

## INDEX

Yousef Kurdy, M.D.

<b>Exhibit #</b>	<b>Document</b>	<b>File Date</b>
1	United States of America v. Yousef Kurdy, Case No. 12CR0329DMS	1/26/2012
2	Criminal Docket	
3	National Provider Identifiers Registry, Dr. Yousef Kurdy	

# **Exhibit 1**

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Case Unsealed (with handwritten initials)

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
January 2010 Grand Jury

UNITED STATES OF AMERICA,	)	Case No. <u>12CR0329DMS</u>
	)	
Plaintiff,	)	<u>I N D I C T M E N T</u>
v.	)	Title 18, U.S.C., Sec. 1347 -
YOUSEF KURDY,	)	Health Care Fraud; Title 18,
	)	U.S.C., Sec. 1028A - Aggravated
Defendant.	)	Identity Theft; Title 42, U.S.C.,
	)	Sec. 1320a-7b(b)(1)(A) - Receipt
	)	of Kickbacks for Patient
	)	Referrals; Title 26, U.S.C.,
	)	Sec. 7201 - Income Tax Evasion;
	)	Title 18, U.S.C., Sec. 2 - Aiding
	)	and Abetting; Title 18, U.S.C.,
	)	Sec. 982(a)(7) - Criminal
	)	Forfeiture

The grand jury charges:

INTRODUCTORY ALLEGATIONS

At all times pertinent to this Indictment:

THE DEFENDANT, BROADWAY MEDICAL CLINICS AND HEART HAVEN

1. Defendant YOUSEF KURDY ("KURDY") was a medical doctor who owned and operated two clinics, collectively called Broadway Medical Center, and a residential care facility located within the Southern District of California.

2. The first clinic was located at: 1160 Broadway, El Cajon, California.

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TFS:lml:San Diego  
1/26/12

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1                    BILLING PROCEDURES UNDER MEDICARE AND MEDI-CAL

2            9.    Patients who qualified for Medicare and Medi-Cal benefits  
3 were commonly referred to as "beneficiaries." Each beneficiary was  
4 given a unique identification number.

5            10.   Physicians who provided services to Medicare and Medi-Cal  
6 beneficiaries were referred to as "providers." To become eligible to  
7 participate in Medicare and Medi-Cal, a provider was required to  
8 submit an application to the relevant health care benefit program in  
9 which he/she agreed to comply with all governing laws and regulations.  
10 Once approved by Medicare and Medi-Cal, a provider was assigned a  
11 "provider number." A health care provider with a provider number  
12 could file claims with Medicare and Medi-Cal to obtain reimbursement  
13 for services rendered to beneficiaries.

14           11.   YOUSEF KURDY became a Medicare provider on or about  
15 August 25, 1996, and was issued a Medicare provider number.

16           12.   YOUSEF KURDY became a Medi-Cal provider on or about  
17 April 25, 1994, and was issued a Medi-Cal provider number.

18           13.   To receive reimbursement from Medicare and Medi-Cal,  
19 providers submitted or caused the submission of claims for payment for  
20 services to beneficiaries, either directly or through a billing  
21 company. In order to obtain payment for services, an enrolled  
22 provider was required to certify that the information on the claim  
23 form was truthful and accurate, and that the services provided were  
24 reasonable and necessary to the health of the beneficiary.

25           14.   Both Medicare and Medi-Cal approved providers could submit  
26 claims on paper or electronically. Before a provider could submit  
27 claims electronically, the provider was required to submit an  
28 enrollment form. On the enrollment form, the provider was required

1 to certify that: (a) it would submit only claims that were accurate  
2 and complete; (b) it was responsible for all claims submitted by  
3 itself, its employees, or its agents; and (c) it was aware that anyone  
4 who misrepresented or falsified any record or other information  
5 relating to its claim would be punished under applicable federal and  
6 state laws.

7 15. Both Medicare and Medi-Cal only reimbursed providers for  
8 services and procedures that were "medically necessary." Services and  
9 procedures that were not medically necessary, were not actually  
10 provided, or were not required to treat a specific diagnosis, were not  
11 reimbursable under Medicare and Medi-Cal.

12 CPT CODES

13 16. Current Procedural Terminology ("CPT") codes were numbers  
14 assigned to every task and service a medical practitioner provided to  
15 a patient including medical, surgical and diagnostic services. CPT  
16 codes were mandated by federal law for federally funded healthcare  
17 programs, including Medicare and Medi-Cal, and were published and  
18 reviewed annually by the American Medical Association. The CPT codes  
19 were used by Medicare and Medi-Cal to determine the amount of  
20 reimbursement that a provider would receive from the health care  
21 programs.

