

ORIGINAL

SEALED

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

UNITED STATES OF AMERICA,
ex rel. ROBIN WHITE

Plaintiffs,

vs.

ORTHOPAEDIC AND NEURO
IMAGING, LLC

Defendant.

FILED UNDER SEAL PURSUANT TO
31 U.S.C. § 3730

CIVIL ACTION NO. 13 - 1109

COMPLAINT

JURY TRIAL DEMANDED

On behalf of the United States of America pursuant to the United States False Claims Act, 31 U.S.C. §§ 3729 *et seq.* ("FCA"), Plaintiff-Relator Robin White ("Relator") files this *qui tam* Complaint for treble damages and civil money penalties against defendant Orthopaedic and Neuro Imaging, LLC (or "ONI"). These claims arise out of the defendant's knowing submission of false and fraudulent claims for payment to the United States Government as set forth below. In support of these claims, Relator alleges as follows:

I. INTRODUCTION

1. This matter arises from violations of the FCA by Orthopaedic and Neuro Imaging, LLC, arising from its knowing submission of false and fraudulent claims for payment to the Medicare program for certain diagnostic magnetic resonance imaging ("MRI") scans performed without direct physician supervision, in contravention of federal rules and regulations.

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
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II. THE PARTIES

A. Plaintiff-Relator

2. Plaintiff-Relator Robin White is an individual citizen of the State of Delaware. Relator was employed by the defendant from September 9, 2002 until December 7, 2012 as an MRI technologist. Ms. White's regular duties and responsibilities included performing imaging tests and training other ONI employees on ONI MRI equipment.

B. Defendant

3. Defendant Orthopaedic and Neuro Imaging, LLC, is a private limited liability company organized under the laws of the State of Delaware with its principal place of business located at 34435 King Street Row, Suite 2, Lewes, Delaware 19958. On information and belief, ONI is an Independent Diagnostic Testing Facility ("IDTF") which provides diagnostic radiology services (*e.g.*, magnetic resonance imaging ["MRI"]).

4. ONI provides radiology services at four locations:

- a. 34435 King Street Row, Suite 2, Lewes, Delaware 19958 (hereinafter referred to as "ONI Lewes");
- b. 1350 Middleford Road, Suite 503, Seaford, Delaware 19973 (hereinafter referred to as "ONI Seaford");
- c. 26744 John J. Williams Highway, Suite 2, Millsboro, Delaware 19966 (hereinafter referred to as "ONI Millsboro"); and,
- d. 400 Eastern Shore Drive, Suite 104, Salisbury, Maryland 21804 (hereinafter referred to as "ONI Salisbury").

III. JURISDICTION AND VENUE

5. The Court has subject matter jurisdiction over this case pursuant to 31 U.S.C. §3732(a) and 28 U.S.C. §§ 1331 and 1345.

6. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a) and 28 U.S.C. § 1391(b) and (c) because the defendant transacts business in this District and/or one or more of the acts committed by the defendant and proscribed by 31 U.S.C. § 3729 occurred in this District.

7. This Court has personal jurisdiction over the defendant under 31 U.S.C. § 3732(a) because defendant is located in Delaware and because defendant submitted false or fraudulent claims directly or indirectly to the federal government in Delaware.

8. Relator has direct and independent knowledge on which the allegations are based, is an original source of this information to the United States, and has voluntarily provided the information to the United States before filing this action based on the information.

9. This suit is not based on prior public disclosures of allegations or transactions in a criminal, civil or administrative hearing, lawsuit, investigation, audit or report, or from the news media. To the extent that there has been any public disclosure unknown to Relator, she is an original source under 31 U.S.C. § 3730(e)(4).

IV. STATUTORY AND REGULATORY BACKGROUND

A. Medicare

1. Statutory and regulatory background

10. Medicare is a federal health insurance system for people 65 and older and for people under 65 with certain disabilities. Medicare Part A provides hospital insurance for eligible individuals. *See* 42 U.S.C. §§1395c-1395i. Medicare Part B is a voluntary subscription program of supplementary medical insurance covering items and services other than hospitalization expenses. *See* 42 U.S.C. § 1395k(a)(2)(B).

2. Applicable statutes and regulations

11. All diagnostic x-ray and other diagnostic tests – including magnetic resonance imaging – covered under section 1861(s)(3) of the Social Security Act and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician. *See* 42 C.F.R. § 410.32(b)(1).

