

20CF5712

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

3

JUVENILE

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0   20-008929</b>	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) <b>5533 N MILITARY TRL 1714, BOCA RATON, FL 33496</b>		
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>KAINE, DANIEL MARTIN</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/13/1985</b>	Height <b>6'00</b>	Weight <b>215</b>	Eye Color <b>BROWN</b>
Complexion <b>MEDIUM</b>		Build		Marital Status		Religion
Local Address (Street, Apt. Number) <b>1399 W CAMINO REAL, BOCA RATON, FL 33486</b>			Phone <b>(561) 989-4354</b>		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>1399 W CAMINO REAL, BOCA RATON, FL 33486</b>			Phone <b>(561) 989-4354</b>		Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Business Address (Name, Street)			Phone		Address Source	
D/L Number, State <b>KS00173850530 / FL</b>			Soc. Sec. Number		Place of Birth (City, State)	
Citizenship <b>US</b>			Occupation			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone			
<input type="checkbox"/> Legal Custodian			Business Phone			
Address (Street, Apt. Number) (City) (State) (Zip)						
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name) Relationship			Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.			School Attended			Grade
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____			Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Value of Property
Drug Activity N. N/A P. Possess			S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispenses/ Distribute	M. Manufacture/ Produce/ Cultivate
Drug Type N. N/A A. Amphetamine			B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description <b>AIDING, ABETTING, ADVISING OR PARTICIPATE IN PATIENT BROKER</b>			Statute Violation Number <b>817.505(1)(b)4</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>6</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant			Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail			PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Released To			
Transported By			Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			No Photo Available
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			Court Date and Time			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest			Name of Arresting Officer (Print) <b>LAWORSKI, JOSEPH P</b>		(PRINT)	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other			I.D. # <b>1090</b>			
Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	PAGE <b>1 OF 1</b>
Witness here if subject signed with an "X".						

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P. I. O.  DEFENDANT

PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

3 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   20-008929</b>
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>KAINE, DANIEL MARTIN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/13/1985</b>
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Charge Description <b>817.505(1)(B) PATIENT BROKERING</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

committed the below acts in my presence.                       was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.                       was found to have committed the below acts, resulting from my (described) investigation.

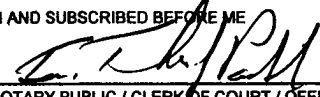

On the 16 day of August, 2017 at 00:04 (Specifically include facts constituting cause for arrest.)

The following investigation was conducted in Palm Beach County, Florida

Abira Medical Laboratories d.b.a Genesis Diagnostics (Genesis) is a clinical laboratory with a principal address of 900 Town Center Drive, Suite H50, Langhorne, Pa 19047. Genesis was licensed in the State of Florida by the Agency of Health Care Administration (ACHA) to operate and perform, among other things, toxicology and urinalysis testing. Genesis paid kickbacks of insurance payments to treatment centers and sober homes for urine specimen referrals to Genesis. One of those sober homes was Your Life Recovery Center (Your Life Recovery).

Jason Gadreault, owner of Minuteman Consulting LLC, was arrested on 03/04/19 by Detective Lunsford of the Sober Homes Task Force, and charged with nine counts of patient brokering and one count of conspiracy to commit patient brokering. On 04/29/19 Gadreault met with Det. Lunsford and provided a sworn proffer statement. He explained that Genesis paid him for each urine specimen he referred to Genesis for testing. Gadreault sourced urine from sober homes, including Your Life Recovery, In Palm Beach County. Each Sober home had a representative, which Gadreault referred to as a "sub-rep." Gadreault would share a portion of the insurance payment kickback he received from Genesis with the sub-rep for each urine specimen that sub-rep's "account" referred. Gadrault stated Daniel Kaine was the sub-rep for Your Life Recovery. Gadreault stated Your Life was a partial hospitalization program (PHP) only facility and was located in Boynton Beach, FL. Gadrault advised that he would receive \$150 per cup and then he would pay his sub-rep \$125 per cup. Eventually, Genesis changed the manner of payment to Gadrault. Gadrault then began to pay 80% to his sub-reps.

State of Florida, Division of Corporation records show Daniel Kaine as the registered agent and sole authorized member of DMK Marketing, LLC from 01/28/15 until the corporation was dissolved on 09/27/2019. DMK Marketing's principal address was 5533 N

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>7/2/2020</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>JAWORSKI JOSEPH P (1090)</b> NAME OF OFFICER (PLEASE PRINT) <u>06/29/2020</u> DATE
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

3

JUVENILE

OBT Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 20-008929</b>
Charge Type: Check as many as apply.				Special Notes:
<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
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Name (Last, First, Middle) <b>KAINE, DANIEL MARTIN</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/13/1985</b>
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Military Trail 1714 Boca Raton, FL 33496.