22 17. An office visit was considered a class of visit called  
23 "Evaluation and Management Services." Office visits were separated  
24 into five general classes for purposes of CPT coding. The level of  
25 the office visit correlated to both the severity of the presenting  
26 problem(s) and the typical face-to-face time component. Different CPT  
27 codes applied depending on a number of factors including the  
28 complexity of service, the type of patient (new or established), and

1 the location where the service was provided (office, home, nursing  
2 facility).

3 18. A "Level 3 Office Visit" was assigned CPT Code 99213. CPT  
4 Code 99213 applied specifically to an "office or other outpatient  
5 visit for the evaluation and management of an established patient."  
6 The code 99213 applied to visits that had at least two of the  
7 following three components: (1) "an expanded problem focused history;"  
8 (2) "an expanded problem focused examination;" or (3) "medical  
9 decision making of complexity." The definition for a Level 3 Office  
10 Visit read in part: "Usually, the presenting problem(s) are of low to  
11 moderate severity. Physicians typically spend 15 minutes face-to-face  
12 with the patient and/or family."

13 19. Medicare and Medi-Cal only reimbursed Level 3 Office Visits  
14 where the provider: (a) met with the patient face-to-face; (b) for the  
15 required amount of time; (c) on the date of service listed on the  
16 claim.

17 Counts 1-43

18 HEALTH CARE FRAUD

19 [18 U.S.C. §§ 1347 and 2]

20 20. Paragraphs 1 through 19 of the General Allegations section  
21 of this Indictment are realleged and incorporated by reference.

22 21. Beginning at a date unknown, and continuing until November  
23 2010, within the Southern District of California, and elsewhere,  
24 defendant YOUSEF KURDY, and others known and unknown to the grand  
25 jury, having devised and intending to devise a scheme and artifice to  
26 defraud healthcare benefit programs, namely Medicare and Medi-Cal, did  
27 knowingly and willfully execute, and attempt to execute, such scheme  
28 and artifice: (a) to defraud Medicare and Medi-Cal, as to material

1 matters in connection with the delivery of and payment for health care  
2 benefits, items, and services; and (b) to obtain money from Medicare  
3 and Medi-Cal by means of materially false and fraudulent pretenses,  
4 representations and promises, and the concealment of material facts,  
5 in connection with the delivery of and payment for health care  
6 benefits, items, and services.

7 **PURPOSE OF THE SCHEME AND ARTIFICE**

8 22. It was the purpose of the scheme and artifice for defendant  
9 YOUSEF KURDY to unlawfully enrich himself through the submission of  
10 false and fraudulent claims to Medicare and Medi-Cal for Level 3  
11 Office Visits that did not occur and for tests and treatments that  
12 were not provided.

13 **THE SCHEME AND ARTIFICE**

14 23. The fraudulent scheme operated, in substance, in the  
15 following manner:

16 a. Defendant YOUSEF KURDY submitted and caused to be  
17 submitted claims to Medicare and Medi-Cal falsely representing that  
18 he conducted Level 3 Office Visits with patients, when in truth and  
19 in fact, such office visits never occurred.

20 b. Defendant YOUSEF KURDY submitted and caused to be  
21 submitted claims to Medicare and Medi-Cal falsely representing that  
22 he conducted Level 3 Office Visits with patients, when in truth and  
23 in fact, on some of the dates he claimed such Level 3 Office Visits  
24 took place, YOUSEF KURDY was traveling outside the State of  
25 California.

26 c. Defendant YOUSEF KURDY submitted and caused to be  
27 submitted claims to Medicare and Medi-Cal falsely representing that  
28 he conducted Level 3 Office Visits with patients, when in truth and

1 in fact, on some of the dates he claimed such Level 3 Office Visits  
2 took place, YOUSEF KURDY was attending Continuing Medical Education  
3 classes.

4 d. Defendant YOUSEF KURDY submitted and caused to be  
5 submitted claims to Medicare and Medi-Cal falsely representing that  
6 he conducted Level 3 Office Visits with patients, when in truth and  
7 in fact, on some of the dates YOUSEF KURDY claimed such Level 3 Office  
8 Visits took place, the patients were traveling outside the State of  
9 California.

10 e. Defendant YOUSEF KURDY submitted and caused to be  
11 submitted claims to Medicare and Medi-Cal falsely representing that  
12 he conducted Level 3 Office Visits with patients, when in truth and  
13 in fact, on some of the dates YOUSEF KURDY claimed such Level 3 Office  
14 Visits took place, the patients were deceased.