12. Medicare provides for three levels of supervision for diagnostic x-ray and other imaging studies: general supervision (minimum standard); direct supervision (intermediate standard); and personal supervision (maximum standard). *Id.* § 410.32(b)(3). All diagnostic x-ray and other imaging studies must at least be furnished under at least a general level of physician supervision. *Id.* When Medicare requires direct or personal supervision, “physician supervision at the specified level is required throughout the performance of the test.” *Id.*

13. At all relevant times, Medicare has defined “direct supervision” as follows: “Direct supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.” *Id.* § 410.32(b)(3)(ii); *see generally* Medicare Benefit Policy Manual, Ch. 15 § 80.

14. Medicare provides that services furnished without the required level of supervision are not reasonable and necessary. *Id.* § 410.32(b)(1); *see* 42 C.F.R. § 411.15(k)(1) (“The following services are excluded from coverage: *Any services that are not reasonable and necessary* for one of the following purposes: (1) For the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”) (emphasis in original). Medicare precludes payment for services that are not reasonable and necessary for the diagnosis

or treatment of illness or injury or to improve the functioning of a malformed body member. 42 U.S.C. § 1395y(a)(1)(A).

3. Magnetic Resonance Imaging (“MRI”)

15. Magnetic resonance imaging (or “MRI”) is an imaging study that uses a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body. MRI provides different information about internal organs and structures than do an x-ray, ultrasound, or computed tomography (or “CT”) scan, thereby identifying injuries or other abnormalities that cannot be detected with other imaging methods.

16. An MRI test is performed by placing the area of the body being imaged inside a machine that contains a strong magnet. The MRI scan produces digital images that are typically saved and stored on a computer for further study. The images may be reviewed at the same location where the study was performed or they may be transmitted electronically to a remote location where they can be interpreted by a radiologist; the latter practice is known as teleradiology.

17. When ordered by the physician, contrast material (or dye) may be used during the MRI scan to show certain structures more clearly. Often the MRI exam begins with images taken before the dye is injected and the additional images are taken after the dye or contrast is administered.

18. Common contrast material substances include iodine, barium, and gadolinium. Gadolinium is a paramagnetic metal ion. Paramagnetic ions move differently within a magnetic field. This trait makes gadolinium useful for MRI.

19. Gadolinium-based contrast agents (or “GBCAs”) may cause allergic reactions, ranging from mild to severe; severe allergic reactions can result in death. Some patients develop

skin conditions such as rash, sweating, itching, hives, and facial swelling. In addition, GBCAs may irritate the veins into which they are injected, causing irritation of the blood vessels and skin, and causing the formation of blood clots. Certain patients with acute or chronic severe renal insufficiency are also at risk of developing nephrogenic systemic fibrosis (“NSF”) disease.

4. MRI procedures requiring direct supervision

20. Medicare assigns “numerical levels” to the relevant Current Procedural Terminology (“CPT”) or Healthcare Common Procedure Coding System (“HCPCS”) codes in the Medicare Physician Fee Schedule Database to define the level of physician supervision required for a given procedure. *See* Medicare Benefit Policy Manual, Ch. 15 § 80. Where Medicare assigns a numerical level of “2”, the procedure “must be performed under the direct supervision of a physician.” *Id.*

21. The Medicare Physician Fee Schedule Database contains a listing of all MRI procedures that require the direct supervision of a physician, as indicated by the numerical level “2”. Of those MRI procedures requiring direct supervision, ONI has performed the following:

- a. **70543:** “MRI orbit/face/neck w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences;
- b. **70549:** “MR angiograph neck w/o & w/dye”; long description: Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences;
- c. **70553:** “MRI brain stem w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences;
- d. **71552:** “MRI chest w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, chest (*e.g.*, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences;

- e. **72156:** “MRI neck spine w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical;
- f. **72158:** “MRI lumbar spine w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar;
- g. **72197:** “MRI pelvis w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences;
- h. **72198:** “MR angio pelvis w/o & w/dye”; long description: Magnetic resonance angiography, pelvis, with or without contrast material(s);
- i. **73720:** “MRI lower extremity w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences;
- j. **74183:** “MRI abdomen w/o & w/dye”; long description: Magnetic resonance (*e.g.*, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences;
- k. **74185:** “MRI angio abdomen w or w/o dye”; long description: Magnetic resonance angiography, abdomen, with or without contrast material(s);
- l. **77058:** “MRI one breast”; long description: Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral; and,
- m. **77059:** “MRI both breasts”; long description: Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral.

