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2 UNITED STATES DISTRICT COURT
3 FOR THE EASTERN DISTRICT OF CALIFORNIA
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6 UNITED STATES OF AMERICA and
7 CALIFORNIA, COLORADO, CONNECTICUT,
8 DELAWARE, FLORIDA, GEORGIA, HAWAII,
9 ILLINOIS, INDIANA, IOWA, LOUISIANA,
10 MARYLAND, COMMONWEALTH OF
11 MASSACHUSETTS, MICHIGAN, MINNESOTA,
12 MONTANA, NEVADA, NEW HAMPSHIRE, NEW
13 JERSEY, NEW MEXICO, NEW YORK, NORTH
14 CAROLINA, OKLAHOMA, RHODE ISLAND,
15 TENNESSEE, TEXAS, COMMONWEALTH OF
16 VIRGINIA, WASHINGTON, WISCONSIN, and
17 DISTRICT OF COLUMBIA ex rel. [UNDER
18 SEAL],

19 Plaintiffs,

20 v.

21 [UNDER SEAL],

22 Defendants.
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2:12-CV-01970 KJM GGH

FIRST AMENDED COMPLAINT

DEMAND FOR JURY TRIAL

**FILED UNDER SEAL
PURSUANT TO 31 U.S.C.
§ 3730(b)(2)**

1 Michael A. Hirst, Esq. CA Bar #131034
HIRST LAW GROUP, P.C.
2 200 B Street
Suite A
3 Davis, CA
Tel: (530) 756-7700
4 Fax: (530) 756-7707

5 Michael I. Behn, Esq. IL Bar #6209610
(NOT LICENSED IN CALIFORNIA)
6 BEHN & WYETZNER, CHARTERED
500 N. Michigan Avenue
7 Suite 850
Chicago, IL 60611
8 Tel: (312) 629-0000
Fax: (312) 327-0266

9 Vincent L. DiTommaso, Esq. IL Bar #6181810
(NOT LICENSED IN CALIFORNIA)
10 DITOMMASO LUBIN, P.C.
3325 South Michigan Avenue
11 Suite 1000
Chicago, IL 60604
12 Tel: (630) 333-0000
13 Fax: (630) 333-0333

14 Attorneys for Plaintiff-Relator
Elisa Martinez
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13 CAROLINA, OKLAHOMA, RHODE ISLAND,
14 TENNESSEE, TEXAS, COMMONWEALTH OF
15 VIRGINIA, WASHINGTON, WISCONSIN, and
16 DISTRICT OF COLUMBIA ex rel. ELISA
17 MARTINEZ,

18
19 Plaintiffs,

20 v.

21 QUEST DIAGNOSTICS INCORPORATED,
22 QUEST DIAGNOSTICS CLINICAL
23 LABORATORIES, INC., LABORATORY
24 CORPORATION OF AMERICA HOLDINGS,
25 LABORATORY CORPORATION OF AMERICA,
26 and XYZ CORPORATIONS 1-100,

27 Defendants.
28

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**FIRST AMENDED
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§ 3730(b)(2)**

1 Plaintiff Elisa Martinez, through her attorneys Hirst Law Group, P.C., Behn & Wyetzner,
2 Chartered, and DiTommaso Lubin, P.C., on behalf of the United States of America and
3 California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa,
4 Louisiana, Maryland, Commonwealth of Massachusetts, Michigan, Minnesota, Montana,
5 Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma,
6 Rhode Island, Tennessee, Texas, Commonwealth of Virginia, Washington, Wisconsin, and the
7 District of Colombia (collectively “the government”) alleges as follows:

8 **I. NATURE OF THIS ACTION**

9 1. This action alleges that, since at least 2002, Quest Diagnostics Incorporated, Quest
10 Diagnostics Clinical Laboratories, Inc., (collectively “Quest”), Laboratory Corporation of
11 America Holdings, and Laboratory Corporation of America (collectively “LabCorp”), and XYZ
12 Corporations 1-100 (Quest, LabCorp, and XYZ Corporations 1-100 are collectively
13 “Defendants”) have knowingly submitted, and continue to submit, false and fraudulent claims to
14 the government, for the same tests, performed on the same day, on the same patient. Defendants
15 have knowingly submitted claims for the same test when ordered by two or more physicians,
16 referred to herein as “duplicate” claims; they have also submitted claims for individual tests
17 already contained within panel studies, referred to herein as “overlapping claims.” Instead of
18 performing those tests once and forwarding results to two or more clinicians who order such
19 tests, Defendants have performed unnecessary tests and fraudulently billed the government for
20 multiple tests, both as duplicate claims and overlapping claims, to increase their billings.
21 Defendants have done so despite knowing that such tests and billings are unnecessary and not in
22 compliance with Medicare and Medicaid requirements.

23 2. Since at least 2002, Defendants have knowingly submitted false claims to Medicare,
24 Medicaid, TRICARE, Federal Employees Health Benefits Program and other government
25 programs (hereafter collectively “government programs”) and received reimbursement to which
26 they are not entitled.

27 3. Defendants’ knowing submission of false and fraudulent claims for payment
28 constitutes a violation of the federal False Claims Act, 31 U.S.C. §§ 3729 et seq. (“FCA” or

“Act”); the California False Claims Act, Government Code §§ 12650 et seq.; the Colorado Medicaid False Claims Act, § 25.5-4-303.5 et seq.; the Connecticut False Claims Act for Medical Assistance Programs, § 17b-301a et seq.; the Delaware False Claims and Reporting Act § 1201 et seq.; the Florida False Claims Act, § 68.081 et seq.; the Georgia False Medicaid Claims Act, § 49-4-168 et seq.; the Hawaii False Claims Act, § 661-21 et seq.; the Illinois False Claims Act, § 740 ILCS 175/1 et seq.; the Indiana False Claims and Whistleblower Protection Act, § IC 5-11-5.5 et seq.; the Iowa False Claims Act, § 685.1 et seq.; the Louisiana Medical Assistance Programs Integrity Law, § 437.1 et seq.; the Maryland False Health Claims Act of 2010, § 2-601 et seq.; the Massachusetts False Claims Act, chapter 12, § 5A et seq.; the Michigan Medicaid False Claim Act, § 400.601 et seq.; the Minnesota False Claims Act, § 24 [15C.01] et seq.; the Montana False Claims Act, § 17-8-401 et seq.; the Nevada Submission of False Claims to State or Local Government Act, Nevada Revised Statutes § 357.010 et seq.; the New Hampshire False Claims Act, § 167:61-b et seq.; the New Jersey False Claims Act, § 2A:32C-1 et seq.; the New Mexico Medicaid False Claims Act, § 27-14-1 et seq.; the New York False Claims Act § 187 et seq.; the North Carolina False Claims Act, § 1-605 et seq.; the Oklahoma Medicaid False Claims Act, § 63-5053 et seq.; the Rhode Island False Claims Act, Chapter 1.1 § 9-1.1-1 et seq.; the Tennessee Medicaid False Claims Act, § 71-5-181 et seq.; the Texas Medicaid Fraud Prevention Act, § 36.001 et seq.; the Virginia Fraud Against Taxpayers Act, § 8.01-216.1 et seq.; the Washington Medicaid Fraud False Claims Act, RCW 74.09 § 101 et seq.; the Wisconsin False Claims for Medical Assistance Law, § 20.931 et seq.; and the District of Columbia False Claims Act, § 2-308.14 et seq. (collectively “state FCAs”). As a result of their fraudulent conduct, Defendants have caused the government to sustain a direct loss of funds and damage to its interests.

4. The FCA was originally enacted at the request of President Lincoln during the Civil War, when the president believed that the Union Army was being defrauded by unscrupulous contractors. The Act was substantially amended by Congress in 1986 and 2009 to enhance the government’s ability to recover losses sustained as a result of fraud. At those times, Congress determined that fraud against the government was pervasive and that the FCA, which Congress

described as the primary tool for combating government fraud, was in need of reform. Congress intended that the amendments create incentives for individuals with knowledge of fraud against the United States to disclose the information without fear of reprisals or government inaction, and to encourage the private bar to commit legal resources to prosecute fraud on the government's behalf.

5. The FCA prohibits knowingly presenting, or causing to be presented, to the federal government a false or fraudulent claim for payment or approval. *31 U.S.C. § 3729(a)(1)(A)*. Additionally, it prohibits knowingly making or using, or causing to be made or used, a false or fraudulent record or statement (i) material to a false or fraudulent claim or (ii) to conceal, avoid, or decrease an obligation to pay or transmit money or property to the federal government. *31 U.S.C. §§ 3729(a)(1)(B), (a)(1)(G)*. Any person who violates the FCA is liable for a civil penalty of up to \$11,000 for each violation, plus three times the loss sustained by the United States. *31 U.S.C. § 3729(a); 64 Fed. Reg. 47099, 47103 (1999)*. Comparable provisions are contained in the state FCAs.

6. The FCA defines “knowingly” as having knowledge that the information is false, or acting with a deliberate ignorance of, or reckless disregard of, the truth or falsity of the information. *31 U.S.C. § 3729(b)(1)*. Comparable provisions are contained in the state FCAs.

7. The FCA, as well as the state FCA statutes, allow any person having information about such violations to bring an action on behalf of the government and to share in any recovery obtained. The FCA and the state FCA acts require that the complaint be filed under seal for a minimum of 60 days, without service on the Defendants during that time, to allow the government time to conduct its own investigation and to determine whether to join the suit.

8. Based on these provisions, qui tam plaintiff Elisa Martinez (“Martinez,” “Relator,” or “Plaintiff”) seeks to recover all available damages, civil penalties, and other relief for the federal and state violations alleged herein, in every jurisdiction to which the Defendants’ misconduct has extended.

9. All of the Defendants who engaged in the fraudulent conduct are not presently known by Relator, and the precise amount of the loss to the government cannot presently be determined.

Further information on the details and extent of the fraud are contained within Defendants' records.

II. PARTIES

10. Relator Elisa Martinez is a United States citizen who resides in California. She is certified as a phlebotomist by the State of California. On July 27, 2009, she was hired as a phlebotomist at Quest's patient service center in Red Bluff, California. On February 23, 2011, Quest placed her on leave under the federal Family and Medical Leave Act. She was terminated on June 6, 2011.

11. Defendant Quest Diagnostics Incorporated is a Delaware corporation that operates clinical laboratories and specimen collection sites, known as "patient service centers," throughout the United States. Its principal place of business is located at 3 Giralda Farms, Madison, New Jersey.

12. Defendant Quest Diagnostics Clinical Laboratories, Inc. is a Delaware corporation and subsidiary of Quest that is licensed to do business in various states.

13. Defendant Laboratory Corporation of America Holdings is a Delaware corporation that operates clinical laboratories and patient service centers throughout the United States. Its principal place of business is located at 358 South Main Street, Burlington, North Carolina.

14. Defendant Laboratory Corporation of America is a Delaware corporation, a subsidiary of Laboratory Corporation of America Holdings, and is licensed to do business in various states.

15. XYZ Corporations 1-100 are unnamed entities owned directly or indirectly by, or controlled by, one of the Quest Defendants or one of the LabCorp Defendants named above, which have participated in the Medicare, Medicaid, or other federally funded health care programs and engaged in the same wrongful conduct as the Quest Defendants or the LabCorp Defendants named above. It is the intention of the Relator to amend the Complaint to allege the true names and capacities of the XYZ Corporation Defendants once ascertained.

III. JURISDICTION AND VENUE

16. This Court has jurisdiction over the subject matter of this action pursuant to 28

1 U.S.C. § 1331 and 31 U.S.C. § 3732, the latter of which specifically confers jurisdiction on this
2 Court for actions brought pursuant to 31 U.S.C. §§ 3729 and 3730, and for claims under state
3 law.

4 17. Under 31 U.S.C. § 3730(e) and the comparable provisions of the state statutes listed
5 above, there has been no public disclosure of the allegations or transactions in this Complaint.
6 To the extent there has been any such disclosure, Relator Martinez constitutes an original source
7 pursuant to 31 U.S.C. § 3730(e)(4) and the comparable provisions of the state statutes listed
8 above. Prior to any public disclosure, Martinez voluntarily disclosed to the federal government,
9 and to the states' and Commonwealths' Attorneys General the information on which the
10 allegations or transactions discussed herein are based; she has knowledge independent of, and
11 that materially adds to, any publicly disclosed allegations or transactions; and this information
12 was provided to the government before this action was filed.

13 18. Personal jurisdiction and venue are proper in this district pursuant to 28 U.S.C. §§
14 1391(b) and 1395(a), and 31 U.S.C. § 3732(a), as each of the Defendants or their agents transact
15 business or otherwise engaged in fraudulent conduct within the district.

16 **IV. BACKGROUND**

17 **A. The Medicare and Medicaid Programs**

18 *1. Medicare*

19 19. In 1965, Congress enacted Title XVIII of the Social Security Act, known as the
20 Medicare Program ("Medicare"), to pay for the cost of certain medical services for persons aged
21 65 years or older and those with disabilities.

22 20. Medicare is divided into four parts. Of relevance here, Medicare Part B covers
23 partial payment for, among other things, physicians' services, services and supplies incident to
24 physicians' services, and diagnostic tests. Reimbursement under the Medicare program to
25 independent diagnostic laboratories for clinical laboratory tests is subject to a fee schedule that
26 sets the maximum amount payable in each area of Medicare's jurisdiction. This clinical
27 laboratory fee schedule is updated annually. *See Centers for Medicare and Medicaid Services,*
28 *<http://www.cms.gov/Mdicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/>*

1 *index.html*.

2 21. Primary responsibility within the U.S. Department of Health and Human Services for
3 administration of the Medicare program has been delegated to the Centers for Medicare and
4 Medicaid Services (“CMS”). Private contractors, called “Medicare Administrative Contractors,”
5 previously called “carriers,” contract with CMS to process the Medicare Part B claims received
6 from providers.

7 22. Under federal law, Medicare reimburses providers only for treatment that is
8 “reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the
9 function of a malformed body member.” 42 U.S.C. § 1395y(a)(1)(A). In addition, providers are
10 obligated to assure that services “will be provided economically and only when, and to the
11 extent, medically necessary . . . and will be supported by evidence of medical necessity” 42
12 U.S.C. § 1320c-5(a)(1),(3).

13 23. Medicare has issued specific billing instructions regarding performing tests on the
14 same patient more than once on the same day:

15 When it is necessary to obtain multiple results in the course of treatment, the
16 modifiers 59 or 91 are used to indicate that a test was performed more than once
17 on the same day for the same patient. The 91 modifier is used for laboratory tests
18 paid under the clinical laboratory fee schedule. ***These modifiers may be used to***
19 ***indicate that a test was performed more than once on the same day for the same***
patient, only when it is necessary to obtain multiple results in the course of
treatment. These modifiers may not be used when tests are rerun to confirm
initial results; due to testing problems with specimens and equipment; or for any
other reason ***when a normal, one-time, reportable result is all that is required.***

20 *Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, § 100.5.1* (emphasis
21 added).

22 24. Medicare will reimburse for collection of a blood specimen but only once, regardless
23 of the number of blood draws:

24 In addition to the amounts provided under the fee schedules, the Secretary shall
25 provide for and establish a nominal fee to cover the appropriate costs of collecting
26 the sample on which a clinical laboratory test was performed and for which
payment is made with respect to samples collected in the same encounter.

27 A specimen collection fee is allowed in circumstances such as drawing a blood
28 sample through venipuncture (i.e., inserting into a vein a needle with syringe or
vacutainer to draw the specimen) or collecting a urine sample by catheterization.
A specimen collection fee is not allowed for blood samples where the cost of

collecting the specimen is minimal (such as a throat culture or a routine capillary puncture for clotting or bleeding time). This fee will not be paid to anyone who has not extracted the specimen. Only one collection fee is allowed for each type of specimen for each patient encounter, regardless of the number of specimens drawn. When a series of specimens is required to complete a single test (e.g., glucose tolerance test), the series is treated as a single encounter.

Medicare Claims Processing Manual, Chapter 16 - Laboratory Services, § 60.1.