15 f. Defendant YOUSEF KURDY submitted and caused to be  
16 submitted fraudulent claims to Medicare and Medi-Cal in which he  
17 included a diagnosis for medical conditions from which the  
18 beneficiaries did not suffer.

19 **ACTS AND ATTEMPTED ACTS IN EXECUTION OF THE SCHEME AND ARTIFICE**

20 24. On or about the dates set forth below, within the Southern  
21 District of California and elsewhere, defendant YOUSEF KURDY and  
22 others known and unknown to the grand jury, for the purpose of  
23 executing and attempting to execute the scheme to defraud described  
24 above, knowingly and willfully submitted and caused to be submitted  
25 to Medicare and Medi-Cal the following false and fraudulent claims for  
26 Level 3 Office Visits, in that, among other things, defendant YOUSEF  
27 KURDY was traveling outside the State of California on the dates that  
28 he allegedly conducted a Level 3 Office Visit.

Count	Date Claim Submitted	Beneficiary	Purported Service Date	Amount Billed	Claim Number
1	09/18/2007	E.G. (Medicare)	08/14/2007	\$55.00	551107261843360
2	07/21/2008		07/10/2008	\$55.00	551108203689810
3	07/25/2008		07/17/2008	\$55.00	551108207680410
4	08/20/2009		08/05/2009	\$55.00	551809232475210
5	07/21/2008	M.B. (Medicare)	07/09/2008	\$55.00	551108203689310
6	07/23/2008		07/16/2008	\$55.00	551108205739130
7	08/20/2009		08/05/2009	\$55.00	551809232475080
8	07/25/2008	F.F. (Medicare)	07/17/2008	\$55.00	551108207680400
9	08/20/2009		08/05/2009	\$55.00	551809232475150
10	07/21/2008	G.F. (Medicare)	07/08/2008	\$55.00	551108203688410
11	08/12/2008		07/15/2008	\$55.00	551108225004200
12	08/20/2009		08/05/2009	\$55.00	551809232475160
13	09/02/2008	D.M. (Medi-Cal)	07/15/2008	\$55.00	8246619563901
14	01/11/2008	R.R. (Medicare)	12/27/2007	\$55.00	551808011053850
15	07/21/2008		07/08/2008	\$55.00	551108203688890
16	07/21/2008		07/15/2008	\$55.00	551108203690210
17	10/06/2008		10/03/2008	\$55.00	551108280162220

25. On or about the dates set forth below, within the Southern District of California and elsewhere, defendant YOUSEF KURDY and others known and unknown to the grand jury, for the purpose of executing and attempting to execute the scheme to defraud described above, knowingly and willfully submitted and caused to be submitted to Medicare and Medi-Cal the following false and fraudulent claims for

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1 Level 3 Office Visits, in that, among other things, defendant YOUSEF  
 2 KURDY was attending Continuing Medical Education classes on the dates  
 3 he claimed such Level 3 Office Visits took place.

Count	Date Claim Submitted	Beneficiary	Purported Service Date	Amount Billed	Claim Number
18	10/15/2007	E.G.	10/12/2007	\$55.00	551107288656550
19	05/26/2009	(Medicare)	05/07/2009	\$55.00	551109146055870
20	09/25/2009		09/25/2009	\$55.00	551109268033770
21	09/24/2009	G.F. (Medicare)	09/24/2009	\$55.00	551109267335030

11 26. On or about the dates set forth below, within the Southern  
 12 District of California and elsewhere, defendant YOUSEF KURDY and  
 13 others known and unknown to the grand jury, for the purpose of  
 14 executing and attempting to execute the scheme to defraud described  
 15 above, knowingly and willfully submitted and caused to be submitted  
 16 to Medicare and Medi-Cal the following false and fraudulent claims for  
 17 Level 3 Office Visits, in that, among other things, the patients were  
 18 traveling outside the State of California on the dates that defendant  
 19 YOUSEF KURDY allegedly conducted a Level 3 Office Visit.