22. Any MRI procedure listed above which includes the phrase “w/o & w/ dye” is one where images are taken both before and after the injection of dye.

B. The United States False Claims Act

23. The United States False Claims Act prohibits, *inter alia*, the following:

knowingly presenting (or causing to be presented) to the federal government a false or fraudulent claim for payment or approval;

knowingly making or using (or causing to be made or used) a false record or statement material to a false or fraudulent claim; and

knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money to the Government.

31 U.S.C. §§ 3729(a)(1)(A), (B) and (G).

V. DEFENDANT'S WRONGFUL CONDUCT

24. As set forth in detail below, ONI has submitted claims to Medicare for MRI tests performed without direct physician supervision, in contravention of the federal regulations and statutes outlined above.

A. False and fraudulent submissions for reimbursement

1. ONI Lewes

25. As stated above, Relator worked as an MRI technologist for ONI from September 9, 2002 until December 7, 2012. Relator primarily worked at ONI Lewes. Prior to April 2012, Relator and other ONI technologists regularly performed MRI tests on Medicare beneficiaries, including MRI tests performed using contrast agents.

26. During this more than ten year period, no physician was ever present in ONI Lewes' suite to provide direct supervision of the MRI tests (except as set forth below).

27. By way of example, in March 2007, the following Medicare beneficiaries underwent MRI tests without direct physician supervision as required by Medicare:

- a. **Patient 1** received an MRI with contrast (CPT code 70553) on Friday, March 2, 2007;
- b. **Patient 2** received an MRI with contrast (CPT code 70553) on Friday, March 2, 2007;
- c. **Patient 3** received an MRI with contrast (CPT code 72158) on Friday, March 9, 2007;

- d. **Patient 4** received an MRI with contrast (CPT code 70553) on Monday March 12, 2007;
- e. **Patient 5** received an MRI with contrast (CPT code 70553) on Tuesday, March 13, 2007;
- f. **Patient 6** received an MRI with contrast (CPT code 70553) on Thursday, March 15, 2007;
- g. **Patient 7** received an MRI with contrast (CPT codes 70549 and 70553) on Thursday, March 15, 2007;
- h. **Patient 8** received an MRI with contrast (CPT code 70549) on Friday, March 16, 2007;
- i. **Patient 9** received an MRI with contrast (CPT codes 70549 and 70553) on Friday, March 16, 2007;
- j. **Patient 10** received an MRI with contrast (CPT code 70553) on Friday, March 16, 2007; received an MRI with contrast (CPT code 70549) on Wednesday, March 21, 2007;
- k. **Patient 11** received an MRI with contrast on Monday, March 19, 2007;
- l. **Patient 12** received an MRI with contrast (CPT code 70553) on Tuesday, March 20, 2007;
- m. **Patient 13** received an MRI with contrast (CPT code 70553) on Thursday, March 22, 2007;
- n. **Patient 14** received an MRI with contrast (CPT code 72156) on Friday, March 23, 2007;
- o. **Patient 15** received an MRI with contrast on Monday, March 26, 2007;
- p. **Patient 16** received an MRI with contrast (CPT code 70549) on Wednesday, March 28, 2007; and,
- q. **Patient 17** received an MRI with contrast (CPT code 70553) on Thursday, March 29, 2007.

28. Relator was present for the MRI tests performed on each of these beneficiaries (except Patient 4 on March 12, 2007), and Relator personally observed that no physician was present in the ONI Lewes suite to provide direct supervision.

29. ONI and its founder and president, Richard Pfarr, were aware of the requirement that MRI procedures with contrast be performed under direct supervision. ONI made no attempt to comply with the requirement until approximately April 2012.

30. In approximately April 2012, Pfarr told realtor that a radiologist, R. Craig Platenberg, M.D. (“Dr. Platenberg”), would commute from Virginia on Thursdays to ONI Lewes to provide direct supervision of Medicare beneficiaries undergoing MRI with contrast; spend Thursday night at his (Pfarr’s) home; and travel from his (Pfarr’s) home to ONI Seaford to provide direct supervision of Medicare beneficiaries undergoing MRI with contrast.