25. In addition, Medicare criteria is clear that a provider will not be reimbursed for repeated claims, absent circumstances in which a modifier may legitimately apply. That is so whether the test is a duplicate, or is an overlapping test for a study already performed as part of a panel:

To order any of the 22 automated tests, a physician may select individual tests or the panel. A physician may order a mix of panels and individual tests. The physician should review what tests are in each panel and not order individual tests that might duplicate tests in the panel. Medicare denies duplicate tests.

Medicare Claims Processing Manual, Chapter 16, § 90.5.

26. Furthermore, if a provider bills for duplicate or overlapping tests, and receives payments for those claims (despite whatever edits may be in place), the provider has been overpaid and is liable for the overpayment:

90.1 - Examples of Situations in Which Provider is Liable

B. Provider Receives Duplicate Payments.

This includes the following situations:

- Provider is overpaid because the FI or carrier processed the provider's claim more than once. If an overpayment to a provider is caused by multiple processing of the same charge (e.g., through overlapping or duplicate bills), the provider does not have a reasonable basis for assuming that the total payment the provider received was correct and thus should have questioned it. The provider is, therefore, at fault and liable for the overpayment.

Medicare Financial Management Manual, Chapter 3 - Overpayments, at 90.1.

2. Medicaid

27. The Medicaid Program ("Medicaid") was created in 1965, when Title XIX was added to the Social Security Act. Medicaid is a public assistance program providing payment of medical expenses for low-income patients. Funding for Medicaid is shared between the federal government and state governments that participate in the program.

1 28. Federal law requires that a state's Medicaid plan "provide such methods and
2 procedures . . . as may be necessary to safeguard against unnecessary utilization of . . . services
3 and to assure that payments are consistent with efficiency, economy and quality of care...." 42
4 *U.S.C. § 1396(a)(30)*. In this regard, the law specifically applicable to clinical laboratory tests
5 limits payment by a state Medicaid program to the amount that Medicare would pay for the test:

6 (i) Payment under the preceding provisions of this sectional shall not be made-

7 (7) with respect to any amount expended for clinical diagnostic laboratory tests
8 performed by a physician, independent laboratory, or hospital, to the extent such
9 amount exceeds the amount that would be recognized under section 1395(h) of
10 this title for such tests performed for an individual enrolled under part B. . . .

11 42 *U.S.C. § 1396b(i)(7)*.

12 29. In addition, CMS has issued specific instructions regarding payments for laboratory
13 tests in the Medicaid program:

14 Medicaid reimbursement for clinical diagnostic laboratory tests may not exceed
15 the amount that Medicare recognizes for such tests.

16 *CMS' State Medicaid Manual*, § 6300.2.

17 30. Thus, since Medicare specifically does not reimburse for such duplicative tests or
18 overlapping panel tests, Medicaid reimbursement is likewise prohibited.

19 **B. Nationwide Audit of Medicaid Payments for Clinical Laboratory Tests**

20 31. The U.S. Department of Health and Human Services, Office of Inspector General
21 conducted a nationwide audit of Medicaid payments for clinical laboratory tests in the late
22 1990s. The audit identified: tests that were not grouped together for payment purposes (i.e.,
23 bundled into a panel or profile); tests that were billed individually and also included in panel
24 tests that were billed for the same patient for the same date of service; and tests that were billed
25 as two or more panels containing one or more of the same tests for the same patient on the same
26 date of service.

27 32. Because the state Medicaid agencies did not have adequate controls to detect and
28 prevent inappropriate payments, they paid independent laboratories, as well as physicians and
hospitals, millions more for these tests than the amounts Medicare recognized for the same
services. Individual state reports were issued as well as separate summary reports. *HHS-OIG*:

1 *Medicaid Payments for Clinical Laboratory Tests in 14 States, A-01-95-00003, and Medicaid*
2 *Payments for Clinical Laboratory Tests in Eight States, A-01-96-00004.*

3 **C. Prior FCA Cases Involving Defendants**

4 33. Both Quest and LabCorp have been sued previously under the FCA. Among other
5 cases, Quest, in 2009, agreed to pay to the government \$302 million to settle fraud allegations; in
6 addition, one of its business units pled guilty to misleading marketing practices. *United States ex*
7 *rel. Cantor v. Quest Diagnostics Incorporated and Nichols Institute Diagnostics*. As a condition
8 of this settlement, Quest entered into a 5-year Corporate Integrity Agreement (“CIA”) with the
9 Department of Health and Human Services, Office of Inspector General effective on April 14,
10 2009. The terms of the CIA require, among other things, that Quest perform annual health care
11 compliance reviews, certify that it is in compliance with applicable federal health care program
12 requirements, and refund any identified overpayments.

13 34. In 2011, Quest agreed to pay \$241 million to settle allegations in a qui tam action
14 alleging that the company overcharged California’s Medi-Cal program. The lawsuit also alleged
15 that Quest provided illegal kickbacks in the form of discounted or free testing to doctors,
16 hospitals, and clinics that referred Medi-Cal patients and other business to the labs. *State of*
17 *California ex rel. Hunter Laboratories LLC and Chris Riedel v. Quest Diagnostic Laboratories,*
18 *Inc., et al., CIV 34-2009-00048046.*

19 35. Similarly, in 2011, LabCorp paid \$49.5 million to settle a Medicaid fraud lawsuit,
20 *State of California ex rel. Hunter Laboratories, LLC and Chris Riedel v. Laboratory*
21 *Corporation of America, et al., No. 34-2009-00066517*, claiming the company overcharged
22 California’s Medicaid program and paid kickbacks to doctors for patient referrals.

23 **V. ALLEGATIONS**

24 36. Relator incorporates by reference and realleges as though fully set forth herein all
25 preceding paragraphs.

26 **A. False Billings for Unnecessary and Repeated Tests**

27 37. Defendants fraudulently submitted, and continue to submit, claims to governmental
28 programs for the same tests performed on the same patient on the same day. Whether the tests

1 were exact duplicates, or were overlapping component tests that duplicated a test performed in a
2 panel study, Defendants obtained reimbursements for which they were not entitled. Often,
3 Defendants procured duplicative and unnecessary blood samples and split urine samples when
4 two or more providers ordered the same studies, so that the tests could be performed more than
5 once and billed to the government repeatedly.

6 38. For example, on February 25, 2011, physician Steven Katznelson of the California
7 Pacific Medical Center in San Francisco, California, faxed to Quest a standing order for certain
8 tests to be performed on Medicare patient B.H. (standing order attached as Exhibit 1). The
9 doctor requested that the tests be done every 2 months beginning on March 1, 2011, and ending
10 on September 1, 2011. The requested tests included a complete blood count, comprehensive
11 metabolic panel, a Tacrolimus drug assay (to test for the quantity of this immunosuppressive
12 drug), and a urinalysis. On March 7, 2011, patient B.H. appeared at the Quest patient service
13 center based on a separate order for tests on this patient made by Dr. Muhammad Bashir, a
14 nephrologist practicing in the Comprehensive Renal Care Group in Chico, California. Dr. Bashir
15 ordered seven tests which included a complete blood count, comprehensive metabolic panel, a
16 Tacrolimus drug assay, and a urinalysis (doctor's order attached as Exhibit 2, and Quest's
17 "Remote Requisition," a computer generated sheet printed from information inputted by the
18 phlebotomists, including patient identifying information, insurance coverage, tests requested,
19 and other data, attached as Exhibit 3). The patient arrived at the Quest patient service center on
20 March 7, 2011, at 8:05 a.m. for her tests. The Daily Log Sheet, which patients sign upon arrival
21 and the phlebotomist completes with the time of the actual blood draw, shows that Quest was
22 aware that there were two separate requisitions for this patient (attached as Exhibit 4, with the
23 symbol "X2" in the left margin at 8:05 a.m.). In order to receive payment to which it was not
24 entitled, Quest drew multiple vials of blood, performed each of the three blood tests twice, and
25 billed each of them twice to Medicare. Moreover, a portion of the urine specimen was poured
26 into a second container by the phlebotomist so that the urinalysis test could be performed twice
27 and billed twice to Medicare.

28 39. Similarly, on March 3, 2011, Dr. Alissa Kraisosky of the Tehama County Mental

1 Health Agency requested that a valproic acid (also known as dipropylacetic acid) test be
2 performed on Medicare patient P.B. (doctor's requisition order attached as Exhibit 5, and
3 Quest's Remote Requisition attached as Exhibit 6). On that same day, Dorothy Ziegler, a nurse
4 at the Frontier Village Family Health Center, requested a valproic acid test, as well as other
5 blood tests for this patient (doctor's requisition order attached as Exhibit 7, and Quest's Remote
6 Requisition attached as Exhibit 8). On March 3, 2011, the patient appeared at a Quest patient
7 service center and at 9:56 a.m., Quest drew two vials of blood from patient P.B., performed the
8 valproic acid test twice, and billed the test twice to Medicare (Exhibits 6, 8).

9 40. In a third example, physician Steven Katznelson issued a standing order for several
10 tests to be performed on Medicare patient M.Y. The doctor requested that tests be done every
11 month beginning on October 30, 2010, and ending on April 30, 2011. The requested tests
12 included a comprehensive metabolic panel (doctor's order attached as Exhibit 9; Quest's Remote
13 Requisition attached as Exhibit 10). Dr. Katznelson requested that copies of the test results be
14 provided to Drs. Bartlow, Dahnke, and Holtzman, and that the patient "may have copy of
15 results." On March 7, 2011, Dr. Harchetan Sandhu, a physician in Chico, California,
16 specializing in rheumatology, faxed an order to Quest for tests for patient M.Y., including a
17 comprehensive metabolic panel (doctor's order attached as Exhibit 11). The patient presented to
18 the Quest patient service center on March 9, 2011, at 9:50 a.m. The Daily Log Sheet indicates
19 that there were two requisitions for patient M.Y. (attached as Exhibit 12 with the symbol "X2" in
20 the left margin at 9:50 a.m.). Instead of providing copies of the test results to each ordering
21 physician, Quest obtained a second vial of blood, performed the comprehensive metabolic panel
22 test twice, and billed Medicare for both tests.

23 41. Similarly, a fourth example involves patient H.C. Dr. Peter Wolk, a cardiologist in
24 Chico, California, ordered a basic metabolic panel, a complete blood count, a thyroxine
25 (otherwise known as a "T4"), and a thyroid stimulating hormone ("TSH") test for patient H.C.
26 (doctor's requisition order attached as Exhibit 13). This Medicare patient also presented an
27 order believed to be from Dr. Paramjit Singh, a neurologist in Chico, California, who similarly
28 requested a TSH test (doctor's order attached as Exhibit 14). Patient H.C. presented at a Quest

1 patient center and signed in at 10:33 a.m. on March 16, 2011. The Daily Log Sheet indicates
2 that there were two requisitions for patient H.C. (attached as Exhibit 15 with the symbol “X2” in
3 the left margin at 10:33 a.m.). Instead of providing copies of the TSH test result to each ordering
4 physician, Quest drew a separate, extra vial of blood so that it could perform the test twice and
5 bill Medicare twice for the test.

6 **B. Relator’s Complaints to Quest Regarding the Fraudulent Practice**

7 42. On several occasions, Relator Martinez complained that it was wrong to obtain
8 multiple vials of blood and perform the same test twice on the same patient.

9 43. After only 3 months into her employment at Quest, Martinez asked Lesley Meade
10 (“Meade”), another phlebotomist who worked at the Red Bluff patient service center, why they
11 had to draw multiple specimen vials for tests involving the same patients. Meade told Martinez
12 “that’s the way it’s done” and to ask her supervisor if she had any questions. Shortly thereafter,
13 Martinez asked an employee in Quest’s Billing Department (she cannot recall the person’s
14 name) whether both tests were billed. The person confirmed that each of the tests had a unique
15 accession number and each test was billed separately. When Martinez asked why, the individual
16 told Martinez to talk to her supervisor. When Martinez thereupon asked her supervisor, Marilyn
17 Utterback (“Utterback”), about why they were unnecessarily drawing multiple blood vials for the
18 same tests on the same patient, Utterback did not answer the question. Instead, she told Martinez
19 that she should “listen more and back up everybody.”

20 44. On numerous occasions, consistent with Quest’s practices, Martinez and the other
21 phlebotomists drew multiple vials from patients for performance of duplicate and overlapping
22 studies and, in some instances, performed multiple venipunctures in order to do so. Claims for
23 performance of the duplicate and overlapping studies were submitted to government programs
24 for payment, and payment was received.

25 45. Martinez has confirmed with other Quest phlebotomists that unnecessary tests and
26 fraudulent billing practices occur at other Quest patient service centers. She has talked to no less
27 than five other Quest phlebotomists, including Meade, Laurel Benamati, Robyn Caldwell, Janice
28 Irvin, and Stacey Story, some of whom have worked as “floaters” (staff who perform work at

multiple patient service centers when needed). Each phlebotomist stated that drawing multiple blood vials for performing the same test on the same patient on the same day was a common practice at various patient service centers, in addition to the center at Red Bluff. Moreover, Martinez personally confirmed that the practice was in place in the Chico, California, patient service center when she worked there for 3 days in February 2011. One of the phlebotomists who used to work at Quest but who now works at LabCorp, Robyn Caldwell, informed Martinez that LabCorp also has the same practice of fraudulently billing for duplicative and overlapping tests performed on the same patient on the same day.

46. Quest and LabCorp both have practices of drawing extra vials of blood, splitting urine samples, and performing unnecessary duplicate and overlapping tests on the same day for the same patient. The billing of claims for those tests violates Medicare and Medicaid rules, and violates the FCA and the state FCAs.

Count I

Federal False Claims Act 31 U.S.C. §§ 3729(a)(1)(A) and (a)(1)(B)

47. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

48. This is a claim for treble damages and penalties under the Federal False Claims Act, 31 U.S.C. §§ 3729, et seq., as amended.

49. Through the acts described above, Defendants have knowingly presented or caused to be presented, false or fraudulent claims to officers, employees or agents of the United States, within the meaning of 31 U.S.C. § 3729(a)(1)(A).

50. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements, and omitted material facts, to get false and fraudulent claims paid or approved, within the meaning of 31 U.S.C. § 3729(a)(1)(B).

51. The United States, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

52. As a result of the Defendants' acts, the United States has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

53. Additionally, the United States is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants arising from their unlawful conduct as described herein.

Count II

Federal False Claims Act
31 U.S.C. § 3729(a)(1)(G)

54. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

55. This is a claim for penalties and treble damages under the Federal False Claims Act, 31 U.S.C. §§ 3729, et seq., as amended.

56. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the federal government, within the meaning of 31 U.S.C. § 3729(a)(1)(G).

57. An overpayment from a government program received by a provider in excess of the amount that is due and payable, including any payment for non-covered items or services that are not reasonable and necessary in accordance with the Medicare rules, must be promptly remitted by the provider. Even when an overpayment is received through an innocent billing error or through a mistake of the contractor, 42 U.S.C. § 1320a -7k(d)(1) provides that "returning the overpayment . . . is an obligation as defined in 3729(b)(3) of title 31 for purposes of section 3729 of such title."

58. Defendants are aware that the conduct described herein has resulted in the submission of claims to government programs for payment to which Defendants are not entitled. Defendants have knowingly and wrongfully retained such overpayments. On and after May 24, 2010, the effective day of the legislation that established subsection 7k(d)(1) referred to above, each day that Defendants have retained such an overpayment is a separate violation of the FCA.

59. As a result of Defendants' acts, the United States has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

60. Additionally, the United States is entitled to the maximum penalty of \$11,000 for each and every false record or statement knowingly made, used, or caused to be made or used to conceal, avoid, or decrease an obligation to pay or transmit money or property to the United States.

Count III

**California False Claims Act
Government Code §§ 12651(a)(1) and (a)(2)**

61. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

62. This is a claim for treble damages and penalties under the California False Claims Act, Government Code §§ 12650, et seq.

63. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of California, within the meaning of California Government Code § 12651(a)(1).

64. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements, and omitted material facts, to get false and fraudulent claims paid or approved, within the meaning of California Government Code § 12651(a)(2).