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Count	Date Claim Submitted	Beneficiary	Purported Service Date	Amount Billed	Claim Number
22	11/28/2007	M.B.	11/27/2007	\$55.00	551107332857970
23	10/01/2008	(Medicare)	09/11/2008	\$55.00	551808275151700
24	10/09/2008	S.M. (Medi-Cal)	10/08/2008	\$55.00	8283620144701
25	10/19/2009	G.F.	10/19/2009	\$55.00	551109292187170
26	10/29/2009	(Medicare)	10/26/2009	\$55.00	551109302683360
27	11/05/2009		11/05/2009	\$55.00	551109309042620
28	10/14/2009	F.F.	10/14/2009	\$55.00	551109287059380
29	10/21/2009	(Medicare)	10/21/2009	\$55.00	551109294082280
30	10/30/2009		10/30/2009	\$55.00	551109303120100
31	11/10/2009		11/09/2009	\$55.00	551809314417050
32	05/27/2010		05/13/2010	\$55.00	551110147045280
33	03/27/2009	D.M. (Medi-Cal)	03/26/2009	\$55.00	9086616130201

27. On or about the dates set forth below, within the Southern District of California and elsewhere, defendant YOUSEF KURDY and others known and unknown to the grand jury, for the purpose of executing and attempting to execute the scheme to defraud described above, knowingly and willfully submitted and caused to be submitted to Medicare and Medi-Cal the following false and fraudulent claims for Level 3 Office Visits, in that, among other things, the patients were deceased on the dates that defendant YOUSEF KURDY allegedly conducted a Level 3 Office Visit.

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Count	Date Claim Submitted	Beneficiary	Date of Death	Purported Service Date	Amount Billed	Claim Number
34	12/31/2009	A.E. (Medicare)	03/11/2008	12/30/2009	\$55.00	551109365319550
35	07/29/2009	S.J. (Medicare)	07/24/2009	07/29/2009	\$55.00	551109210051230
36	09/03/2009	(Medicare)		08/14/2009	\$55.00	551809246196720
37	09/17/2009			09/03/2009	\$55.00	551109260173690
38	10/02/2008	D.M. (Medicare)	09/23/2008	09/25/2008	\$55.00	551108276756850
39	10/10/2008	(Medicare)		10/09/2008	\$55.00	551808284166030
40	10/17/2008			10/16/2008	\$55.00	551808291116240
41	10/01/2009	O.M. (Medicare)	09/28/2009	09/29/2009	\$55.00	551109274072690
42	10/09/2009	(Medicare)		10/09/2009	\$55.00	551109282071690
43	10/29/2009			10/22/2009	\$55.00	551109302269120

All in violation of Title 18, United States Code, Section 1347, and Title 18, United States Code, Section 2.

Counts 44-65

AGGRAVATED IDENTITY THEFT

[18 U.S.C. § 1028A]

28. Paragraphs 1 through 27 of this Indictment are realleged and incorporated by reference.

29. On or about the dates set forth below, within the Southern District of California, defendant YOUSEF KURDY, during and in relation to the offense of health care fraud in violation of Title 18, United States Code, Section 1347, knowingly used, without lawful authority, the following means of identification of another person, that is, the names and identification numbers of the patients listed below, knowing that the means of identification belonged to another person.

Count	Date Claim Submitted	Beneficiary	Identification Number (Last 4 Digits)	During and in Relation to the Felony Charged in Count (s)
44	11/28/2007	M.B.	420B	22
45	10/01/2008	(Medicare)		23
46	10/09/2008	S.M. (Medi-Cal)	6182	24
47	10/19/2009	G.F.	409A	25
48	10/29/2009	(Medicare)		26
49	11/05/2009			27
50	10/14/2009	F.F.	190A	28
51	10/21/2009	(Medicare)		29
52	10/30/2009			30
53	11/10/2009			31
54	05/27/2010			32
55	03/27/2009	D.M. (Medi-Cal)	4837	33
56	12/31/2009	A.E. (Medicare)	983A	34
57	07/29/2009	S.J.	501A	35
58	09/03/2009	(Medicare)		36
59	09/17/2009			37
60	10/02/2008	D.M.	049A	38
61	10/10/2008	(Medicare)		39
62	10/17/2008			40
63	10/01/2009	O.M.	457A	41
64	10/09/2009	(Medicare)		42
65	10/29/2009			43

28 All in violation of Title 18, United States Code, Section 1028A.

Counts 66-70RECEIPT OF KICKBACKS FOR PATIENT REFERRALS

[42 U.S.C. § 1320a-7b(b) (1) (A)]

30. Paragraphs 1 through 19 of this Indictment are realleged and incorporated by reference.

31. On or about the dates set forth below, within the Southern District of California and elsewhere, defendant YOUSEF KURDY did knowingly and willfully solicit and receive remuneration, including a kickback and bribe, directly and indirectly, overtly and covertly, in return for referring individuals, including Medicare and Medi-Cal patients, to a pharmacy for the furnishing and arranging for the furnishing of services and items for which payment may be made in whole or in part under a Federal health care program, namely prescriptions for medicine under Medicare and Medi-Cal.