31. Between April 2012 and July 2012, Dr. Platenberg drove from McLean, Virginia to ONI Lewes on Thursdays to supervise Medicare beneficiaries undergoing MRI with contrast. During this three-month period, Medicare beneficiaries receiving MRI with contrast at ONI Lewes were scheduled to have the studies completed on Thursdays. ONI Lewes staff colloquially referred to these days as “Gad Thursdays,” in reference to the gadolinium-based contrast agents used to inject the patients.

32. Between April 2012 and July 2012, Dr. Platenberg spent Thursday nights in Delaware and supervised Medicare beneficiaries undergoing MRI with contrast on Fridays at ONI Seaford. During this three-month period, Medicare beneficiaries undergoing MRI with contrast at ONI Seaford were scheduled for Fridays.

33. In approximately July 2012, Dr. Platenberg stopped coming to ONI Lewes and ONI Seaford to supervise MRI procedures.

34. In approximately July 2012, Pfarr verbally told Relator that, going forward, a physician (“Physician DS”) in an unconnected suite in the same office complex as ONI Lewes would provide direct supervision of Medicare beneficiaries undergoing MRI with contrast. At this time, Pfarr directed that MRI procedures for Medicare beneficiaries be scheduled on Wednesdays, the day Pfarr believed that Physician DS would be in his office in the unconnected office suite.

35. At no time before or after July 2012 did Relator observe Physician DS in ONI Lewes’ suite to provide direct supervision of Medicare beneficiaries receiving MRI with contrast.

36. Moreover, in approximately August 2012, Relator was informed by a coworker that Physician DS had cancelled her husband’s Wednesday appointment because Physician DS was not in his office. At no point had Physician DS or Physician DS’s office contacted or otherwise directed ONI Lewes staff not to perform MRI with contrast as he (Physician DS) would not be on hand to provide direct supervision.

37. After July 2012, no physician was present in ONI Lewes’ suite to provide direct supervision of Medicare beneficiaries undergoing MRI with contrast.

2. ONI Seaford and ONI Millsboro

38. In addition to working at ONI Lewes, Relator occasionally performed MRI tests at ONI Seaford from 2004 to 2007. Relator also occasionally performed MRI at ONI Millsboro from 2008 to 2012. At no time did Relator observe a physician present in the ONI Seaford or ONI Millsboro suites on hand to provide direct supervision.

3. ONI Salisbury

39. ONI Salisbury opened in or about August 2012. On information and belief, no physician has been present in the ONI Salisbury suite to provide direct supervision.

B. False Claims and the Government's Damages

40. At all relevant times, ONI has had numerous patients who are beneficiaries of the Medicare program described above.

41. At all relevant times, ONI sought and received payment from Medicare for patients receiving magnetic resonance imaging services at its ONI Lewes, ONI Seaford, ONI Millsboro, and ONI Salisbury locations.

42. ONI knowingly and willfully billed Medicare, and further knowingly and willfully failed to reimburse Medicare, for magnetic resonance imaging services that did not meet Medicare's requirements.

43. At all relevant times, ONI knowingly concealed and continues to conceal its obligation to pay or transmit money to CMS.

44. The United States, through its carriers and intermediaries, has made payments to ONI and has been damaged in an amount to be determined. The United States is entitled to treble its actual damages and to civil penalties in the amount of \$5,500 to \$11,000 for each of the false claims submitted.

COUNT I

(VIOLATION OF THE FALSE CLAIMS ACT – 31 U.S.C. § 3729(a)(1)(A))

45. Relator incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

46. Defendant knowingly presented, or caused to be presented, and continues to present or cause to be presented, false and fraudulent claims for payment or approval to the United States – *i.e.*, the foregoing false and fraudulent claims for payments from Medicare – in violation of 31 U.S.C. § 3729(a)(1)(A).

47. Said false and fraudulent claims were presented with defendant's actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

48. The United States relied on these false and fraudulent claims, was ignorant of the truth regarding these claims, and would not have paid defendant for these false and fraudulent claims had it known the falsity of said claims by defendant.

49. As a direct and proximate result of the false and fraudulent claims made by defendant, the United States has suffered damages and therefore is entitled to recovery as provided by the False Claims Act in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation of the False Claims Act.