65. The State of California, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

66. As a result of Defendants' acts, the State of California has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

67. Additionally, the State of California is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

1 **Count IV**

2 **California False Claims Act**
3 **Government Code § 12651(a)(7)**

4 68. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 69. This is a claim for penalties and treble damages under the California False Claims
7 Act, Government Code §§ 12650, et seq.

8 70. Through the acts described above, Defendants have knowingly made, used, or caused
9 to be made or used, false records or statements and concealed, avoided, or decreased an
10 obligation to pay or transmit money or property to the State of California, within the meaning of
11 California Government Code § 12651(a)(7).

12 71. As a result of Defendants' acts, the State of California has been damaged, and
13 continues to be damaged, in a substantial amount to be determined at trial.

14 72. Additionally, the State of California is entitled to the maximum penalty of \$10,000
15 for each and every false record or statement knowingly made, used, or caused to be made or used
16 to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state.

17 **Count V**

18 **California False Claims Act**
19 **Government Code § 12651(a)(8)**

20 73. Relator repeats and realleges each and every allegation contained in the preceding
21 paragraphs, as though fully set forth herein.

22 74. This is a claim for penalties and treble damages under the California False Claims
23 Act, Government Code §§ 12650, et seq.

24 75. Through the acts described above, Defendants have become at least the beneficiaries
25 of the inadvertent submissions of false claims.

26 76. Notwithstanding Defendants' knowledge that they are the beneficiaries of such
27 claims, Defendants have failed to disclose the claims to the State within a reasonable time after
28 their discovery within the meaning of California Government Code § 12651(a)(8).

77. As a result of Defendants' acts and omissions, the State of California has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

78. Additionally, the State of California is entitled to the maximum penalty of \$10,000 for each and every unreported false record or statement knowingly made, used, or caused to be made or used that caused an inadvertent submission of a false claim.

Count VI

Colorado Medicaid False Claims Act
Colorado Revised Statutes §§ 25.5-4-305(a) and (b)

79. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

80. This is a claim for treble damages and penalties under the Colorado Medicaid False Claims Act, Colorado Revised Statutes §§ 25.5-4-303.5, et seq.

81. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Colorado, within the meaning of Colorado Revised Statutes § 25.5-4-305(a).

82. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Colorado Revised Statutes § 25.5-4-305(b).

83. The State of Colorado, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

84. As a result of Defendants' acts, the State of Colorado has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

85. Additionally, the State of Colorado is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

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1 **Count VII**

2 **Colorado Medicaid False Claims Act**
3 **Colorado Revised Statutes § 25.5-4-305(f)**

4 86. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 87. This is a claim for treble damages and penalties under the Colorado Medicaid False
7 Claims Act, Colorado Revised Statutes §§ 25.5-4-303.5, et seq.

8 88. Through the acts described above, Defendants have knowingly made, used, or caused
9 to be made or used, false records or statements and concealed, avoided, or decreased an
10 obligation to pay or transmit money or property to the State of Colorado, within the meaning of
11 Colorado Revised Statutes § 25.5-4-305(f).

12 89. The State of Colorado, unaware of the falsity of the records, statements and claims
13 made or caused to be made by Defendants, paid and continues to pay claims that would not be
14 paid but for Defendants' unlawful conduct.

15 90. As a result of Defendants' acts, the State of Colorado has been damaged, and
16 continues to be damaged, in a substantial amount to be determined at trial.

17 91. Additionally, the State of Colorado is entitled to the maximum penalty of \$10,000
18 for each and every false and fraudulent claim made and caused to be made by Defendants,
19 arising from their unlawful conduct as described herein.

20 **Count VIII**

21 **Connecticut False Claims Act for Medical Assistance Programs**
22 **Connecticut Statutes §§ 17b-301b(a)(1) and (a)(2)**

23 92. Relator repeats and realleges each and every allegation contained in the preceding
24 paragraphs, as though fully set forth herein.

25 93. This is a claim for treble damages and penalties under the Connecticut False Claims
26 Act for Medical Assistance Programs, Connecticut Statutes §§ 17b-301a, et seq.

27 94. Through the acts described above, Defendants have knowingly presented or caused
28 to be presented false or fraudulent claims to officers, employees or agents of the State of

Connecticut, within the meaning of Connecticut Statutes § 17b-301b(a)(1).

95. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Connecticut Statutes § 17b-301b(a)(2).

96. The State of Connecticut, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

97. As a result of Defendants' acts, the State of Connecticut has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

98. Additionally, the State of Connecticut is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count IX

Connecticut False Claims Act for Medical Assistance Programs Connecticut Statutes § 17b-301b(a)(7)

99. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

100. This is a claim for treble damages and penalties under the Connecticut False Claims Act for Medical Assistance Programs, Connecticut Statutes §§ 17b-301a, et seq.

101. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Connecticut, within the meaning of Connecticut Statutes § 17b-301b(a)(7).

102. The State of Connecticut, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

103. As a result of Defendants' acts, the State of Connecticut has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

104. Additionally, the State of Connecticut is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count X

Delaware False Claims and Reporting Act Delaware Statutes §§ 1201(a)(1) and (a)(2)

105. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

106. This is a claim for treble damages and penalties under the Delaware False Claims and Reporting Act, Delaware Statutes §§ 1201, et seq.

107. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Delaware, within the meaning of Delaware Statutes § 1201(a)(1).

108. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Delaware Statutes § 1201(a)(2).

109. The State of Delaware, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

110. As a result of Defendants' acts, the State of Delaware has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

111. Additionally, the State of Delaware is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XI

**Delaware False Claims and Reporting Act
Delaware Statutes § 1201(a)(7)**

112. Relator repeats and realleges each and every allegation contained in the preceding

1 paragraphs, as though fully set forth herein.

2 113. This is a claim for treble damages and penalties under the Delaware False Claims
3 and Reporting Act, Delaware Statutes §§ 1201, et seq.

4 114. Through the acts described above, Defendants have knowingly made, used, or
5 caused to be made or used, false records or statements and concealed, avoided, or decreased an
6 obligation to pay or transmit money or property to the State of Delaware, within the meaning of
7 Delaware Statutes § 1201(a)(7).

8 115. The State of Delaware, unaware of the falsity of the records, statements and claims
9 made or caused to be made by Defendants, paid and continues to pay claims that would not be
10 paid but for Defendants' unlawful conduct.

11 116. As a result of Defendants' acts, the State of Delaware has been damaged, and
12 continues to be damaged, in a substantial amount to be determined at trial.

13 117. Additionally, the State of Delaware is entitled to the maximum penalty of \$11,000
14 for each and every false and fraudulent claim made and caused to be made by Defendants,
15 arising from their unlawful conduct as described herein.

16 **Count XII**

17 **Florida False Claims Act** 18 **Florida Statutes §§ 68.082(2)(a) and (2)(b)**

19 118. Relator repeats and realleges each and every allegation contained in the preceding
20 paragraphs, as though fully set forth herein.

21 119. This is a claim for treble damages and penalties under the Florida False Claims Act,
22 Florida Statutes §§ 68.081, et seq.

23 120. Through the acts described above, Defendants have knowingly presented or caused
24 to be presented false or fraudulent claims to officers, employees or agents of the State of Florida,
25 within the meaning of Florida Statutes § 68.082(2)(a).

26 121. Through the acts described above, Defendants have knowingly made, used, or
27 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
28 claims paid or approved, within the meaning of Florida Statutes § 68.082(2)(b).

1 122. The State of Florida, unaware of the falsity of the records, statements and claims
2 made or caused to be made by Defendants, paid and continues to pay claims that would not be
3 paid but for Defendants' unlawful conduct.

4 123. As a result of Defendants' acts, the State of Florida has been damaged, and
5 continues to be damaged, in a substantial amount to be determined at trial.

6 124. Additionally, the State of Florida is entitled to the maximum penalty of \$11,000 for
7 each and every false and fraudulent claim made and caused to be made by Defendants, arising
8 from their unlawful conduct as described herein.

9 **Count XIII**

10 **Florida False Claims Act**
11 **Florida Statutes § 68.082(2)(g)**

12 125. Relator repeats and realleges each and every allegation contained in the preceding
13 paragraphs, as though fully set forth herein.

14 126. This is a claim for treble damages and penalties under the Florida False Claims Act,
15 Florida Statutes §§ 68.081, et seq.

16 127. Through the acts described above, Defendants have knowingly made, used, or
17 caused to be made or used, false records or statements and concealed, avoided, or decreased an
18 obligation to pay or transmit money or property to the State of Florida, within the meaning of
19 Florida Statutes § 68.082(2)(g).

20 128. The State of Florida, unaware of the falsity of the records, statements and claims
21 made or caused to be made by Defendants, paid and continues to pay claims that would not be
22 paid but for Defendants' unlawful conduct.

23 129. As a result of Defendants' acts, the State of Florida has been damaged, and
24 continues to be damaged, in a substantial amount to be determined at trial.

25 130. Additionally, the State of Florida is entitled to the maximum penalty of \$11,000 for
26 each and every false and fraudulent claim made and caused to be made by Defendants, arising
27 from their unlawful conduct as described herein.

28 //

1 **Count XIV**

2 **Georgia False Medicaid Claims Act**
3 **Georgia Statutes §§ 49-4-168.1(a)(1) and (a)(2)**

4 131. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 132. This is a claim for treble damages and penalties under the Georgia False Medicaid
7 Claims Act, Georgia Statutes §§ 49-4-168, et seq.

8 133. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of
10 Georgia, within the meaning of Georgia Statutes § 49-4-168.1(a)(1).

11 134. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of Georgia Statutes § 49-4-168.1(a)(2).

14 135. The State of Georgia, unaware of the falsity of the records, statements and claims
15 made or caused to be made by Defendants, paid and continues to pay claims that would not be
16 paid but for Defendants' unlawful conduct.

17 136. As a result of Defendants' acts, the State of Georgia has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 137. Additionally, the State of Georgia is entitled to the maximum penalty of \$11,000
20 for each and every false and fraudulent claim made and caused to be made by Defendants,
21 arising from their unlawful conduct as described herein.

22 **Count XV**

23 **Georgia False Medicaid Claims Act**
24 **Georgia Statutes § 49-4-168.1(a)(7)**

25 138. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 139. This is a claim for treble damages and penalties under the Georgia False Medicaid
28 Claims Act, Georgia Statutes §§ 49-4-168, et seq.

1 140. Through the acts described above, Defendants have knowingly made, used, or
2 caused to be made or used, false records or statements and concealed, avoided, or decreased an
3 obligation to pay or transmit money or property to the State of Georgia, within the meaning of
4 Georgia Statutes § 49-4-168.1(a)(7).

5 141. The State of Georgia, unaware of the falsity of the records, statements and claims
6 made or caused to be made by Defendants, paid and continues to pay claims that would not be
7 paid but for Defendants' unlawful conduct.

8 142. As a result of Defendants' acts, the State of Georgia has been damaged, and
9 continues to be damaged, in a substantial amount to be determined at trial.

10 143. Additionally, the State of Georgia is entitled to the maximum penalty of \$11,000
11 for each and every false and fraudulent claim made and caused to be made by Defendants,
12 arising from their unlawful conduct as described herein.

13 **Count XVI**

14 **Hawaii False Claims Act**
15 **Hawaii Statutes §§ 661-21(a)(1) and (a)(2)**

16 144. Relator repeats and realleges each and every allegation contained in the preceding
17 paragraphs, as though fully set forth herein.

18 145. This is a claim for treble damages and penalties under the Hawaii False Claims Act,
19 Hawaii Statutes §§ 661-21, et seq.

20 146. Through the acts described above, Defendants have knowingly presented or caused
21 to be presented false or fraudulent claims to officers, employees or agents of the State of Hawaii,
22 within the meaning of Hawaii Statutes § 661-21(a)(1).

23 147. Through the acts described above, Defendants have knowingly made, used, or
24 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
25 claims paid or approved, within the meaning of Hawaii Statutes § 661-21(a)(2).

26 148. The State of Hawaii, unaware of the falsity of the records, statements and claims
27 made or caused to be made by Defendants, paid and continues to pay claims that would not be
28 paid but for Defendants' unlawful conduct.

149. As a result of Defendants' acts, the State of Hawaii has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

150. Additionally, the State of Hawaii is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XVII

**Hawaii False Claims Act
Hawaii Statutes § 661-21(a)(7)**

151. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

152. This is a claim for treble damages and penalties under the Hawaii False Claims Act, Hawaii Statutes §§ 661-21, et seq.

153. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Hawaii, within the meaning of Hawaii Statutes § 661-21(a)(7).

154. The State of Hawaii, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

155. As a result of Defendants' acts, the State of Hawaii has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

156. Additionally, the State of Hawaii is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XVIII

Hawaii False Claims Act
Hawaii Statutes § 661-21(a)(8)

157. Relator repeats and realleges each and every allegation contained in the preceding

1 paragraphs, as though fully set forth herein.

2 158. This is a claim for treble damages and penalties under the Hawaii False Claims Act,
3 Hawaii Statutes §§ 661-21, et seq.

4 159. Through the acts described above, Defendants have become at least the
5 beneficiaries of the inadvertent submissions of false claims.

6 160. Notwithstanding Defendants' knowledge that they are the beneficiaries of such
7 claims, Defendants have failed to disclose the claims to the State within a reasonable time after
8 their discovery within the meaning of California Hawaii Statutes § 661-21(a)(8).

9 161. As a result of Defendants' acts and omissions, the State of Hawaii has been
10 damaged, and continues to be damaged, in a substantial amount to be determined at trial.

11 162. Additionally, the State of Hawaii is entitled to the maximum penalty of \$10,000 for
12 each and every false and fraudulent claim made and caused to be made by Defendants, arising
13 from their unlawful conduct as described herein.

14 **Count XIX**

15 **Illinois False Claims Act**
16 **740 ILCS §§ 175/3(a)(1)(A) and (a)(1)(B)**

17 163. Relator repeats and realleges each and every allegation contained in the preceding
18 paragraphs, as though fully set forth herein.

19 164. This is a claim for treble damages and penalties under the Illinois False Claims Act,
20 740 ILCS §§ 175/1, et seq.

21 165. Through the acts described above, Defendants have knowingly presented or caused
22 to be presented false or fraudulent claims to officers, employees or agents of the State of Illinois,
23 within the meaning of 740 ILCS § 175/3(a)(1)(A).

24 166. Through the acts described above, Defendants have knowingly made, used, or
25 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
26 claims paid or approved, within the meaning of 740 ILCS § 175/3(a)(1)(B).

27 167. The State of Illinois, unaware of the falsity of the records, statements and claims
28 made or caused to be made by Defendants, paid and continues to pay claims that would not be

1 paid but for Defendants' unlawful conduct.

2 168. As a result of Defendants' acts, the State of Illinois has been damaged, and
3 continues to be damaged, in a substantial amount to be determined at trial.

4 169. Additionally, the State of Illinois is entitled to the maximum penalty of \$11,000,
5 for each and every false and fraudulent claim made and caused to be made by Defendants,
6 arising from their unlawful conduct as described herein.

7 **Count XX**

8 **Illinois False Claims Act**
9 **740 ILCS § 175/3(a)(1)(G)**

10 170. Relator repeats and realleges each and every allegation contained in the preceding
11 paragraphs, as though fully set forth herein.

12 171. This is a claim for treble damages and penalties under the Illinois False Claims Act,
13 740 ILCS §§ 175/1, et seq.

14 172. Through the acts described above, Defendants have knowingly made, used, or
15 caused to be made or used, false records or statements and concealed, avoided, or decreased an
16 obligation to pay or transmit money or property to the State of Illinois, within the meaning of
17 740 ILCS § 175/3(a)(1)(G).

18 173. The State of Illinois, unaware of the falsity of the records, statements and claims
19 made or caused to be made by Defendants, paid and continues to pay claims that would not be
20 paid but for Defendants' unlawful conduct.

21 174. As a result of Defendants' acts, the State of Illinois has been damaged, and
22 continues to be damaged, in a substantial amount to be determined at trial.

23 175. Additionally, the State of Illinois is entitled to the maximum penalty of \$11,000, for
24 each and every false and fraudulent claim made and caused to be made by Defendants, arising
25 from their unlawful conduct as described herein.