Count	Date	Description of Kickback
66	02/16/2007	\$4,000 in cash
67	10/16/2007	\$4,000 in cash
68	04/02/2008	\$4,000 in cash
69	11/19/2008	\$4,000 in cash
70	03/03/2009	\$4,000 in cash

All in violation of Title 42, United States Code, Section 1320a-7b(b) (1) (A), and Title 18, United States Code, Section 2.

Count 71INCOME TAX EVASION - 2006

[26 U.S.C. § 7201]

32. Paragraphs 1 through 19 of this Indictment are realleged and incorporated by reference.

1           33. On or about October 19, 2007, defendant YOUSEF KURDY  
2 well-knowing and believing that he had taxable income and a tax due  
3 and owing for the calendar year 2006, in the Southern District of  
4 California and elsewhere, did willfully attempt to evade and defeat  
5 this income tax due and owing by him to the United States by  
6 committing the following affirmative acts of evasion, among others,  
7 the likely effect of each of which would be to mislead and conceal his  
8 true and correct income and tax due thereon from proper officers of  
9 the United States:

10           a. During 2006, defendant YOUSEF KURDY received income  
11 from illegal cash kickbacks on a monthly basis.

12           b. During 2006, defendant YOUSEF KURDY commingled the  
13 gross receipts from his medical clinics and residential care facility  
14 with his personal bank accounts.

15           c. During October 2007, defendant YOUSEF KURDY provided  
16 his return preparer with false, inaccurate, and inadequate information  
17 to prepare his U.S. Individual Income Tax Return (Form 1040) for 2006,  
18 including summaries that substantially understated his gross receipts  
19 from his medical practice and his residential care facility during  
20 2006.

21           d. During 2007, defendant YOUSEF KURDY concealed from his  
22 return preparer information and records regarding his income and  
23 illegal cash kickbacks during 2006.

24           e. On or about October 19, 2007, defendant YOUSEF KURDY  
25 caused to be filed a U.S. Individual Income Tax Return (Form 1040) for  
26 the year 2006 that substantially understated the gross receipts from  
27 his medical practice and residential care facility received during  
28 2006, completely omitted all illegal cash kickbacks received during

1 2006, and substantially understated the income tax due for the  
2 year 2006.

3 All in violation of Title 26, United States Code, Section 7201, and  
4 Title 18, United States Code, Section 2.

5 Count 72

6 INCOME TAX EVASION - 2007

7 [26 U.S.C. § 7201]

8 34. Paragraphs 1 through 19 of this Indictment are realleged and  
9 incorporated by reference.

10 35. On or about October 15, 2008, defendant YOUSEF KURDY  
11 well-knowing and believing that he had taxable income and a tax due  
12 and owing for the calendar year 2007, in the Southern District of  
13 California and elsewhere, did willfully attempt to evade and defeat  
14 this income tax due and owing by him to the United States by  
15 committing the following affirmative acts of evasion, among others,  
16 the likely effect of each of which would be to mislead and conceal his  
17 true and correct income and tax due thereon from proper officers of  
18 the United States:

19 a. During 2007, defendant YOUSEF KURDY received income  
20 from illegal cash kickbacks on a monthly basis.

21 b. During 2007, defendant YOUSEF KURDY commingled the  
22 gross receipts from his medical clinics and residential care facility  
23 with his personal bank accounts.

24 c. During October 2008, defendant YOUSEF KURDY provided  
25 his return preparer with false, inaccurate, and inadequate information  
26 to prepare his U.S. Individual Income Tax Return (Form 1040) for 2007,  
27 including summaries that substantially understated his gross receipts  
28 from his medical practice and his residential care facility during

1 2007.

2 d. During 2008, defendant YOUSEF KURDY concealed from his  
3 return preparer information and records regarding his income and  
4 illegal cash kickbacks during 2007.

5 e. On or about October 15, 2008, defendant YOUSEF KURDY  
6 caused to be filed a U.S. Individual Income Tax Return (Form 1040) for  
7 the year 2007, that substantially understated the gross receipts from  
8 his medical practice and residential care facility received during  
9 2007, completely omitted all illegal cash kickbacks received during  
10 2007, and substantially understated the income tax due for the  
11 year 2007.