COUNT II

(VIOLATION OF THE FALSE CLAIMS ACT – 31 U.S.C. § 3729(a)(1)(B))

50. Relator incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

51. Defendant knowingly made, used or caused to be made or used, and continues to make, use and cause to be made or used, false records or false statements material to the foregoing false or fraudulent claims to get these false or fraudulent claims paid and approved by the United States, in violation of 31 U.S.C. § 3729(a)(1)(B).

52. Defendant's knowingly false records or false statements were material, and upon information and belief continue to be material, to the false and fraudulent claims for payments it made and continues to make to the United States.

53. Defendant's materially false records or false statements are set forth above and include, but are not limited to false claims and/or bills for payment that explicitly and/or impliedly attested that defendant complied with Medicare's requirements for diagnostic magnetic resonance imaging and other imaging studies.

54. These said false records or false statements were made, used or caused to be made or used, and continue to be made, used and caused to be made and used, with defendant's actual knowledge of their falsity, or with reckless disregard or deliberate ignorance of whether or not they were false.

55. As a direct and proximate result of these materially false records or false statements, and the related false or fraudulent claims made by defendant, the United States has suffered damages and therefore is entitled to recovery as provided by the False Claims Act in an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each such violation of the False Claims Act.

COUNT III

(VIOLATION OF THE FALSE CLAIMS ACT – 31 U.S.C. § 3729(a)(1)(G))

56. Relator incorporates by reference and re-alleges all paragraphs of this Complaint set forth above as if fully set forth herein.

57. Upon information and belief, defendant knowingly made, used or caused to be made or used, and continues to knowingly make, use or cause to be made or used, false records or false statements, material to an obligation to pay or transmit money or property to the United

States Government, or knowingly concealed and continues to conceal an obligation to pay or transmit money or property to the United States Government, or knowingly and improperly avoided or decreased, and continues to knowingly and improperly avoid and decrease, an obligation to pay or transmit money or property to the United States Government, in violation of 31 U.S.C. § 3729(a)(1)(G).

58. As a direct and proximate result of the above conduct by defendant, the United States has suffered damages and therefore is entitled to recovery as provided by the False Claims Act of an amount to be determined at trial, plus a civil penalty of \$5,500 to \$11,000 for each violation of the False Claims Act.

CLAIM FOR RELIEF

WHEREFORE, Relator requests that judgment be entered against defendant Orthopaedic and Neuro Imaging, LLC for treble the amount of the United States' damages to be determined at trial, and all allowable civil

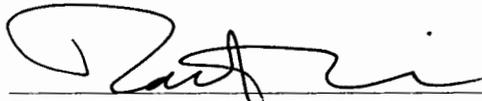
penalties, fees, interest and costs under the False Claims Act and for all other and further relief as the Court may deem just and equitable.

Dated: Wilmington, Delaware
June 21, 2013

Respectfully submitted,

SHELBY & LEONI, PA

BY:



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JS 44 (Rev. 12/12)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

United States of America, ex rel. Robin White

(b) County of Residence of First Listed Plaintiff Sussex County
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Robert J. Leoni, Esquire
221 Main Street, Wilmington, DE 19804
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DEFENDANTS

Orthopaedic and Neuro Imaging, LLC

County of Residence of First Listed Defendant Sussex County
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- 1 U.S. Government Plaintiff
- 3 Federal Question (U.S. Government Not a Party)
- 2 U.S. Government Defendant
- 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<input checked="" type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark
			SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
			IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

V. ORIGIN (Place an "X" in One Box Only)

- 1 Original Proceeding
- 2 Removed from State Court
- 3 Remanded from Appellate Court
- 4 Reinstated or Reopened
- 5 Transferred from Another District (specify)
- 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

United States False Claims Act, 31 USC §§ 3729 et seq.

Brief description of cause:

Submission of false claims to government healthcare programs

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE _____

DOCKET NUMBER _____

DATE

06/21/2013

SIGNATURE OF ATTORNEY OF RECORD



FOR OFFICE USE ONLY

RECEIPT # _____

AMOUNT _____

APPLYING IFP _____

JUDGE _____

MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**Authority For Civil Cover Sheet**

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerk(s) in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.
- V. Origin.** Place an "X" in one of the six boxes.
 Original Proceedings. (1) Cases which originate in the United States district courts.
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.