26 **Count XXI**

27 **Indiana False Claims and Whistleblower Protection Act**
28 **Indiana Code §§ 5-11-5.5-2(b)(1) and (b)(2)**

176. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

177. This is a claim for treble damages and penalties under the Indiana False Claims and Whistleblower Protection Act, Indiana Code §§ 5-11-5.5, et seq.

178. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Indiana, within the meaning of Indiana Code § 5-11-5.5-2(b)(1).

179. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Indiana Code 5-11-5.5-2(b)(2).

180. The State of Indiana, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

181. As a result of Defendants' acts, the State of Indiana has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

182. Additionally, the State of Indiana is entitled to the maximum penalty of \$5,000, for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXII

Indiana False Claims and Whistleblower Protection Act Indiana Code § 5-11-5.5-2(b)(6)

183. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

184. This is a claim for treble damages and penalties under the Indiana False Claims and Whistleblower Protection Act, Indiana Code §§ 5-11-5.5, et seq.

185. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Indiana, within the meaning of

Indiana Code § 5-11-5.5-2(b)(6).

186. As a result of Defendants' acts, the State of Indiana has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

187. Additionally, the State of Indiana is entitled to the maximum penalty of \$5,000, for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXIII

Iowa False Claims Act Iowa Statutes §§ 685.2(1)a and (1)b

188. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

189. This is a claim for treble damages and penalties under the Iowa False Claims Act, Iowa Statute §§ 685.1, et seq.

190. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Iowa, within the meaning of Iowa Statutes § 685.2(1)a.

191. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Iowa Statutes 685.2(1)b.

192. The State of Iowa, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

193. As a result of Defendants' acts, the State of Iowa has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

194. Additionally, the State of Iowa is entitled to the maximum penalty of \$10,000, for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

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1 **Count XXIV**

2 **Iowa False Claims Act**
3 **Iowa Statutes § 685.2(1)g**

4 195. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 196. This is a claim for treble damages and penalties under the Iowa False Claims Act,
7 Iowa Statute §§ 685.1, et seq.

8 197. Through the acts described above, Defendants have knowingly made, used, or
9 caused to be made or used, false records or statements and concealed, avoided, or decreased an
10 obligation to pay or transmit money or property to the State of Iowa, within the meaning of Iowa
11 Statute § 685.2(1)g.

12 198. As a result of Defendants' acts, the State of Iowa has been damaged, and continues
13 to be damaged, in a substantial amount to be determined at trial.

14 199. Additionally, the State of Iowa is entitled to the maximum penalty of \$10,000, for
15 each and every false and fraudulent claim made and caused to be made by Defendants, arising
16 from their unlawful conduct as described herein.

17 **Count XXV**

18 **Louisiana Medical Assistance Programs Integrity Law**
19 **Louisiana Revised Statutes §§ 46:438.3(A) and (B)**

20 200. Relator repeats and realleges each and every allegation contained in the preceding
21 paragraphs, as though fully set forth herein.

22 201. This is a claim for treble damages and penalties under the Louisiana Medical
23 Assistance Programs Integrity Law, Louisiana Revised Statute §§ 46:437.1, et seq.

24 202. Through the acts described above, Defendants have knowingly presented or caused
25 to be presented false or fraudulent claims to officers, employees or agents of the State of
26 Louisiana, within the meaning of Louisiana Statutes § 46:438.3(A).

27 203. Through the acts described above, Defendants have knowingly engaged in
28 misrepresentations to obtain, or attempt to obtain, payment, within the meaning of Louisiana

Statutes § 46:438.3(B).

204. The State of Louisiana, unaware of the falsity of the records, statements, misrepresentations, and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

205. As a result of Defendants' acts, the State of Louisiana has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

206. Additionally, the State of Louisiana is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim or misrepresentation made or caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXVI

Maryland False Health Claims Act of 2010 Maryland Statutes Subtitle 6 §§ 2-602(a)(1) and (a)(2)

207. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

208. This is a claim for treble damages and penalties under the Maryland False Health Claims Act of 2010, Maryland Statutes Subtitle 6 §§ 2-601, et seq.

209. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Maryland, within the meaning of Maryland Statutes Subtitle 6 § 2-602(a)(1).

210. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Maryland Statutes Subtitle 6 § 2-602(a)(2).

211. As a result of Defendants' acts, the State of Maryland has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

212. Additionally, the State of Maryland is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

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1 **Count XXVII**

2 **Maryland False Health Claims Act of 2010**
3 **Maryland Statutes Subtitle 6 § 2-602(a)(7)**

4 213. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 214. This is a claim for treble damages and penalties under the Maryland False Health
7 Claims Act of 2010, Maryland Statutes Subtitle 6 §§ 2-601, et seq.

8 215. Through the acts described above, Defendants have knowingly made, used, or
9 caused to be made or used, false records or statements and concealed, avoided, or decreased an
10 obligation to pay or transmit money or property to the State of Maryland, within the meaning of
11 Maryland Statutes Subtitle 6 § 2-602(a)(7).

12 216. As a result of Defendants' acts, the State of Maryland has been damaged, and
13 continues to be damaged, in a substantial amount to be determined at trial.

14 217. Additionally, the State of Maryland is entitled to the maximum penalty of \$10,000
15 for each and every false and fraudulent claim made and caused to be made by Defendants,
16 arising from their unlawful conduct as described herein.

17 **Count XXVIII**

18 **Massachusetts False Claims Act**
19 **Massachusetts General Laws Chapter 12 §§ 5B(1) and 5B(2)**

20 218. Relator repeats and realleges each and every allegation contained in the preceding
21 paragraphs, as though fully set forth herein.

22 219. This is a claim for treble damages and penalties under the Massachusetts False
23 Claims Act, Massachusetts General Laws Chapter 12 §§ 5A, et seq.

24 220. Through the acts described above, Defendants have knowingly presented or caused
25 to be presented false or fraudulent claims to officers, employees or agents of the Commonwealth
26 of Massachusetts, within the meaning of Massachusetts General Laws Chapter 12 § 5B(1).

27 221. Through the acts described above, Defendants have knowingly made, used, or
28 caused to be made or used, false or fraudulent records and statements to get false and fraudulent

claims paid or approved, within the meaning of Massachusetts General Laws Chapter 12 § 5B(2).

222. As a result of Defendants' acts, the Commonwealth of Massachusetts has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

223. Additionally, the Commonwealth of Massachusetts is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXIX

Massachusetts False Claims Act Massachusetts General Laws Chapter 12 § 5B(8)

224. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

225. This is a claim for treble damages and penalties under the Massachusetts False Claims Act, Massachusetts General Laws Chapter 12 §§ 5A, et seq.

226. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the Commonwealth of Massachusetts, within the meaning of Massachusetts General Laws Chapter 12 § 5B(8).

227. As a result of Defendants' acts, the Commonwealth of Massachusetts has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

228. Additionally, the Commonwealth of Massachusetts is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXX

Massachusetts False Claims Act Massachusetts General Laws Chapter 12 § 5B(9)

229. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

230. This is a claim for treble damages and penalties under the Massachusetts False Claims Act, Massachusetts General Laws Chapter 12 §§ 5A, et seq.

231. Through the acts described above, Defendants have become at least the beneficiaries of the inadvertent submissions of false claims.

232. Notwithstanding Defendants' knowledge that they are the beneficiaries of such claims, Defendants have failed to disclose the claims to the Commonwealth within a reasonable time after their discovery, within the meaning of Massachusetts General Laws Chapter 12 § 5B(9).

233. As a result of Defendants' acts and omissions, the Commonwealth of Massachusetts has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

234. Additionally, the Commonwealth of Massachusetts is entitled to the maximum penalty of \$10,000 for each and every unreported false record or statement knowingly made, used, or caused to be made or used that caused an inadvertent submission of a false claim.

Count XXXI

Michigan Medicaid False Claims Act Michigan Statutes § 400.607(1)

235. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

236. This is a claim for treble damages and penalties under the Michigan Medicaid False Claims Act, Michigan Statutes §§ 400.601, et seq.

237. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Michigan, within the meaning of Michigan Statutes § 400.607(1).

238. As a result of Defendants' acts, the State of Michigan has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

239. Additionally, the State of Michigan is entitled to the maximum penalty of \$50,000, for each and every false and fraudulent claim made and caused to be made by Defendants,

1 arising from their unlawful conduct as described herein.

2 **Count XXXII**

3 **Michigan Medicaid False Claims Act**
4 **Michigan Statutes § 400.607(3)**

5 240. Relator repeats and realleges each and every allegation contained in the preceding
6 paragraphs, as though fully set forth herein.

7 241. This is a claim for treble damages and penalties under the Michigan Medicaid False
8 Claims Act, Michigan Statutes §§ 400.601, et seq.

9 242. Through the acts described above, Defendants have knowingly made, used, or
10 caused to be made or used, false records or statements and concealed, avoided, or decreased an
11 obligation to pay or transmit money or property to the State of Massachusetts, within the
12 meaning of Michigan Statutes § 400.607(3).

13 243. As a result of Defendants' acts, the State of Michigan has been damaged, and
14 continues to be damaged, in a substantial amount to be determined at trial.

15 244. Additionally, the State of Michigan is entitled to the maximum penalty of \$50,000,
16 for each and every false and fraudulent claim made and caused to be made by Defendants,
17 arising from their unlawful conduct as described herein.

18 **Count XXXIII**

19 **Minnesota False Claims Act**
20 **Minnesota Statutes §§ Section 25 [15C.02] (a)(1) and (a)(2)**

21 245. Relator repeats and realleges each and every allegation contained in the preceding
22 paragraphs, as though fully set forth herein.

23 246. This is a claim for treble damages and penalties under the Minnesota False Claims
24 Act, Minnesota Statutes §§ Section 24 [15C.01], et seq.

25 247. Through the acts described above, Defendants have knowingly presented or caused
26 to be presented false or fraudulent claims to officers, employees or agents of the State of
27 Minnesota, within the meaning of Minnesota Statutes § Section 25 [15C.02] (a)(1).

28 248. Through the acts described above, Defendants have knowingly made, used, or

caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Minnesota Statutes § Section 25 [15C.02] (a)(2).

249. The State of Minnesota, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

250. As a result of Defendants' acts, the State of Minnesota has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

251. Additionally, the State of Minnesota is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXXIV

Minnesota False Claims Act Minnesota Statutes § Section 25 [15C.02] (a)(7)

252. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

253. This is a claim for treble damages and penalties under the Minnesota False Claims Act, Minnesota Statutes §§ Section 24 [15C.01], et seq.

254. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Minnesota, within the meaning of Minnesota Statutes § Section 25 [15C.02] (a)(7).

255. As a result of Defendants' acts, the State of Minnesota has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

256. Additionally, the State of Minnesota is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

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1 **Count XXXV**

2 **Montana False Claims Act**
3 **Montana Statutes §§ 17- 8-403(1)(a) and (1)(b)**

4 257. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 258. This is a claim for treble damages and penalties under the Montana False Claims
7 Act, Montana Statutes §§ 17-8-401, et seq.

8 259. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of
10 Minnesota, within the meaning of Montana Statutes § 17-8-403(1)(a).

11 260. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of Montana Statutes § 17-8-403(1)(b).

14 261. The State of Montana, unaware of the falsity of the records, statements and claims
15 made or caused to be made by Defendants, paid and continues to pay claims that would not be
16 paid but for Defendants' unlawful conduct.

17 262. As a result of Defendants' acts, the State of Montana has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 263. Additionally, the State of Montana is entitled to the maximum penalty of \$10,000
20 for each and every false and fraudulent claim made and caused to be made by Defendants,
21 arising from their unlawful conduct as described herein.

22 **Count XXXVI**

23 **Montana False Claims Act**
24 **Montana Statutes § 17- 8-403(1)(g)**

25 264. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 265. This is a claim for treble damages and penalties under the Montana False Claims
28 Act, Montana Statutes §§ 17-8-401, et seq.

266. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Montana, within the meaning of Montana Statutes § 17-8-403(1)(g).

267. As a result of Defendants' acts, the State of Minnesota has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

268. Additionally, the State of Montana is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XXXVII

Montana False Claims Act
Montana Statutes § 17- 8-403(1)(h)

269. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

270. This is a claim for treble damages and penalties under the Montana False Claims Act, Montana Statutes §§ 17-8-401, et seq.

271. Through the acts described above, Defendants have become at least the beneficiaries of the inadvertent submissions of false claims.

272. Notwithstanding Defendants' knowledge that they are the beneficiaries of such claims, Defendants have failed to disclose the claims to the State within a reasonable time after their discovery within the meaning of Montana Statutes § 17-8-403(1)(h).

273. As a result of Defendants' acts and omissions, the State of Montana has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

274. Additionally, the State of Montana is entitled to the maximum penalty of \$10,000 for each and every unreported false record or statement knowingly made, used, or caused to be made or used that caused an inadvertent submission of a false claim.

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1 **Count XXXVIII**

2 **Nevada Submission of False Claims to State or Local Government Act**
3 **Nevada Revised Statutes §§ 357.040(1)(a) and (1)(b)**

4 275. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 276. This is a claim for treble damages and penalties under the Nevada Submission of
7 False Claims to State or Local Government Act, Nevada Revised Statutes §§ 357.010, et seq.

8 277. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of Nevada,
10 within the meaning of Nevada Revised Statutes § 357.040(1)(a).

11 278. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of Nevada Revised Statutes § 357.040(1)(b).

14 279. The State of Nevada, unaware of the falsity of the records, statements and claims
15 made or caused to be made by Defendants, paid and continues to pay claims that would not be
16 paid but for Defendants' unlawful conduct.

17 280. As a result of Defendants' acts, the State of Nevada has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 281. Additionally, the State of Nevada is entitled to the maximum penalty of \$10,000 for
20 each and every false and fraudulent claim made and caused to be made by Defendants, arising
21 from their unlawful conduct as described herein.

22 **Count XXXIX**

23 **Nevada Submission of False Claims to State or Local Government Act**
24 **Nevada Revised Statutes § 357.040 (1)(g)**

25 282. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 283. This is a claim for treble damages and penalties under the Nevada Submission of
28 False Claims to State or Local Government Act, Nevada Revised Statutes §§ 357.010, et seq.

284. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Nevada, within the meaning of Nevada Revised Statutes § 357.040(1)(g).

285. As a result of Defendants' acts, the State of Nevada has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

286. Additionally, the State of Nevada is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XL

Nevada Submission of False Claims to State or Local Government Act
Nevada Revised Statutes § 357.040(1)(h)

287. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

288. This is a claim for treble damages and penalties under the Nevada Submission of False Claims to State or Local Government Act, Nevada Revised Statutes §§ 357.010, et seq.

289. Through the acts described above, Defendants have become at least the beneficiaries of the inadvertent submissions of false claims.

290. Notwithstanding Defendants' knowledge that they are the beneficiaries of such claims, Defendants have failed to disclose the claims to the State within a reasonable time after their discovery within the meaning of Nevada Revised Statutes § 357.040(1)(h).

291. As a result of Defendants' acts, the State of Nevada has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

292. Additionally, the State of Nevada is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

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1 **Count XLI**

2 **New Hampshire False Claims Act**
3 **New Hampshire Statutes §§ 167:61-bI(a) and I(b)**

4 293. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 294. This is a claim for treble damages and penalties under the New Hampshire False
7 Claims Act, New Hampshire Statutes §§ 167:61-b, et seq.

8 295. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of New
10 Hampshire, within the meaning of New Hampshire Statutes § 167:61-bI(a).

11 296. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of New Hampshire Statutes § 167:61-bI(b).

14 297. The State of New Hampshire, unaware of the falsity of the records, statements and
15 claims made or caused to be made by Defendants, paid and continues to pay claims that would
16 not be paid but for Defendants' unlawful conduct.

17 298. As a result of Defendants' acts, the State of New Hampshire has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 299. Additionally, the State of New Hampshire is entitled to the maximum penalty of
20 \$10,000 for each and every false and fraudulent claim made and caused to be made by
21 Defendants, arising from their unlawful conduct as described herein.

22 **Count XLII**

23 **New Hampshire False Claims Act**
24 **New Hampshire Statutes § 167:61-bI(e)**

25 300. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 301. This is a claim for treble damages and penalties under the New Hampshire False
28 Claims Act, New Hampshire Statutes §§ 167:61-b, et seq.

302. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of New Hampshire, within the meaning of New Hampshire Statutes § 167:61-bI(e).

303. As a result of Defendants' acts, the State of New Hampshire has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

304. Additionally, the State of New Hampshire is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XLIII

New Hampshire False Claims Act
New Hampshire Statutes § 167:61-b1(f)

305. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

306. This is a claim for treble damages and penalties under the New Hampshire False Claims Act, New Hampshire Statutes §§ 167:61-b, et seq.

307. Through the acts described above, Defendants have become at least the beneficiaries of the inadvertent submissions of false claims.

308. Notwithstanding Defendants' knowledge that they are the beneficiaries of such claims, Defendants have failed to disclose the claims to the State within a reasonable time after their discovery within the meaning of New Hampshire Statutes § 167:61-bI(f).

309. As a result of Defendants' acts, the State of New Hampshire has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

310. Additionally, the State of New Hampshire is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

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1 **Count XLIV**

2 **New Jersey False Claims Act**
3 **New Jersey Statutes §§ 2A:32C-3(a) and (b)**

4 311. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 312. This is a claim for treble damages and penalties under the New Jersey False Claims
7 Act, New Jersey Statutes §§ 2A:32C-1, et seq.

8 313. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of New
10 Hampshire, within the meaning of New Jersey Statutes § 2A:32C-3(a).

11 314. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of New Jersey Statutes § 2A:32C-3(b).

14 315. The State of New Jersey, unaware of the falsity of the records, statements and
15 claims made or caused to be made by Defendants, paid and continues to pay claims that would
16 not be paid but for Defendants' unlawful conduct.

17 316. As a result of Defendants' acts, the State of New Jersey has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 317. Additionally, the State of New Jersey is entitled to the maximum penalty of
20 \$11,000 for each and every false and fraudulent claim made and caused to be made by
21 Defendants, arising from their unlawful conduct as described herein.

22 **Count XLV**

23 **New Jersey False Claims Act**
24 **New Jersey Statutes § 2A:32C-3(g)**

25 318. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 319. This is a claim for treble damages and penalties under the New Jersey False Claims
28 Act, New Jersey Statutes §§ 2A:32C-1, et seq.

320. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of New Jersey, within the meaning of New Jersey Statutes § 2A:32C-3(g).

321. As a result of Defendants' acts, the State of New Jersey has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

322. Additionally, the State of New Jersey is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count XLVI

**New Mexico Medicaid False Claims Act
New Mexico Statutes §§ 27-14-4A and C**

323. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

324. This is a claim for treble damages and penalties under the New Mexico Medicaid False Claims Act, New Mexico Statutes §§ 27-14-1, et seq.

325. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of New Mexico, within the meaning of New Mexico Statutes § 27-14-4A.

326. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of New Mexico Statutes § 27-14-4C.

327. The State of New Mexico, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

328. As a result of Defendants' acts, the State of New Mexico has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

329. Additionally, the State of New Mexico is entitled to the maximum penalty of

1 \$10,000 for each and every false and fraudulent claim made and caused to be made by
2 Defendants, arising from their unlawful conduct as described herein.

3 **Count XLVII**

4 **New Mexico Medicaid False Claims Act**
5 **New Mexico Statutes § 27-14-4E**

6 330. Relator repeats and realleges each and every allegation contained in the preceding
7 paragraphs, as though fully set forth herein.

8 331. This is a claim for treble damages and penalties under the New Mexico Medicaid
9 False Claims Act, New Mexico Statutes §§ 27-14-1, et seq.

10 332. Through the acts described above, Defendants have knowingly made, used, or
11 caused to be made or used, false records or statements and concealed, avoided, or decreased an
12 obligation to pay or transmit money or property to the State of New Mexico, within the meaning
13 of New Mexico Statutes § 27-14-4E.

14 333. As a result of Defendants' acts, the State of New Mexico has been damaged, and
15 continues to be damaged, in a substantial amount to be determined at trial.

16 334. Additionally, the State of New Mexico is entitled to the maximum penalty of
17 \$10,000 for each and every false and fraudulent claim made and caused to be made by
18 Defendants, arising from their unlawful conduct as described herein.

19 **Count XLVIII**

20 **New York False Claims Act**
21 **New York Statutes §§ 189(1)(a) and 189(1)(b)**

22 335. Relator repeats and realleges each and every allegation contained in the preceding
23 paragraphs, as though fully set forth herein.

24 336. This is a claim for treble damages and penalties under the New York False Claims
25 Act, New York Statutes §§ 187, et seq.

26 337. Through the acts described above, Defendants have knowingly presented or caused
27 to be presented false or fraudulent claims to officers, employees or agents of the State of New
28 York, within the meaning of New York Statutes § 189(1)(a).

1 338. Through the acts described above, Defendants have knowingly made, used, or
2 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
3 claims paid or approved, within the meaning of New York Statutes § 189(1)(b).

4 339. The State of New York, unaware of the falsity of the records, statements and claims
5 made or caused to be made by Defendants, paid and continues to pay claims that would not be
6 paid but for Defendants' unlawful conduct.

7 340. As a result of Defendants' acts, the State of New York has been damaged, and
8 continues to be damaged, in a substantial amount to be determined at trial.

9 341. Additionally, the State of New York is entitled to the maximum penalty of \$12,000
10 for each and every false and fraudulent claim made and caused to be made by Defendants,
11 arising from their unlawful conduct as described herein.

12 **Count XLIX**

13 **New York False Claims Act**
14 **New York Statutes § 189(1)(g)**

15 342. Relator repeats and realleges each and every allegation contained in the preceding
16 paragraphs, as though fully set forth herein.

17 343. This is a claim for treble damages and penalties under the New York False Claims
18 Act, New York Statutes §§ 187, et seq.

19 344. Through the acts described above, Defendants have knowingly made, used, or
20 caused to be made or used, false records or statements and concealed, avoided, or decreased an
21 obligation to pay or transmit money or property to the State of New York, within the meaning of
22 New York Statutes § 189(1)(g).

23 345. As a result of Defendants' acts, the State of New York has been damaged, and
24 continues to be damaged, in a substantial amount to be determined at trial.

25 346. Additionally, the State of New York is entitled to the maximum penalty of \$12,000
26 for each and every false and fraudulent claim made and caused to be made by Defendants,
27 arising from their unlawful conduct as described herein.

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1 **Count L**

2 **North Carolina False Claims Act**
3 **North Carolina Statutes §§ 1-607(a)(1) and (a)(2)**

4 347. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 348. This is a claim for treble damages and penalties under the North Carolina False
7 Claims Act, North Carolina Statutes §§ 1-605, et seq.

8 349. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of North
10 Carolina, within the meaning of North Carolina Statutes § 607(a)(1).

11 350. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of North Carolina Statutes § 607(a)(2).

14 351. The State of North Carolina, unaware of the falsity of the records, statements and
15 claims made or caused to be made by Defendants, paid and continues to pay claims that would
16 not be paid but for Defendants' unlawful conduct.

17 352. As a result of Defendants' acts, the State of North Carolina has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 353. Additionally, the State of North Carolina is entitled to the maximum penalty of
20 \$11,000 for each and every false and fraudulent claim made and caused to be made by
21 Defendants, arising from their unlawful conduct as described herein.

22 **Count LI**

23 **North Carolina False Claims Act**
24 **North Carolina Statutes § 1-607(a)(7)**

25 354. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 355. This is a claim for treble damages and penalties under the North Carolina False
28 Claims Act, North Carolina Statutes §§ 1-605, et seq.

356. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of North Carolina, within the meaning of North Carolina Statutes § 1-607(a)(7).

357. As a result of Defendants' acts, the State of North Carolina has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

358. Additionally, the State of North Carolina is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count LII

**Oklahoma Medicaid False Claims Act
Oklahoma Statutes §§ 63-5053.1B1 and B2**

359. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

360. This is a claim for treble damages and penalties under the Oklahoma Medicaid False Claims Act, Oklahoma Statutes §§ 63-5053, et seq.

361. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Oklahoma, within the meaning of Oklahoma Statutes § 63-5053.1B1.

362. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Oklahoma Statutes § 63-5053.1B2.

363. The State of Oklahoma, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

364. As a result of Defendants' acts, the State of Oklahoma has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

365. Additionally, the State of Oklahoma is entitled to the maximum penalty of \$10,000

1 for each and every false and fraudulent claim made and caused to be made by Defendants,
2 arising from their unlawful conduct as described herein.

3 **Count LIII**

4 **Oklahoma Medicaid False Claims Act**
5 **Oklahoma Statutes § 63-5053.1B7**

6 366. Relator repeats and realleges each and every allegation contained in the preceding
7 paragraphs, as though fully set forth herein.

8 367. This is a claim for treble damages and penalties under the Oklahoma Medicaid
9 False Claims Act, Oklahoma Statutes §§ 63-5053, et seq.

10 368. Through the acts described above, Defendants have knowingly made, used, or
11 caused to be made or used, false records or statements and concealed, avoided, or decreased an
12 obligation to pay or transmit money or property to the State of Oklahoma, within the meaning of
13 Oklahoma Statutes § 63-5053.1B7.

14 369. As a result of Defendants' acts, the State of Oklahoma has been damaged, and
15 continues to be damaged, in a substantial amount to be determined at trial.

16 370. Additionally, the State of Oklahoma is entitled to the maximum penalty of \$10,000
17 for each and every false and fraudulent claim made and caused to be made by Defendants,
18 arising from their unlawful conduct as described herein.

19 **Count LIV**

20 **Rhode Island False Claims Act**
21 **Rhode Island Statutes Chapter 1.1 §§ 9-1.1-3(a)(1) and (a)(2)**

22 371. Relator repeats and realleges each and every allegation contained in the preceding
23 paragraphs, as though fully set forth herein.

24 372. This is a claim for treble damages and penalties under the Rhode Island False
25 Claims Act, Rhode Island Statutes Chapter 1.1 §§ 9-1.1-1, et seq.

26 373. Through the acts described above, Defendants have knowingly presented or caused
27 to be presented false or fraudulent claims to officers, employees or agents of the State of Rhode
28 Island, within the meaning of Rhode Island Statutes Chapter 12 § 9-1.1-3(a)(1).

374. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Rhode Island Statutes Chapter 12 § 9-1.1-3(a)(2).

375. The State of Rhode Island, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

376. As a result of Defendants' acts, the State of Rhode Island has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

377. Additionally, the State of Rhode Island is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count LV

Rhode Island False Claims Act
Rhode Island Statutes Chapter 1.1 § 9-1.1-3(a)(7)

378. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

379. This is a claim for treble damages and penalties under the Rhode Island False Claims Act, Rhode Island Statutes Chapter 1.1 §§ 9-1.1-1, et seq.

380. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Rhode Island, within the meaning of Rhode Island Statutes Chapter 1.1 § 9-1.1-3(a)(7).

381. As a result of Defendants' acts, the State of Rhode Island has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

382. Additionally, the State of Rhode Island is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

1 **Count LVI**

2 **Tennessee Medicaid False Claims Act**
3 **Tennessee Statutes §§ 71-5-182(a)(1)(A) and (a)(1)(B)**

4 383. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 384. This is a claim for treble damages and penalties under the Tennessee Medicaid
7 False Claims Act, Tennessee Statutes §§ 71-5-181, et seq.

8 385. Through the acts described above, Defendants have knowingly presented or caused
9 to be presented false or fraudulent claims to officers, employees or agents of the State of
10 Tennessee, within the meaning of Tennessee Statutes § 71-5-182(a)(1)(A).

11 386. Through the acts described above, Defendants have knowingly made, used, or
12 caused to be made or used, false or fraudulent records and statements to get false and fraudulent
13 claims paid or approved, within the meaning of Tennessee Statutes § 71-5-182(a)(1)(B).

14 387. The State of Tennessee, unaware of the falsity of the records, statements and claims
15 made or caused to be made by Defendants, paid and continues to pay claims that would not be
16 paid but for Defendants' unlawful conduct.

17 388. As a result of Defendants' acts, the State of Tennessee has been damaged, and
18 continues to be damaged, in a substantial amount to be determined at trial.

19 389. Additionally, the State of Tennessee is entitled to the maximum penalty of \$25,000
20 for each and every false and fraudulent claim made and caused to be made by Defendants,
21 arising from their unlawful conduct as described herein.

22 **Count LVII**

23 **Tennessee Medicaid False Claims Act**
24 **Tennessee Statutes § 71-5-182(a)(1)(D)**

25 390. Relator repeats and realleges each and every allegation contained in the preceding
26 paragraphs, as though fully set forth herein.

27 391. This is a claim for treble damages and penalties under the Tennessee Medicaid
28 False Claims Act, Tennessee Statutes §§ 71-5-181, et seq.

392. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Tennessee, within the meaning of Tennessee Statutes § 71-5-182(a)(1)(D).

393. As a result of Defendants' acts, the State of Tennessee has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

394. Additionally, the State of Tennessee is entitled to the maximum penalty of \$25,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count LVIII

Texas Medicaid Fraud Prevention Act
Texas Statutes §§ 36.002(1) and (2)

395. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

396. This is a claim for treble damages and penalties under the Texas Medicaid Fraud Prevention Act, Texas Statutes §§ 36.001, et seq.

397. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Texas, within the meaning of Texas Statutes § 36.002(1).

398. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Texas Statutes § 36.002(2).

399. The State of Texas, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

400. As a result of Defendants' acts, the State of Texas has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

401. Additionally, the State of Texas is entitled to the maximum penalty of \$15,000 for

1 each and every false and fraudulent claim made and caused to be made by Defendants, arising
2 from their unlawful conduct as described herein.

3 **Count LIX**

4 **Texas Medicaid Fraud Prevention Act**
5 **Texas Statutes § 36.002(12)**

6 402. Relator repeats and realleges each and every allegation contained in the preceding
7 paragraphs, as though fully set forth herein.

8 403. This is a claim for treble damages and penalties under the Texas Medicaid Fraud
9 Prevention Act, Texas Statutes §§ 36.001, et seq.

10 404. Through the acts described above, Defendants have knowingly made, used, or
11 caused to be made or used, false records or statements and concealed, avoided, or decreased an
12 obligation to pay or transmit money or property to the State of Texas, within the meaning of
13 Texas Statutes § 36.002(12).

14 405. As a result of Defendants' acts, the State of Texas has been damaged, and continues
15 to be damaged, in a substantial amount to be determined at trial.

16 406. Additionally, the State of Texas is entitled to the maximum penalty of \$15,000 for
17 each and every false and fraudulent claim made and caused to be made by Defendants, arising
18 from their unlawful conduct as described herein.

19 **Count LX**

20 **Virginia Fraud Against Taxpayers Act**
21 **Virginia Statutes §§ 8.01-216.3A1 and A2**

22 407. Relator repeats and realleges each and every allegation contained in the preceding
23 paragraphs, as though fully set forth herein.

24 408. This is a claim for treble damages and penalties under the Virginia Fraud Against
25 Taxpayers Act, Virginia Statutes §§ 8.01-216.1, et seq.

26 409. Through the acts described above, Defendants have knowingly presented or caused
27 to be presented false or fraudulent claims to officers, employees or agents of the Commonwealth
28 of Virginia, within the meaning of Virginia Statutes § 8.01-216.3A1.

410. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Virginia Statutes § 8.01-216.3A2.

411. The Commonwealth of Virginia, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

412. As a result of Defendants' acts, the Commonwealth of Virginia has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

413. Additionally, the Commonwealth of Virginia is entitled to the maximum penalty of \$11,000, arising from Defendants' unlawful conduct as described herein.

Count LXI

Virginia Fraud Against Taxpayers Act
Virginia Statutes § 8.01-216.3A7

414. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

415. This is a claim for treble damages and penalties under the Virginia Fraud Against Taxpayers Act, Virginia Statutes §§ 8.01-216.1, et seq.

416. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the Commonwealth of Virginia, within the meaning of Virginia Statutes § 8.01-216.3A7.

417. As a result of Defendants' acts, the Commonwealth of Virginia has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

418. Additionally, the Commonwealth of Virginia is entitled to the maximum penalty of \$11,000, arising from Defendants' unlawful conduct as described herein.