12 All in violation of Title 26, United States Code, Section 7201, and  
13 Title 18, United States Code, Section 2.

14 Count 73

15 INCOME TAX EVASION - 2008

16 [26 U.S.C. § 7201]

17 36. Paragraphs 1 through 19 of this Indictment are realleged and  
18 incorporated by reference.

19 37. On or about October 15, 2009, defendant YOUSEF KURDY  
20 well-knowing and believing that he had taxable income and a tax due  
21 and owing for the calendar year 2008, in the Southern District of  
22 California and elsewhere, did willfully attempt to evade and defeat  
23 this income tax due and owing by him to the United States by  
24 committing the following affirmative acts of evasion, among others,  
25 the likely effect of each of which would be to mislead and conceal his  
26 true and correct income and tax due thereon from proper officers of  
27 the United States:

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1 a. During 2008, defendant YOUSEF KURDY received income  
2 from illegal cash kickbacks on a monthly basis.

3 b. During 2008, defendant YOUSEF KURDY commingled the  
4 gross receipts from his medical clinics and residential care facility  
5 with his personal bank accounts.

6 c. During October 2009, defendant YOUSEF KURDY provided  
7 his return preparer with false, inaccurate, and inadequate information  
8 to prepare his U.S. Individual Income Tax Return (Form 1040) for 2008,  
9 including summaries that substantially understated his gross receipts  
10 from his medical practice and residential care facility during 2008.

11 d. During 2009, defendant YOUSEF KURDY concealed from his  
12 return preparer information and records regarding his income and  
13 illegal cash kickbacks during 2008.

14 e. On or about October 15, 2009, defendant YOUSEF KURDY  
15 caused to be filed a U.S. Individual Income Tax Return (Form 1040) for  
16 the year 2008 that substantially understated the gross receipts from  
17 his medical practice and residential care facility received during  
18 2008, completely omitted all illegal cash kickbacks received during  
19 2008, and substantially understated the income tax due for the year  
20 2008.

21 All in violation of Title 26, United States Code, Section 7201, and  
22 Title 18, United States Code, Section 2.

23 **CRIMINAL FORFEITURE ALLEGATIONS**

24 [18 U.S.C. §§ 982(a)(7)]

25 38. Paragraphs 1 through 27 of this Indictment are realleged and  
26 incorporated as if fully set forth herein for the purpose of alleging  
27 forfeiture pursuant to Title 18, United States Code, Section 982(a)(7).

28 //

1 39. Upon conviction of the offense of Health Care Fraud as alleged  
2 in Counts 1-43, defendant YOUSEF KURDY shall, pursuant to Title 18,  
3 United States Code, Section 982(a)(7), forfeit to the United States: (a) All  
4 right, title, and interest in any property, real or personal, that  
5 constitutes or is derived, directly or indirectly, from gross proceeds  
6 traceable to the commission of such offense; and (b) a sum of money equal  
7 to the total amount of gross proceeds derived, directly or indirectly, from  
8 such offenses.

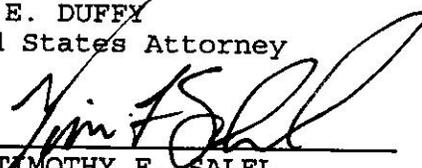
9 40. If any of the above-described forfeitable property, as a result  
10 of any act or omission of defendant YOUSEF KURDY (a) cannot be located upon  
11 the exercise of due diligence; (b) has been transferred or sold to, or  
12 deposited with, a third party; (c) has been placed beyond the jurisdiction  
13 of the Court; (d) has been substantially diminished in value; or (e) has  
14 been commingled with other property which cannot be divided without  
15 difficulty; it is the intent of the United States, pursuant to Title 21,  
16 United States Code, Section 853(p) and Title 18, United States Code, Section  
17 982(b), to seek forfeiture of any other property of defendant YOUSEF KURDY  
18 up to the value of the forfeitable property described above.  
19 All pursuant to Title 18, United States Code, Section 982(a)(7).

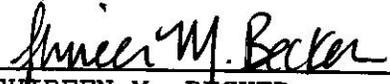
20 DATED: January 26, 2012.