Jason Gadreault of Minuteman Consulting, LLC had multiple bank accounts. Gadreault issued twelve checks payable to Daniel Kaines company, DMK Marketing.

Those checks are as follows:

Wells Fargo: Account ending in [REDACTED]

Check 1017, dated 04/19/17 amount \$8,100.00	memo line "Professional services"
Check 7420, dated 05/12/17 amount \$9,100.00	
Check 1003, dated 05/17/17 amount \$9,100.00	memo line "commission"
Check 1025, dated 05/26/17 amount \$7,500.00	memo line "Professional services"
Check 1032, dated 06/05/17 amount \$5,000.00	memo line "Professional services"

Suntrust Bank: Account ending in [REDACTED]

Check 1009, dated 07/10/17 amount \$8,900.00	memo line "Professional services"
Check 1011, dated 07/18/17 amount \$4,000.00	memo line "commission"
Check 1013, dated 07/24/17 amount \$5,000.00	memo line "commission"
Check 1019, dated 08/01/17 amount \$2,570.00	memo line "commission"
Check 1024, dated 08/09/17 amount \$3,380.00	memo line "commission"
Check 1026, dated 08/16/17 amount \$2,000.00	memo line "commission"

PNC Bank: Account ending in [REDACTED]


Check 1208, dated 05/02/17 amount \$5,710.00	memo line "commission"
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All of the above checks were the subsequently deposited into DMK Marketing's, TD Bank account ending in [REDACTED]

On 6/23/2020, during another sworn statement, Jason Gadreault was shown copies of all the above checks. Gadreault advised each of the checks bore his signature as the remitter and that all the checks were insurance payment kickbacks to Your life Recovery urine test referrals from Daniel Kaine/ DMK Marketing to Genesis Diagnostics.

Your affiant obtained via search warrant the records of patients whose urine was tested by Genesis. The data showed from 01/29/17 to 06/22/17, 5104 urine tests were completed by Genesis for patients of Your Life Recovery totaling \$1,778,082.00 billed to insurance carriers, of which Daniel Kaine received a total kickback of \$70,360.00.

The "Florida Patient Brokering Act," makes it a felony offense for any person, health care provider, or health care facility, including any state licensed substance abuse service provider, to: "(a) Offer or pay any commission, bonus, rebate, kickback, or

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	7/2/2020	<b>JAWORSKI, JOSEPH P (1090)</b>
	DATE	NAME OF OFFICER (PLEASE PRINT)
		<b>06/29/2020</b>
		DATE

<b>OBTs Number</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>3</b>	JUVENILE
<b>Agency ORI Number</b> <b>FL 0500400</b>	<b>Agency Name</b> <b>DELRAY BEACH POLICE DEPARTMENT</b>	<b>Agency Report Number</b> <b>4   0   20-008929</b>			
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<b>Name (Last, First, Middle)</b> <b>KAINE, DANIEL MARTIN</b>	Alias	<b>Race</b> <b>W</b>	<b>Sex</b> <b>M</b>	<b>Date of Birth</b> <b>02/13/1985</b>
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bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of patients or patronage to or from a health care provider or health care facility."

817.505 Patient brokering prohibited; exceptions; penalties.-

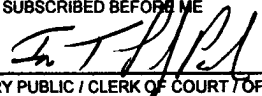

(1) It is unlawful for any person, including any health care provider or health care facility, to:

(a) Offer or pay a commission, benefit, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of a patient or patronage to or from a health care provider or health care facility;

(b) Solicit or receive a commission, benefit, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, in return for referring a patient or patronage to or from a health care provider or health care facility;

Due to the above sworn testimony and evidence, Probable cause exists to charge Daniel Kaine with 6 counts of Patient Brokering pursuant to FSS 817.505(1) (b) for the receipt of 6 checks (received between 7/10/17 and 8/16/17) from Jason Gadreault for urine specimen referrals from Your Life Recovery to Genesis.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 7/2/2020 DATE	 SIGNATURE OF ARRESTING INVESTIGATING OFFICER <b>JAWORSKI, JOSEPH P (1090)</b> NAME OF OFFICER (PLEASE PRINT) <b>06/29/2020</b> DATE
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