Count LXII

Washington Medicaid Fraud False Claims Act
Washington Statutes RCW 74.09 §§ 202(1)(a) and (1)(b)

419. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

420. This is a claim for treble damages and penalties under the Washington Medicaid Fraud False Claims Act, Washington Statutes RCW 74.09 §§ 101, et seq.

421. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Washington, within the meaning of Washington Statutes RCW 74.09 § 202 (1)(a).

422. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Washington Statutes RCW 74.09 § 202(1)(b).

423. The State of Washington, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

424. As a result of Defendants' acts, the State of Washington has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

425. Additionally, the State of Washington is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count LXIII

Washington Medicaid Fraud False Claims Act
Washington Statutes RCW 74.09 § 202(1)(g)

426. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

427. This is a claim for treble damages and penalties under the Washington Medicaid Fraud False Claims Act, Washington Statutes RCW 74.09 §§ 101, et seq.

428. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the State of Washington, within the meaning

of Washington Statutes RCW 74.09 § 202(1)(g).

429. As a result of Defendants' acts, the State of Washington has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

430. Additionally, the State of Washington is entitled to the maximum penalty of \$11,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count LXIV

Wisconsin False Claims For Medical Assistance Law Wisconsin Statutes §§ 20.931(2)(a) and (2)(b)

431. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

432. This is a claim for treble damages and penalties under the Wisconsin False Claims for Medical Assistance Law, Wisconsin Statutes §§ 20.931, et seq.

433. Through the acts described above, Defendants have knowingly presented or caused to be presented false or fraudulent claims to officers, employees or agents of the State of Wisconsin, within the meaning of Wisconsin Statutes § 20.931(2)(a).

434. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false or fraudulent records and statements to get false and fraudulent claims paid or approved, within the meaning of Wisconsin Statutes § 20.931 (2)(b).

435. The State of Wisconsin, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

436. As a result of Defendants' acts, the State of Wisconsin has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

437. Additionally, the State of Wisconsin is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

//

1 **Count LXV**

2 **Wisconsin False Claims For Medical Assistance Law**
3 **Wisconsin Statutes § 20.931(2)(g)**

4 438. Relator repeats and realleges each and every allegation contained in the preceding
5 paragraphs, as though fully set forth herein.

6 439. This is a claim for treble damages and penalties under the Wisconsin False Claims
7 for Medical Assistance Law, Wisconsin Statutes §§ 20.931, et seq.

8 440. Through the acts described above, Defendants have knowingly made, used, or
9 caused to be made or used, false records or statements and concealed, avoided, or decreased an
10 obligation to pay or transmit money or property to the State of Wisconsin, within the meaning of
11 Wisconsin Statutes § 20.931(2)(g).

12 441. As a result of Defendants' acts, the State of Wisconsin has been damaged, and
13 continues to be damaged, in a substantial amount to be determined at trial.

14 442. Additionally, the State of Wisconsin is entitled to the maximum penalty of \$10,000
15 for each and every false and fraudulent claim made and caused to be made by Defendants,
16 arising from their unlawful conduct as described herein.

17 **Count LXVI**

18 **District of Columbia False Claims Act**
19 **District of Columbia Statutes §§ 2-308.14(a)(1) and (a)(2)**

20 443. Relator repeats and realleges each and every allegation contained in the preceding
21 paragraphs, as though fully set forth herein.

22 444. This is a claim for treble damages and penalties under the District of Columbia
23 False Claims Act, District of Columbia Statutes §§ 2-308.14, et seq.

24 445. Through the acts described above, Defendants have knowingly presented or caused
25 to be presented false or fraudulent claims to officers, employees or agents of the District of
26 Columbia, within the meaning of District of Columbia Statutes § 2-308.14 (a)(1).

27 446. Through the acts described above, Defendants have knowingly made, used, or
28 caused to be made or used, false or fraudulent records and statements to get false and fraudulent

claims paid or approved, within the meaning of District of Columbia Statutes § 2-308.14(a)(2).

447. The District of Columbia, unaware of the falsity of the records, statements and claims made or caused to be made by Defendants, paid and continues to pay claims that would not be paid but for Defendants' unlawful conduct.

448. As a result of Defendants' acts, the District of Columbia has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

449. Additionally, the District of Columbia is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Count LXVII

District of Columbia False Claims Act District of Columbia Statutes § 2-308.14(a)(7)

450. Relator repeats and realleges each and every allegation contained in the preceding paragraphs, as though fully set forth herein.

451. This is a claim for treble damages and penalties under the District of Columbia False Claims Act, District of Columbia Statutes §§ 2-308.14, et seq.

452. Through the acts described above, Defendants have knowingly made, used, or caused to be made or used, false records or statements and concealed, avoided, or decreased an obligation to pay or transmit money or property to the District of Columbia, within the meaning of District of Columbia Statutes § 2-308.17(a)(7).

453. As a result of Defendants' acts, the District of Columbia has been damaged, and continues to be damaged, in a substantial amount to be determined at trial.

454. Additionally, the District of Columbia is entitled to the maximum penalty of \$10,000 for each and every false and fraudulent claim made and caused to be made by Defendants, arising from their unlawful conduct as described herein.

Prayer

WHEREFORE, Relator prays for judgment against the Defendants as follows:

1. That Defendants cease and desist from violating the False Claims Act, 31 U.S.C.

1 §§ 3729 et seq. and the State False Claims Acts, under similar provisions of the State False
2 Claims Acts;

3 2. That this Court enter judgment against Defendants in an amount equal to three
4 times the amount of damages the United States and the States have sustained because of
5 Defendants' actions, plus a civil penalty of \$11,000 for each violation of 31 U.S.C. § 3729, plus
6 civil penalties of the maximum amounts allowed by statute for each state;

7 3. That Relator be awarded the maximum amount allowed pursuant to 31 U.S.C. §
8 3730(d) and similar provisions of the State False Claims Acts;

9 4. That Relator be awarded all costs of this action, including attorneys' fees, costs
10 and expenses; and

11 5. That Relator recovers such other and further relief as the Court deems just and
12 proper.

13 **Demand for Jury Trial**

14 Pursuant to Rule 38 of the Federal Rules of Civil Procedure, Relator hereby demands a
15 trial by jury.

16 Dated:

By: _____
Michael A. Hirst, Esq.
CA Bar No. 131034
HIRST LAW GROUP, P.C.
200 B Street, Suite A
Davis, CA 95616
Tel: (530) 756-7700
Fax: (530) 756-7707

21 By: _____
Michael I. Behn, Esq.
BEHN & WYETZNER, CHARTERED
500 N. Michigan Ave., Suite 850
Chicago, IL 60611
Tel: (312) 629-0000
Fax: (312) 327-0266

25 By: _____
26 Vincent L. DiTommaso, Esq.
DITOMMASO LUBIN, P.C.
27 3325 South Michigan Avenue
Suite 1000
28 Chicago, IL 60604

Tel: (630) 333-0000
Fax: (630) 333-0333

Attorneys for Relator
Elisa Martinez

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Exhibit 1

Patient Service Center

Site Code

Red Bluff

Return completed form by faxing to:

(530) 528-8992

Quest
Diagnostics

Patient may have copy of results

STANDING ORDER VERIFICATION FORM-Sacramento - Kidney Clinic

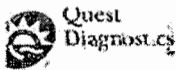
To comply with federal and state regulation, it is our policy to verify standing orders in writing every 6 months. The information below is required to maintain the standing order. Any forms that are incomplete, non-specific, or not returned to Quest Diagnostics, will invalidate the patient's standing order and will be removed from our files. Please complete, sign and return this form as soon as possible.

Patient/Provider Information ****("DRAW STATION" When entering this order into ordering system, please make sure to include the PATIENT ID/Chart ID")	Patient Name: <u>[Redacted]</u> DOB: <u>10-JUN-1943</u> Patient ID/Chart #: <u>[Redacted]</u> **** Ordering Provider: <u>Katznelson, Steve</u> Provider's Phone #: <u>415-600-1076</u> Provider's Address (Required if not a current client) Street <u>2340 Clay Street, 4th Floor</u> City <u>San Francisco</u> State <u>CA</u> 94115 Provider's Quest Diagnostics Acct #: <u>201411</u> cc: <u>Jimmy L. Roberts M.D.</u> <u>pt may have copy of results</u> Provider's Fax #: <u>415-600-1075</u>
TEST INFORMATION <input checked="" type="checkbox"/> Only perform checked tests on standing order	Test Code # (required) <input checked="" type="checkbox"/> 35010 CBC, Diff, Plt count * L <input checked="" type="checkbox"/> 3481 Comprehensive Metabolic Panel SS <input checked="" type="checkbox"/> 37052 Urinalysis U <input checked="" type="checkbox"/> 70297 Urine Culture & Sensitivity (If indicated) UG <input checked="" type="checkbox"/> 21300 Tacrolimus (Prograf) L <i>*=contains limited coverage test(s) requiring ICD9 code Tests must be identifiable test names and/or test numbers that are completely clear.</i>
DIAGNOSTIC INFORMATION <input checked="" type="checkbox"/> Only use checked ICD-9 codes on standing order	ICD-9 Code(s) <input checked="" type="checkbox"/> V42.0 Renal Txp <input checked="" type="checkbox"/> V67.51 Complic Tx w/Meds <input checked="" type="checkbox"/> 788.41 Urinary Freq Additional: <i>Please provide ICD-9 codes or diagnostic information for billing purposes.</i>
FREQUENCY	Check ONE option only: Every 2 Months PRN or "as needed" is NOT acceptable
DURATION	Start Date <u>3/1/11</u> End Date: <u>9/1/11</u> (The order must state a specific duration, not to exceed six (6) months.).
SIGNED	Provider's Signature: <u>[Signature]</u> <div style="text-align: right;"> 03/07/2011 Redacted </div>

 300 Mulberry Ave
 RED BLUFF 96080

3 OF 3

Exhibit 2



285 Chassett Rd
Chicago, CA 95927
530-892-2300 F 530-894-5890

~~Dr~~ Muhammad T Bashir, MD

Lab 3-9-11
Appt 3-16-11
10:00

FASTING



INFORMATION MUST BE PROVIDED OR ACCOUNT WILL BE BILLED - Please Print Clearly

PATIENT'S LAST NAME: [REDACTED] FIRST NAME: [REDACTED]
DOB: 6-10-43 TIME: [REDACTED] DATE COLLECTED: [REDACTED] CHART #/ROOM/LOCATION: [REDACTED]
PATIENT'S PHONE # [REDACTED] ORDERING PROVIDER: T. Tioran, S. M. M. Tumusak SUPERVISING PHYSICIAN: S. M. M. Tumusak
TOTAL VOL. MRS. [REDACTED] COMMENTS, CLINICAL INFORMATION: T. Tioran, S. M. M. Tumusak
Fasting: [REDACTED] NON Fasting: [REDACTED]
Fax Results to: [REDACTED]
Send Client # OR NAME: [REDACTED]
Duplicate ADDRESS: [REDACTED]
Report to: CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

Patient Signature: [REDACTED]

For any patient of any payer (including Medicare and Medi-Cal) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

BILL TO: ☐ OUR ACCOUNT ☐ PATIENT ☐ WC ☐ HMO/OPA
☐ MEDICARE A ☒ MEDICARE B ☐ MEDI-CAL ☐ FPACT
☐ INSURANCE ☐ CHOP

COMPLETE FOR ALL BILLING TYPES

RESPONSIBLE PARTY (Please Print)

ADDRESS

CITY/STATE/ZIP

COPY OF INSURANCE

PRIMARY INSURANCE COMPANY - HMO/OPA

ADDRESS (Street/City/State/Zip)

CERTIFICATE #

MEDI-CAL/MEDICARE #

DATE

COVERAGE: [REDACTED]

ICD9 CODE(S) FOR DIAGNOSIS, SYMPTOM OR COMPLAINT (MUST BE PROVIDED)

585.5-1970.8/1225.3/222.0

Customized Area

274X [] UREA NITROGEN, 24hr URINE 213X [] 24 HR IMMUNO ELECTRO 15201X [] MICROALBUMIN, 24 HR URINE
806214X [] CREATININE CLEARANCE & TOTAL PROTEIN 750X [] PROTEIN ELECTRO, 24 HR

Profiles

[] 10306X ACUTE HEPATITIS PANEL [] 7943X CREATININE CLEARANCE [] 8837X PTH + TOTAL CA
[] 100651 ANTIPHOSPHOLIPID SYNDROME [] 701026X IMMUNOFIX ELECTRO, RANDOM [] 10314X RENAL FUNCTION PANEL
[] 10165X BASIC METABOLIC PANEL [] 19543X LIPID PROFILE [] 3020X URINALYSIS C+S, IF IND
[] 10231X COMPREHENSIVE METABOLIC PANEL [] 700001X LIPID/ALT/CPK/ALDO
[] 49558 CREAT/TOTPROT - RANDOM URINE [] 747X PROTEIN ELECTROPHORESIS, SERU

Individual Tests

[] 227X Aldolase [] 509X Hematocrit [] 896X Triglycerides
[] 243X Amylase, Serum [] 510X Hemoglobin [] 899X TSH
[] 19946X ANA Cascading Reflex [] 7008X Hemogram [] 5463X UA Complete
[] 36733X ANCA [] 512X HEP A Ab, Igm [] 7909X UA, Routine
[] 30340X Beta 2 Glycoprotein [] 8475X HEP DSAD [] 6448X Urinalysis Macroscopic
[] 306X Calcium, Ionized [] 498X HEP DSAG [] 17306X Vitamin D, 25-OH
[] 4661X Cardiolipin IgA [] 8472X HEP C (Anti-HCV) MISC
[] 4662X Cardiolipin IgG [] 10256X Hepatic Function Panel [] 223X Albumin
[] 4663X Cardiolipin Igm [] 8181X Hgbalc [] 244X Alk Phos
[] 36189X Cardiolipin Screen [] 56615 Immunofixation, Urine [] 823X ALT
[] 608X Chol, HDL [] 11290X Insure [] 822X AST
[] 334X Cholesterol, Total [] 571X Iron, Total [] 285X Bili, Direct
[] 351X Complement C3C [] 7573X Iron/IBC [] 287X Bili, Total
[] 353X Complement C4 [] 7079X Lupus EVAL [] 294X BUN
[] 618X Complement Total (CH50) [] 8796X Myeloperoxidase Antibody [] 303X Calcium, Serum
[] 374X Creatine Kinase (CK) [] 10062X Phosphatidylserine Antibodie [] 330X Chloride
[] 8459X Creatinine, Urine [] 11320X Protein, Urine [] 310X CO2
[] 8812X Cyclosporine A Trough Blood [] 1715X Protein, Urine Random u/Crea [] 375X Creatinine
[] 15220X Cyclosporine, Whole Blood [] 8847X Prothrombin Time [] 483X Glucose
[] 418X Digoxin [] 5363X PSA [] 718X Phosphorus
[] 255X DNA (DS) Antibody [] 4418X Rheumatoid Factor [] 733X Potassium
[] 457X Ferritin [] 809X Sedimentation Rate (ESR) [] 754X Protein
[] 866X Free T4 [] 867X T4 (Thyroxine) [] 836X Sodium
[] 4848X HB Core Ab, Igm [] 70007X Tacrolimus, LC/MS/MS [] 905X Uric Acid

4473336 4473336 4473336 4473336 4473336 QBO

Exhibit 3

REMOTE REQUISITION

03/07/11 8:21 AM JDE (DIH)
VAL: 01/29/11 %SYS

Account: 110061

Name: COMPREHENSIVE RENAL CARE

Address: 285 COHASSET RD STE 100

City, State, Zip: CHICO, CA 95926

Phone: 530-892-2300

Req #:

Draw Location: RED BLUFF PSC

Requesting Physician: BASHIR, MUHAMMAD T

CC: SFKIDCL,G110444+

Priority: F 415-600-1075

-----Patient Information-----

Date Collected: 03/07/2011

Time Collected: 8:20 AM

Chart #: NOT GIVEN

Fasting: Y

Patient Name: HCRedacted

Address: Red

City, State, Zip: RED BLUFF CA 96080

Phone #: Redacted

DOB: 67,06/10/1943 Sex: F Alt ID:

Resp. Party: Redacted

Patient signature (If other
than patient add relationship)

-----Insurance Information-----

Medi-cal:

Medicare: 3500

HMO/IPA:

ID Number: Redacted

Ins Carrier: MEDICARE PALMETTO GBA

Group Number:

Ins Address: P.O. BOX 1051

AUGUSTA GA 30903-1051

ICD9/Diagnosis: 585.2, 996.87, 275.3, 272.0, V58.69

-----Notes and Instructions/Specimen Inventory-----

Notes and Instructions:

Inventory:

ATT SS US US RT S L ET G B UC U UG UT PE GP PV

Other:

-----Requested Procedures Awaiting Recpt-----

3020X	URINALYSIS C+S, IF IND	10231X	COMPREHENSIVE METABOLIC P
700001X	LIPID/ALT/CPK/ALDO	70007X	TACROLIMUS, LC/MS/MS
718X	PHOSPHORUS, SERUM	6399X	CBC (INCLUDES DIFF/PLT)
39490	MAGNESIUM, SERUM	200000	BLOOD DRAWING
300205	*HANDWRITTEN ORDER		

Continued on next page

03/07/2011

03/07/2011

03/07/2011



RB2997553

Redacted



RB2997553

Redacted



RB2997553

Re

10F3

Exhibit 4

3/7/11

Arrival Time	Patient Name please print	Appointment Time if you have one	Check if dropping off a specimen
Hora de Llegada	Nombre del paciente en letra de imprenta	Hora de la cita si corresponde	Marcar si se entrega una muestra
12:54	Jonathan M.		✓
01 7:00	Redacted		
02 7:00			
03 7:00			
04 7:03			
05 7:18			
06 7:30			
07 7:54			
08 8:05	Redacted		
09 8:05	Redacted		
10 8:09			
11 8:16			
12 8:26			
13 8:30			
14 8:30			
15 8:00			
16 9:02			
17 9:52			
18 10:02			
19 10:10			
20 10:15			
21 10:40			
22 10:55			
23 11:05			
24 11:15			
25 1:00			

OFFICE USE ONLY
PARA USO OFICIAL ÚNICAMENTELabrador/Don Code: DLH

Time of Service WT Calculation C D E X (specify)

01	705	5	C D E
02	725	25	C D E
03	740	40	C D E
04	746	43	C D E
05	755	47	C D E
06	757	22	C D E 7 hrs stick
07	805	9	C D E
08	820	15	C D E
09	836	31	C D E
10	850	41	C D E
11	855	39	C D E
12	902	28	C D E
13	909	39	C D E
14	920	30	C D E
15	925	25	C D E
16	930	28	C D E
17	1002	9	C D E
18	1016	4	C D E
19	1024	19	C D E
20			C D E NF
21	1045	5	C D E
22	1100	5	C D E
23	1112	7	C D E
24	1123	8	C D E
25	1044	4	C D E

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Our notice of Privacy Practices is available on request; please ask our staff.

If you'd rather not provide your full name, please feel free to use your first name and initial.

Quest Diagnostics protege su privacidad. Nuestras Prácticas de Privacidad están disponibles.

Puede usar su primer nombre e inicial.

21-30-5
3740-3
107-3

Wai
543
606

Exhibit 5

Exhibit 6

REMOTE REQUISITION

03/03/11 9:57 AM LLB (DIH)
VAL: 10/21/10 %SYS

Account: 6007382

Name: TEHAMA CO MENTAL HLTH

Address: ORNELLA ADDONIZIO



City, State, Zip: P.O. BOX 400 / 1860A WALNUT ST RB 2992191*

Phone: 530-527-5631

Req #:

Draw Location: RED BLUFF PSC

Requesting Physician: KRAISOSKY, ALISSA

CC:

Priority:

-----Patient Information-----

Date Collected: 03/03/2011

Time Collected: 9:56 AM

Chart #:

Fasting: Y

Patient Name: B]Redacted

Address: Redact

Patient signature (If other
than patient add relationship)

City, State, Zip: RED BLUFF CA 96080

Phone #: Redacted

DOB: 43, 08/20/1967 Sex: M Alt ID:

Resp. Party: Redact,

-----Insurance Information-----

Medi-cal:

Medicare: 3500

HMO/IPA:

ID Number: Redacted

Ins Carrier: MEDICARE

Group Number:

Ins Address: P.O. BOX 2804

CHICO CA 95927-2804

ICD9/Diagnosis: 298.9

-----Notes and Instructions/Specimen Inventory-----

Notes and Instructions:

PATIENT HAS 2

REQS

Inventory:

ATT SS US US RT S L ET G B UC U UG UT PE GP PV

Other:

-----Requested Procedures Awaiting Recpt-----

66070

VALPROIC ACID

200000

BLOOD DRAWING

300205

*HANDWRITTEN ORDER

-----Suggested Specimen Collection-----

SERUM RED TOP TUBE

SERUM TRANSPORT TUBE

03/03/2011

03/03/2011

03/03/2011

03/03/2011

03/03/2011



RB2992191

Reda [REDACTED]



RB2992191

Redacted



RB2992191

Reda [REDACTED]



RB2992191

Reda [REDACTED]



RB2992191

Reda [REDACTED]

1 of 4

Exhibit 7

Exhibit 8

REMOTE REQUISITION

03/03/11 10:00 AM LLB (DIH)

VAL: 10/21/10 %SYS

Account: 202483

* ABN Required *

Name: FRONTIER VILLAGE FAMILY

Address: HEALTH CENTER

City, State, Zip: 645 ANTELOPE BLVD STE 24

Phone: 530-528-7650

* RB2992225 *

Req #:

Draw Location: RED BLUFF PSC

Requesting Physician: ZIEGLER, DOROTHY

CC:

Priority:

-----Patient Information-----

Date Collected: 03/03/2011

Time Collected: 9:56 AM

Chart #:

Fasting: Y

Patient Name: Redacted

Address: Redacted

Patient signature (If other
than patient add relationship)

City, State, Zip: RED BLUFF CA 96080

Phone #: Redacted

DOB: 43, 08/20/1967 Sex: M Alt ID:

Resp. Party: Redacted

-----Insurance Information-----

Medi-cal:

Medicare: 3500

HMO/IPA:

ID Number: Redacted

Ins Carrier: MEDICARE

Group Number:

Ins Address: P.O. BOX 2804

CHICO CA 95927-2804

ICD9/Diagnosis: 401.9, 272.1, 272.4, V76.44

-----Notes and Instructions/Specimen Inventory-----

Notes and Instructions:

PATIENT HAS 2 REQS

Inventory:

ATT SS US US RT S L ET G B UC U UG UT PE GP PV

Other:

-----Requested Procedures Awaiting Recpt-----

19543X	LIPID PROFILE	10231X	COMPREHENSIVE METABOLIC P
6399X	CBC (INCLUDES DIFF/PLT)	7909X	URINALYSIS, MACRO W/REFLE
8181X	HEMOGLOBIN A1C IMMUNOASSA	5363X	PROSTATE SPECIFIC ANTIGEN
6517X	MICROALBUMIN, RANDOM URIN	66070	VALPROIC ACID

3044

Continued on next page

03/03/2011

03/03/2011

03/03/2011

03/03/2011

03/03/2011



RB2992225

Redacted



RB2992225

Redacted



RB2992225

Redacted



RB2992225

Redacted



RB2992225

Redacted

Exhibit 9

Patient Service Center Site Code

Red Bluff

Return completed form by faxing to:

(530) 528-8992

Quest
Diagnostics

Patient may have copy of results

STANDING ORDER VERIFICATION FORM-Sacramento – Kidney Clinic

To comply with federal and state regulation, it is our policy to verify standing orders in writing every 6 months. The information below is required to maintain the standing order. Any forms that are incomplete, non-specific, or not returned to Quest Diagnostics, will invalidate the patient's standing order and will be removed from our files. Please complete, sign and return this form as soon as possible.

Patient/Provider Information ****("DRAW STATION" When entering this order into ordering system, please make sure to include the PATIENT ID/Chart ID")	Patient Name: <u>Redacted</u> DOB: <u>16-MAR-1947</u> Patient ID/Chart #: <u>Redacted *****</u> Ordering Provider: <u>Katznelson, Steve</u> Provider's Phone #: <u>415-600-1076</u> Provider's Address (Required if not a current client) Street <u>2340 Clay Street, 4th Floor</u> City <u>San Francisco</u> State <u>CA</u> 94115 Provider's Quest Diagnostics Acct #: <u>201411</u> cc: <u>Bruce G. Bartlow MD (fax# 530-242-8545), David Dahnke MD (fax# 530-528-4423),</u> <u>Madelyn Holtzman MD (fax# 530-893-1128). pt may have copy of results</u> Provider's Fax #: <u>415-600-1075</u>
TEST INFORMATION <input checked="" type="checkbox"/> Only perform checked tests on standing order	Test Code # (required) <input checked="" type="checkbox"/> 35010 CBC, Diff, Plt count * <input checked="" type="checkbox"/> 3481 Comprehensive Metabolic Panel <input checked="" type="checkbox"/> 39345 Amylase <input checked="" type="checkbox"/> 37052 Urinalysis <input checked="" type="checkbox"/> 70297 Urine Culture & Sensitivity (If indicated) <input checked="" type="checkbox"/> 39157 Hemoglobin A1C <input checked="" type="checkbox"/> 21300 Tacrolimus (Prograf) <i>*=contains limited coverage test(s) requiring ICD9 code Tests must be identifiable test names and/or test numbers that are completely clear.</i>
DIAGNOSTIC INFORMATION <input checked="" type="checkbox"/> Only use checked ICD-9 codes on standing order	ICD-9 Code(s) <input checked="" type="checkbox"/> V42.0 <input checked="" type="checkbox"/> V67.51 <input checked="" type="checkbox"/> 788.41 <input checked="" type="checkbox"/> V42.83 <input checked="" type="checkbox"/> 250.03 <input checked="" type="checkbox"/> 577.9 <i>Please provide ICD-9 codes or diagnostic information for billing purposes.</i>
FREQUENCY	Check ONE option only: Every Month <i>PRN or "as needed" is NOT acceptable</i>
DURATION	Start Date <u>10/30/10</u> End Date: <u>4/30/11</u> <i>(The order must state a specific duration, not to exceed six (6) months.)</i>
SIGNED	Provider's Signature: <u>[Signature]</u>

2 of 3

Exhibit 10

REMOTE REQUISITION

03/09/11 10:15 AM SYJ (DIH)
VAL: 12/02/10 %SYS

Account: 201411

Name: PFCPMC-SF KIDNEY-CENT VAL

Address: CENTRAL VALLEY PATIENTS

City, State, Zip: 2340 CLAY ST 4TH FL

Phone: 415-600-1076

Draw Location: RED BLUFF PSC

Requesting Physician: KATZNELSON, STEVEN

CC:

Req #:

Priority: F 530-242-8545+

-----Patient Information-----

Date Collected: 03/09/2011 Time Collected: 10:10 AM

Chart #: 16591

Fasting: N

Patient Name: Y Redacted

Redacted

Patient signature (If other
than patient add relationship)

City, State, Zip: Redacted

Phone #: Redacted

DOB: 63,03/16/1947 Sex: F Alt ID:

Resp. Party:

-----Insurance Information-----

Medi-cal:

HMO/IPA:

Ins Carrier: MEDICARE

Ins Address: P.O. BOX 2804

CHICO CA 95927-2804

ICD9/Diagnosis: V42.0,250.03,V67.51,577.9,788.41,V42.83

Medicare: 3500

ID Number: [REDACTED]

Group Number:

-----Notes and Instructions/Specimen Inventory-----

Notes and Instructions:

Inventory:

ATT SS US US RT S L ET G B UC U UG UT PE GP PV

Other:

-----Requested Procedures Awaiting Recpt-----

1014	*STANDING ORDER	3481	COMPREHENSIVE METABOLIC P
21300	TACROLIMUS, LC/MS/MS	35010	CBC (INCLUDES DIFF/PLT)
37052	URINALYSIS, MACRO W/REFLE	39157	HEMOGLOBIN A1C IMMUNOASSA
39345	AMYLASE, SERUM	77120	CULTURE, URINE, ROUTINE

Continued on next page

10F3

03/09/2011



RB3004139

Redacted

Exhibit 11

Harchetan Singh Sandhu, M.D.
1488 East Avenue,
Chico, CA 95926
Ofc: 530-342-1310
Fax: 530-342-1327

LABORATORY STUDY REQUEST

DATE: 11/12/2010

PATIENT INFORMATION

Yo Re Redacte

Redacted
Redacted
Redacte

DOB: 03/16/1947
AGE: 63 y.o.
SEX: Female

CC: PATIENT AND PCP

LOC: HS (VALLEY CLINICAL)

THE FOLLOWING LABS ARE NEEDED. (Diagnosis codes in parenthesis)

10231x 209x
CMP, ESR : [OSTEOPENIA (733.90)]

1730Vx
25-hydroxyvitamin D (None)

Harchetan Singh Sandhu, M.D.

Cal License# A76840

U.P.I.N # I19222

Electronically signed at the time of the time stamp

3 OF 3

Exhibit 12

3/9/11

Arrival Time Patient Name please print Appointment Time if you have one Check if dropping off a specimen

Hora de llegada Nombre del paciente en letra de imprenta Hora de la cita si corresponde Marcar si se entrega una muestra

OFFICE USE ONLY
PARA USO OFICIAL ÚNICAMENTE

Location/Address Date Time

D.H. L. 12

Time of Service WT Calculation C D E X (specify)

	12:54	Jonathan M.		✓
X4	01 7:10	Redacted		
	02 7:11			
	03 7:22			
	04 7:35			
	05 7:35			
	06 7:50			
	07 7:55			
	08 8:05			
	09 8:27			
	10 8:31			
	11 8:40			
	12 8:50			
	13 8:54			
	14 9:12			
	15 9:15			
	16 9:45			
X10	17 9:50	Redacted	✓ Redacted	
	18 10:01	Redacted		
	19 10:10			
	20 10:10			
	21 10:15			
	22 10:26			
	23 10:55			
	24 10:55			
	25 11:00			

01	715.5	C D E	4HR
02	728.17	C D E	
03	735.13	C D E	
04	743.8	C D E	
05	755.20	C D E	
06	807.17	C D E	
07	809.14	C D E	
08	815.10	C D E	
09	823.11	C D E	
10	836.5	C D E	2HR
11	845.5	C D E	
12		C D E	
13	903.8	C D E	
14	918.5	C D E	
15	1003.16	C D E	
16		C D E	
17	1015.25	C D E	
18	1020.19	C D E	
19	1035.25	C D E	
20	1032.22	C D E	
21	1049.34	C D E	
22	1045.26	C D E	
23	1107.12	C D E	
24	1109.14	C D E	
25		C D E	Question

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If you'd rather not provide your full name, please feel free to use your first name and initial.

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Puede usar su primer nombre e inicial.

Quest Pat. 4/1
3-01000000

336
WT 512

Exhibit 13

2-PETER WOLK MD

01-24-2011

3:01 PM

3ML-3 MONTH FOLLOWUP
WHLT L ABC

Coplay:

NORTHSTATE CARDIOLOGY CONSULTANTS

198 CHASSET ROAD CHICO, CA 95926
TEL (530) 342-0123 FAX (530) 342-6475
TAX ID# 58-0106811STEVEN A. SCHWARTZ, M.D.
PETER J. WOLK, M.D., INC
JULIAN C. ZENER, M.D.
J. PETER A. YHIP, M.D.
GARY D. MORE, M.D.
ANDREW D. WATSON, M.D., PH.D.