21 A TRUE BILL:

22   
23 Foreperson

24 LAURA E. DUFFY  
United States Attorney

25  
26 By:   
27 TIMOTHY F. SALEL  
Assistant U.S. Attorney

28 By:   
SHIREEN M. BECKER  
Assistant U.S. Attorney

# **Exhibit 2**

**3:12-cr-00329-DMS All Defendants USA v. Kurdy****Date filed:** 01/26/2012**Date of last filing:** 02/27/2012

## History

<b>Doc. No.</b>	<b>Dates</b>	<b>Description</b>
<a href="#"><u>1</u></a>	<i>Filed:</i> 01/26/2012 <i>Entered:</i> 01/27/2012	Indictment (Sealed)
<a href="#"><u>2</u></a>	<i>Filed:</i> 01/26/2012 <i>Entered:</i> 01/27/2012	Warrant Issued
3	<i>Filed &amp; Entered:</i> 01/30/2012	Set/Reset Duty Hearings
	<i>Filed:</i> 02/24/2012	Motion to Unseal Case
<a href="#"><u>4</u></a>	<i>Entered:</i> 02/27/2012 <i>Terminated:</i> 02/24/2012	
<a href="#"><u>5</u></a>	<i>Filed:</i> 02/24/2012 <i>Entered:</i> 02/27/2012	Order on Motion to Unseal Case
<a href="#"><u>6</u></a>	<i>Filed &amp; Entered:</i> 02/27/2012	Notice of Attorney Appearance - USA

### PACER Service Center

#### Transaction Receipt

08/22/2019 10:05:22

<b>PACER Login:</b>	DirAntiFraudUnit:6068869:0	<b>Client Code:</b>	
<b>Description:</b>	History/Documents	<b>Search Criteria:</b>	3:12-cr-00329-DMS
<b>Billable Pages:</b>	1	<b>Cost:</b>	0.10

# **Exhibit 3**

**1164527099**  
**DR. YOUSEF KURDY**  
**National Provider Identifiers Registry**

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

**1164527099 DR. YOUSEF KURDY**

<i>NPI</i>	1164527099	10-position all-numeric identification number assigned by the NPS to uniquely identify a health care provider.
<i>Entity Type</i>	Individual	Code describing the type of health care provider that is being assigned an NPI. Codes are: <ul> <li>1 = (Person): individual human being who furnishes health care;</li> <li>2 = (Non-person): entity other than an individual human being that furnishes health care (for example, hospital, SNF, hospital subunit, pharmacy, or HMO).</li> </ul>
<i>Is Sole Proprietor</i>	Y	Indicate whether provider is a sole proprietor. <ul> <li>A sole proprietor is the sole (the only) owner of a business that is not incorporated; that unincorporated business is a sole proprietorship.</li> <li>In a sole proprietorship, the sole proprietor owns all of the assets of the business and is solely liable for all of the debts of the business.</li> <li>There is no difference between a sole proprietorship and a sole proprietor; they are legally a single entity: an individual.</li> <li>In terms of NPI assignment, a sole proprietor is an Entity type 1 (Individual) and is eligible for only one NPI (the sole proprietorship business is not eligible for its own NPI).</li> <li>As an individual, a sole proprietorship cannot be a subpart and cannot have subparts. (See NPI Final Rule for information about subparts.)</li> <li>A sole proprietorship may or may not have employees.</li> <li>Often, the IRS assigns an EIN to a sole proprietorship in order to protect the sole proprietor's SSN from disclosure in claims or on W-2s. NPPES does not capture a sole proprietorship's EIN.</li> <li>Many types of health care providers could be sole proprietorships (for example, group practices, pharmacies, home health agencies).</li> </ul>
<i>Provider Last Name (Legal Name)</i>	KURDY	The last name of the provider (if an individual). If the provider is an individual, this is the legal name. This name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. (First and last names are required for initial applications.) The First, Middle, Last and Credential(s) fields allow the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters.
<i>Provider First Name</i>	YOUSEF	The first name of the provider, if the provider is an individual.

