth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$124,449.36, or \$373,348.08, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (k) On ALLSTATE's Twenty-Seventh through Twenty-Ninth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$75,830.01, or \$227,490.03, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (l) On ALLSTATE's Thirtieth through Thirty-Second Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$132,413.55, or \$397,240.65, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (m) On ALLSTATE's Thirty-Third through Thirty-Fifth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$99,314.12, or \$297,942.36, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (n) On ALLSTATE's Thirty-Sixth through Thirty-Eighth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$145,146.30, or \$435,438.90, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (o) On ALLSTATE's Thirty-Ninth through Forty-First Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$199,071.72, or \$597,215.16, the

exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;

- (p) On ALLSTATE's Forty-Second and Forty-Third Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$31,421.97, or \$94,265.91, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (q) On ALLSTATE's Forty-Fourth and Forty-Fifth Claims For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$15,621.32, or \$46,863.95, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (r) On ALLSTATE's Forty-Sixth and Forty-Seventh Claim For Relief under RICO, three (3) times the damages that ALLSTATE has sustained as a result of the improper conduct which are in excess of \$1,592,439.67 or \$4,779,644.67, the exact amount to be determined at trial, plus ALLSTATE's costs in this suit, including reasonable attorneys' fees;
- (s) On ALLSTATE's Forty-Eighth Claim For Relief, under Section 238-a of the New York Public Health Law, the damages that Plaintiffs have sustained as a result of the Defendants' conduct which are in excess of \$397,528.24, the exact amount to be determined at trial;
- (t) On ALLSTATE's Forty-Ninth Claim For Relief, a declaratory judgment decreeing that ALLSTATE has no obligation to pay pending or future No-Fault claims submitted by the Defendants; and
- (u) On ALLSTATE's Fiftieth Claim For Relief, a permanent injunction decreeing that ALLSTATE has no obligation to pay pending No-Fault bills submitted by the Defendants, and permanently enjoining the Defendants from seeking payment on such claims.

Dated: September 5, 2024
New York, New York

SHORT & BILLY, P.C.

By: _____



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