146386

23840

02-02-1938

Age: 72

Redacted

Redacted

Red
acted

Redacted

PALMETTO GBA

BLUE CROSS CA

OFFICE VISITS, NEW PATIENT

OFC/OP NEW PT	LEVEL 1	99202
OFC/OP NEW PT	LEVEL 2	99203
OFC/OP NEW PT	LEVEL 3	99204
OFC/OP NEW PT	LEVEL 4	99205

OFFICE VISITS, ESTABLISHED

OFC/OP VISIT	LEVEL 2	99212
OFC/OP VISIT	LEVEL 3	99213
OFC/OP VISIT	LEVEL 4	99214
OFC/OP VISIT	LEVEL 5	99215

OFFICE PROCEDURES

EKG 12 LEAD	93000
RHYTHM STRIP	93040
PACER CHECK	93288-26
ICD CHECK	93289-26
REPROG PACER, SING LEAD	93279-26
REPROG PACER, DUAL LEAD	93280-26
REPROG PACER, MULT LEAD	93281-26
REPROG ICD, SING LEAD	93282-26
REPROG ICD, DUAL LEAD	93283-26
REPROG ICD, MULT LEAD	93284-26

REFERRED BY:

DIAGNOSIS:

AUTH ON FILE

CURRENT MCAL ELIG

INELIG SOC

REQ RECORDS FROM:

TESTS ORDERED

NCC	CAROTID ULTRASOUND	WHEN
	ECHO/DOPPLER	WHEN
	HOLDER MONITOR, 24 HR	WHEN
	STRESS ECHO	WHEN
	TREADMILL STRESS TEST	WHEN
	NUCLEAR EXERCISE TEST	WHEN
	NUCLEAR AT REST STRESS	WHEN
	MUGA SCAN	WHEN
	THALLIUM SCAN	WHEN

OTHER

MRA OF	WHEN
CT OF	WHEN
CXR, PA & LATERAL	WHEN
SLEEP STUDY	WHEN
OVERNOC PULSE OX	WHEN
TEE	WHEN
PFTs	WHEN
ABIs	WHEN

WHEN
WHEN
WHEN
WHEN
WHEN
WHEN
WHEN
WHEN

LAB

ALB	FASTING	WHEN
BASIC METAB	FASTING	WHEN
BMP	WHEN	WHEN
CBC	WHEN	WHEN
COMP METABOL	FASTING	WHEN
DIPOXIN LEVEL (WAIT AT LEAST 6 HRS AFTER DOSE)	WHEN	WHEN
HEMOGLOBIN A1C	WHEN	WHEN
HS CRP (MEDICARE 3X/LIFETIME, OX MUST BE 272...)	WHEN	WHEN
LIPID PANEL / VAP CHOL	FASTING 2 WKS BEFORE NEXT APP	WHEN
LIVER PANEL	WHEN	WHEN
PT / INR	WHEN	WHEN
SPOT URINE FOR ALBUMIN/CREATININE	WHEN	WHEN
T3	WHEN	WHEN
T4	WHEN	WHEN
T7	WHEN	WHEN
TSH	WHEN	WHEN

LAB CORP	QUEST
VALLEY CLINICAL	GLENN MED CTR
FRH LAB	ENLOE LAB
MMG LAB	HUNTER LAB

ABNORMAL EKG	79431
ABNORMAL FBS	79021
ABNORMAL ECHO	7932
ABNORMAL CV TEST	79430
ANGINA PECTORIS	4139
ATRIAL FIBRILLATION	42731
AV DISEASE, AS, AI	4241
BRADYCARDIA, SINUS	42789
BRADYCARDIA, SIMUL	42781
CARDIAC ARRHYTHMIAS	4272
CARDIOMEGALY/LVM	4293
CARDIOMYOPATHY	4234
CHEST PAIN	78650
CHRONIC KIDNEY DIS	5859
CONGENITAL HRT DIS	74689
CONGESTIVE HF	4280
COPO	436
CORONARY ART DIS	4140
CORO SYN/PREINFARCT	4111
CVA	436

DIABETES, INSULIN DEP	25001
DIABETES, NON INS DEP	25000
DIZZINESS/VERTIGO	7804
ELEV B/P W/O HTN	7962
ENDOCARDITIS, ACUTE	4219
HEART BLOCK, COMPL	4260
HYPERGLYCEMIA	7906
HYPERCHOLESTEROLEMIA	2720
HYPERLIPIDEMIA	2724
HYPERTENSION W/O HF	40230
HYPERTENSION W/ HF	40211
HYPERTHYROID	24290
HYPERTENSIVE CV DIS	40290
HYPOTHYROID	2449
LBBS	4263
MV DISEASE, UNSPEC	3949
MV PROLAPSE/INSUFF	4240
MV STENOSIS/OBSTRUC	3940
MURMUR, CARDIAC	7852
PACEMAKER MALFUNC	99601

PALPITATIONS	7851
PERIPH VASC DIS/CLAUD	4439
PSVT	4270
PVCs	42769
SHORT BREATH/DYSPNEA	78605
SLEEP APNEA	78057
SYNCOPE/FAINTING	7802
TACHYCARDIA	7850
TIA	4359
TRICUSP REGURGITATION	3970

FAMILY HX CARDIAC DIS	V174
LONG TERM MED USE	V5869
PREGNANCY STATE	V222
PRE-OP CV EXAM	V2781
STATUS POST VALVE REPLAC	V433
STATUS POST CABG	V151
STATUS POST PACEMAKER	V4501
STATUS POST MI	412
STATUS POST PTCA	V4582

NEXT APPOINTMENT 2 WKS

AICD/PACER CHECK

1 MO

6 WKS

2 MO

3 MO

4 MO

6 MO

1 YR

POST TEST

DATE

TIME

RECALL

REFER TO:

03/16/2011



RB3019230

Redacted



1*18762*2011-01-24*2011*0*PJW103*1*1

Exhibit 14



Quest
Diagnostics

1645 Eagle Road Ste 2

Chico, CA 95926

530-809-0470

Form 240

Form 240 (Rev. 10/01)

INFORMATION MUST BE PROVIDED FOR ACCOUNT WILL BE BILLED - Please Print Clearly

PATIENT'S LAST NAME FIRST NAME

SEX DOB TIME DATE COLLECTED PATIENT ID #/CHART #/ROOM/LOCATION

PATIENT'S PHONE # ORDERING PROVIDER SUPERVISING PHYSICIAN

TOTAL VOL./HRS. COMMENTS, CLINICAL INFORMATION

ML HR

FASTING NON FASTING

Fax Results to: ()

Send Client # OR NAME:

Duplicate ADDRESS:

Report to: CITY: STATE ZIP

Patient Signature:

For any patient of any payer (including Medicare and Medi-Cal) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

BILL TO: ☐ OUR ACCOUNT ☐ PATIENT ☐ WC ☐ HMO/PA
☐ MEDICARE A ☐ MEDICARE B ☐ MEDI-CAL
☒ INSURANCE ☐ CHDP ☐ PFACT

COMPLETE FOR ALL BILLING TYPES

RESPONSIBLE PARTY (Please Print)

ADDRESS

CITY/STATE/ZIP

COPY OF INSURANCE HMO/PA CARD REQUIRED

PRIMARY INSURANCE COMPANY - HMO/PA HEALTH PLAN

ADDRESS (Street/City/State/Zip)

CERTIFICATE # GROUP #

MEDI-CAL/MEDICARE # MEDI-CAL ISSUE DATE STATE

Medicare Limited Coverage F = May not be covered for the reported diagnosis. B = A test or service performed with research/experimental kit. P = Has both diagnosis and frequency-related coverage limitations.

ICD9 CODE(S) FOR DIAGNOSIS, SYMPTOM OR COMPLAINT (MUST BE PROVIDED)

7788X 7788X 7788X

ORGAN/DISEASE PANELS

34392X ELECTROLYTE PANEL (Na, K, Cl, CO₂) S

10256X HEPATIC FUNCTION PANEL (Alb, Tbil, DBil, AP, AST, ALT, TP) S

10165X BASIC METABOLIC PANEL w/eGFR (Na, K, Cl, CO₂, Glu, BUN, Cr, TP, Alb, Tbil, AP, AST, ALT) S

10231X COMP METABOLIC PANEL w/eGFR (Na, K, Cl, CO₂, Glu, BUN, Cr, Ca, TP, Alb, Tbil, AP, AST, ALT) S

B 19543X LIPID PANEL w/RATIOS (Fasting Specimen) (TC, HDL, LDL, VLDL, TG, HDL-C, LDL-C, HDL2, HDL3) S

10314X RENAL FUNCTION PANEL w/eGFR (Alb, Ca, CO₂, Cl, Cr, Glu, Phos, K, Na, BUN) S

20210X OBSTETRIC PANEL w/REFLEX 2L (HbA1c, HbA1c, HbA1c, HbA1c, HbA1c, HbA1c, HbA1c, HbA1c) S

@ 10306X HEPATITIS PANEL, ACUTE w/REFLEX (HBeAg, w/Reflex Confirm, HBeAb, HBeAb, HBeAb, HBeAb, HBeAb, HBeAb) S

HEMATOLOGY

@ 510X HEMOGLOBIN L

@ 509X HEMATOCRIT L

@ 1759X CBC (H/M, RBC, Indices, WBC, PLT) L

@ 6399X CBC w/DIFF (H/M, RBC, Indices, WBC, PLT, DIFF) L

B 8847X PT WITH INR B

@ 763X PTT, ACTIVATED B

OTHER TESTS

7788X ABO GROUP & Rh TYPE PNK

223X ALBUMIN (Alb) S

234X ALKALINE PHOSPHATASE (AP) S

823X ALT (SGPT) S

243X AMYLASE S

OTHER TESTS (continued)

249X ANA w/REFLEX TITER S

795X ANTIBODY SCR, RBC w/REFLEX ID L

822X AST (SGOT) S

285X BILIRUBIN, DIRECT (DBil) S

287X BILIRUBIN, TOTAL (TBil) S

4420X C-REACTIVE PROTEIN (CRP) S

@ 29256X CA 125 S

303X CALCIUM (Ca) S

310X CARBON DIOXIDE (CO₂) S

10124X CARDIO CRP S

B 978X CEA S

330X CHLORIDE (Cl) S

B 334X CHOLESTEROL, TOTAL (Tchol) S

375X CREATININE (Cr) w/eGFR S

@ 418X DIGOXIN SR

B 8293X DIRECT LDL S

@ 457X FERRITIN S

465X FOLIC ACID S

470X FSH S

B 482X GGT S

8477X GLUCOSE, GEST. SCR. GY

B 484X GLUCOSE, PLASMA GY

B 483X GLUCOSE, SERUM (Glu) S

8435X HCG, SERUM, QUAL S

@ 8396X HCG, SERUM, QUANT S

B 608X HbC S

B 8181X HEMOGLOBIN A1C w/MPG L

512X HEP A Ab, IgM S

4848X HEP B CORE Ab, IgM S

499X HEP B SURFACE Ab, IgM S

498X HEP B SURFACE Ag w/REFLEX CONFIRM S

8472X HEP C VIRUS Ab S

B 19728X HIV-1/HIV-2 SCR w/REFLEXES SR

@ 7573X IRON (TOT), IBC % SAT S

@ 571X IRON, TOTAL S

593X LDH S

599X LEAD (B) TN

615X LH S

813X LITHIUM S

622X MAGNESIUM S

6517X MICROALBUMIN, RANDOM URINE w/CREAT S

4555X MICROALBUMIN, 24 HOUR URINE, w/O CREAT S

B 35301X OCC BLD, FECES - GUAIAC S

B 11290X OCC BLD, FECES - FIT, InSure® S

713X PHENYTOIN SR

718X PHOSPHORUS S

733X POTASSIUM (K) S

745X PROGESTERONE S

746X PROLACTIN S

754X PROTEIN, TOTAL (TP) S

@ 5363X PSA, TOTAL S

4418X RHEUMATOID FACTOR S

799X RPR (MONITORING) w/REFLEX TITER S

36126X RPR (DX) w/REFLEX CONFIRM S

802X RUBELLA Ab, IgG S

809X SED RATE BY MOD WEST L

836X SODIUM (Na) S

873X TESTOSTERONE, TOTAL S

B 896X TRIGLYCERIDES (Trig) S

B 899X TSH S

B 36127X TSH w/REFLEX T-4, FREE S

859X T-3, TOTAL S

B 861X T-3 UPTAKE S

B 867X T-4 (THYROXINE), TOTAL S

@ 866X T-4 (THYROXINE), FREE S

6448X UA, DIPSTICK ONLY U

7909X UA, DIPSTICK w/REFLEX TO MICROSCOPIC S

5463X UA, COMPLETE (DIPSTICK & MICROSCOPIC) S

3020X UA, COMPLETE, REFLEX TO CULTURE S

294X UREA NITROGEN (BUN) S

905X URIC ACID S

916X VALPROIC ACID S

7065X VITAMIN B12/FOLIC ACID S

827X VITAMIN B12 S

MICROBIOLOGY

SOURCE (REQUIRED)

4485X CULTURE, GP A STREP* S

5617X CULTURE, GP B STREP* S

4558X CULTURE, GENITAL* S

394X CULTURE, THROAT* S

B 395X CULTURE, URINE, ROUTINE* S

(INC. INWELLING CATH.)

8502X CHLAMYDIA DNA PROBE, ENDOCK OR M S

8501X N. GONORRHOEA (GC) DNA PROBE, ENDOCK OR M S

6919X CHLAMYDIA & N. GONORRHOEA w/REFLEX DNA PROBE, ENDOCK OR MURET S

Amplified Specimen Type (please check c)

☐ Endocervical ☐ Urethral ☐ Urine

17303X Chlamydia DNA, SDA

17304X N. gonorrhoeae (GC) DNA, SDA

17305X Chlamydia & N. gonorrhoeae DNA

Stool Pathogens (CAMPYLOBACTER, SHIGELLA, SALMONELLA, E. COLI, S. SHIGATOXINS, EIA)

10045X CULTURE, STOOL S

4475X CULTURE, CAMPYLOBACTER* S

10019X CULTURE, SALMONELLA/SHIGELLA S

30264X E. COLI SHIGATOXINS, EIA S

581X G & P w/PERMANENT STAIN S

* Additional charge for ID and Susceptibility

CUSTOM PANELS & TESTS - Please Mark Desired Panel(s)/Test Number(s) Reflex tests are performed at an additional charge.

mMA (methyl malonic acid) 20F2
Bio plate 43341 h
TSH 899X

20F2
B 019/87

QA0

Exhibit 15

3/16/11

Arrival Time
Patient Name
please printAppointment Time
if you have one
Check if dropping off a specimenHora de llegada
Nombre del paciente
en letra de imprentaHora de la cita
si corresponde
Marcar si se entrega una muestra

OFFICE USE ONLY

PARA USO OFICIAL ÚNICAMENTE

LICENCIADO/VA ONE D.H.
AGE 2 SEX M

	12:54	Jonathan M.		<input checked="" type="checkbox"/>
26	9:40	Redacted		<input type="checkbox"/>
27	9:48			<input type="checkbox"/>
28	9:52			<input type="checkbox"/>
29	10:02			<input type="checkbox"/>
30	10:30			<input type="checkbox"/>
31	10:30			<input type="checkbox"/>
32	10:33	H-Redacted C-Redacted	10:40	<input type="checkbox"/>
33	10:41	Redacted Redacted Redacted Redacted		<input type="checkbox"/>
34	10:50			<input checked="" type="checkbox"/>
35	11:05			<input type="checkbox"/>
36	11:25			<input type="checkbox"/>
37	11:30			<input type="checkbox"/>
38	11:40			<input type="checkbox"/>
39	11:40			<input type="checkbox"/>
40	12:00			<input type="checkbox"/>
41	1:10			<input type="checkbox"/>
42	1:10			<input type="checkbox"/>
43	1:30			<input type="checkbox"/>
44	1:34			<input type="checkbox"/>
45	1:47			<input type="checkbox"/>
46	2:45			<input type="checkbox"/>
47	3:03			<input type="checkbox"/>
48				<input type="checkbox"/>
49				<input type="checkbox"/>
50				<input type="checkbox"/>

Time of Service	WT Calculation	C	D	E	X (specify)
9:46	6				
9:50	2				
9:55	3				
10:09	7				
10:40	10				
10:43	13				
10:44	4				
10:50	9				
11:00	0				
11:13	8				
11:30	5				
11:38	8				
11:46	6				
11:48	3				
10:46	6				
10:55	5				
11:22	12				
12:06	6				
11:32	8				
11:53	6				
3:04	3				

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