<i>Provider Name Prefix Text</i>	DR.	The name prefix or salutation of the provider if the provider is an individual; for example, Mr., Mrs., or Corporal.
<i>Provider Credential Text</i>	MD	The abbreviations for professional degrees or credentials used or held by the provider, if the provider is an individual. Examples are MD, DDS, CSW, CNA, AA, NP, RNA, or PSY. These credential designations will not be verified by NPS.
<i>Provider First Line Business Mailing Address</i>	1160 BROADWAY	The first line mailing address of the provider being identified. This data element may contain the same information as "Provider first line location address".
<i>Provider Business Mailing Address City Name</i>	EL CAJON	The City name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address City name".
<i>Provider Business Mailing Address State Name</i>	CA	The State or Province name in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address State name".
<i>Provider Business Mailing Address Postal Code</i>	92021-4805	The postal ZIP or zone code in the mailing address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available. This data element may contain the same information as "Provider location address postal code".
<i>Provider Business Mailing Address Country Code</i>	US	The country code in the mailing address of the provider being identified. This data element may contain the same information as "Provider location address country code".
<i>Provider Business Mailing Address Telephone Number</i>	619-590-0097	The telephone number associated with mailing address of the provider being identified. This data element may contain the same information as "Provider location address telephone number".
<i>Provider Business Mailing Address Fax Number</i>	619-593-1769	The fax number associated with the mailing address of the provider being identified. This data element may contain the same information as "Provider location address fax number".
<i>Provider First Line Business Practice Location Address</i>	1160 BROADWAY	The first line location address of the provider being identified. For providers with more than one physical location, this is the primary location. This address cannot include a Post Office box.
<i>Provider Business Practice Location Address City Name</i>	EL CAJON	The city name in the location address of the provider being identified.
<i>Provider Business Practice Location Address State Name</i>	CA	The State or Province name in the location address of the provider being identified.
<i>Provider Business Practice Location Address Postal Code</i>	92021-4805	The postal ZIP or zone code in the location address of the provider being identified. NOTE: ZIP code plus 4-digit extension, if available.

<i>Provider Business Practice Location Address Country Code</i>	US	The country code in the location address of the provider being identified.
<i>Provider Business Practice Location Address Telephone Number</i>	619-590-0097	The telephone number associated with the location address of the provider being identified.
<i>Provider Business Practice Location Address Fax Number</i>	619-593-1769	The fax number associated with the location address of the provider being identified.
<i>Provider Enumeration Date</i>	09/14/2006	The date the provider was assigned a unique identifier (assigned an NPI).
<i>Last Update Date</i>	07/09/2007	The date that a record was last updated or changed.
<i>Provider Gender Code</i>	M	The code designating the provider's gender if the provider is a person.
<i>Provider Gender</i>	Male	The provider's gender if the provider is a person.
<i>Healthcare Provider Taxonomy Code #1</i>	207Q00000X	The Health Care Provider Taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification, and Area of Specialization.
<i>Healthcare Provider Taxonomy 1</i>	Family Medicine	Healthcare Provider Taxonomy #1
<i>Provider License Number 1</i>	A36827	Certain taxonomy selections will require you to enter your license number and the state where the license was issued. Select Foreign Country in the state drop down box if the license was issued outside of United States. The License Number field allows the following special characters: ampersand, apostrophe, colon, comma, forward slash, hyphen, left and right parentheses, period, pound sign, quotation mark, and semi-colon. A field cannot contain all special characters. DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in this section.
<i>Provider License Number State Code 1</i>	CA	Provider License Number State Code #1
<i>Healthcare Provider Primary Taxonomy Switch 1</i>	Y	Primary Taxonomy: <ul> <li>X - The primary taxonomy switch is Not Answered;</li> <li>Y - The taxonomy is the primary taxonomy (there can be only one per NPI record);</li> <li>N - The taxonomy is not the primary taxonomy.</li> </ul>
<i>Other Provider Identifier 1</i>	A36827	Other Provider Identifier #1

<i>Other Provider Identifier Type 1</i>	OTHER	Other Provider Identifier Type #1
<i>Other Provider Identifier State 1</i>	CA	Other Provider Identifier State #1
<i>Other Provider Identifier Issuer 1</i>	CA MEDICAL LIC #	Other Provider Identifier Issuer #1
<i>Other Provider Identifier 2</i>	BK1151757	Other Provider Identifier #2
<i>Other Provider Identifier Type 2</i>	OTHER	Other Provider Identifier Type #2
<i>Other Provider Identifier State 2</i>	CA	Other Provider Identifier State #2
<i>Other Provider Identifier Issuer 2</i>	DEA	Other Provider Identifier Issuer #2
<i>Other Provider Identifier 3</i>	00A368270	Other Provider Identifier #3
<i>Other Provider Identifier Type 3</i>	MEDICAID	Other Provider Identifier Type #3
<i>Other Provider Identifier State 3</i>	CA	Other Provider Identifier State #3
<i>Other Provider Identifier 4</i>	00A368271	Other Provider Identifier #4
<i>Other Provider Identifier Type 4</i>	MEDICAID	Other Provider Identifier Type #4
<i>Other Provider Identifier State 4</i>	CA	Other Provider Identifier State #4

NPPES National Plan & Enumeration System  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY)  
NPI Enumerator  
PO Box 6059  
Fargo, ND 58108-6059  
Email: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

For all questions regarding this bundle please contact [Support@HIPAASpace.com](mailto:Support@HIPAASpace.com). Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at <http://www.hipaaspace.com>.