

OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile	N	
Agency ORI Number FL 0505200		Agency Name DIVISION OF INSURANCE FRAUD				Agency Report Number DIF - 1961					
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		Weapons Seized/Type 1. Yes 2. No 2			
Location of Arrest (Including Name of Business)				Location of Offense 6699 N Federal Highway, Boca Raton Fl. 33487				Date of Offense 03/03/2017			
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal					
Location of Vehicle			Other Local Number	FDLE Number	DOC Number	FBI Number					
Name (Last, First, Middle) CITRIN Max Louis						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 6/25/1983	Height 5'8"	Weight 150	Eye Color Brown	Hair Color Black BRN	Complexion Med	Build Small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Un. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Un.				
Local Address (Street, Apt. Number) 2061 NW 2nd Ave #106		(City) Boca Raton	(State) FL	(Zip) 33431	Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2				
Permanent Address (Street, Apt. Number) Same as above		(City)	(State)	(Zip)	Phone		Address Source Defendant				
Business Address (Name, Street) 6699 N Federal Highway #200		(City) Boca Raton	(State) Fla	(Zip) 33487	Phone		Occupation Medical Doctor				
D/L Number C365-552-83-225-0		D/L State FL	NS Number	Place of Birth New York		Citizenship US					
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)			Residence Phone						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
Notified By: (Name)		Date	Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated						
Released To: (Name)		Relationship			Date	Time					
The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)					School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Valid of Property						
Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/Distribute Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Type Unknown N. N/A Other A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Z.
CHARGE	Charge Description False or Fraudulent Insurance Claim over \$100K for BC/BS (1st Degree Felony)			Counts 1F	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 817.234(1)(a)1 & (11)(c)		Violation of ORD #			
	Activity N	Drug Type N	Amount/Unit	Offense # 17-1961	Warrant/Capias Number		Bond				
CHARGE	Charge Description False or Fraudulent Insurance Claim over \$100K for CIGNA (1st Degree Felony)			Counts 1F	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 817.234(1)(a)1 & (11)(c)		Violation of ORD #			
	Activity N	Drug Type N	Amount/Unit	Offense # 17-1961	Warrant/Capias Number		Bond				
CHARGE	Charge Description False or Fraudulent Insurance Claim over \$100K for HUMANA (1st Degree Felony)			Counts 1F	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 817.234(1)(a)1 & (11)(c)		Violation of ORD #			
	Activity N	Drug Type N	Amount/Unit	Offense # 17-1961	Warrant/Capias Number		Bond				
CHARGE	Charge Description False or Fraudulent Insurance Claim under \$20K for Patient B.A. (3rd Degree Felony)			Counts 1F	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 817.234.(1)(a)1 & (11)(a)		Violation of ORD #			
	Activity N	Drug Type N	Amount/Unit	Offense # 17-1961	Warrant/Capias Number		Bond				
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)								
			Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian)											
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer				Date Signed			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy I.D.#			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) Det T Athol ID#356		Name Verification (Printed by Prisoner) (PRINT)		PAGE
Pouch #			Transporting Officer I.D.#		Agency		Witness here if subject signed with an "X"			1 OF 2	

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

3 Juvenile N

ADMINISTRATIVE

OBTS NUMBER		Agency Name		Agency Report Number	
FL 0505200		DIVISION OF INSURANCE FRAUD		DIF - 17 - 1961	
Charge Type: Check as many as apply		Weapons Seized/Type			
<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		Date of Offense	
		6699 N Federal Highway, Boca Raton Fl. 33487		03/03/2017	
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time
Location of Vehicle		Other Local Number	FDLE Number	DOC Number	FBI Number

Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)			
CITRIN Max Louis					
Race	Sex	Date of Birth	Height	Weight	Eye Color
W - White B - Black I - American Indian O - Oriental/Asian	W M	6/25/1983	5'8"	150	Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion	Indication of: Alcohol Influence Drug Influence	
		S		Y N Un <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
2061 NW 2nd Ave #106		Boca Raton	FL	33431	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone
Same as above					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
6699 N Federal Highway #200		Boca Raton	Fla	33487	
D/L Number	D/L State	INS Number	Place of Birth	Citizenship	
C365-552-83-225-0	FL		New York	US	

CO-DEF.

Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	

JUVENILE

<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other:		Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone
Notified By: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated	
Released To: (Name)		Relationship		Date	Time
The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address.				School Attended	Grade
Property Crime?		Description of Property		Value of Property	
<input type="checkbox"/> Yes <input type="checkbox"/> No					

COD

Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture	Z. Other	Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	U.
N. N/A	B. Buy	D. Deliver	Distribute	Produce/		N. Unknown	C. Cocaine	M. Marijuana	Equipment	Z. Other
P. Possess	T. Traffic	E. Use		Cultivate		A. Amphetamine	E. Heroin	O. Opium/Deriv.	S. Synthetic	

CHARGE

Charge Description		Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Fraudulent Insurance Claim under \$20K for Patient A.N. (3rd Degree Felony)		1F		817.234(1)(a)1 & (11)(a)	
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		17-1961		

CHARGE

Charge Description		Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

CHARGE

Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)			
		Court Date and Time			
		Month	Day	Year	Time
					<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					

ADMIN

HOLD for other Agency Name:		Signature of Arresting Officer		Date Signed	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: I.D.#		Name Verification (Printed by Prisoner) (PRINT)	
Pouch #		Name of Arresting Officer (Print) Det T Athol ID#356		I.D. DIF	
I.D.#		Transporting Officer		I.D.# Agency	
				Witness here if subject signed with an "X"	
				PAGE 2 OF 2	

OBTS Number		PROBABLE CAUSE AFFIDAVIT				3			
		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias						Juvenile	
Agency ORI Number FL0505200		Agency Name DIVISION OF INSURANCE FRAUD				Agency Report Number DIF - 17 - 1961			
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.						Special Notes:			
Defendant's Name (Last, First, Middle) CITRIN Max Louis						Race W	Sex M	Date of Birth 6/25/1983	
Charge Description False/Fraudulent Insurance claim over \$100K (x3)			Charge Description						
Charge Description False/Fraudulent Insurance claim under \$20K (x2)			Charge Description						
Victim's Name (Last, First, Middle) BCBS / Humana / CIGNA (victims x3)						Race	Sex	Date of Birth	
Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source				
Victim's 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...									
<input type="checkbox"/> committed the below acts in my presence.			<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.						
<input type="checkbox"/> confessed to _____ admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
On the day of _____, 200__ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).									

NARRATIVE:

I am a Detective at the Department of Financial Services, Division of Forensic and Investigative Services, Bureau of Insurance Fraud (DIF). In July of 2017, I was attached to the Palm Beach County Sober Homes Task Force (SHTF). The SHTF was made aware of a doctor identified as Dr. Max Citrin (Dr. Citrin) whose practice was located at 6699 North Federal Hwy, Suite 200, Boca Raton Florida. Dr. Citrin was purportedly involved in the recovery community and had been prescribing narcotics to patients without proper procedures, exams, and/or medical necessity. A check with the Florida Department of Health confirmed Dr. Citrin as an Osteopathic Physician (License # OS12975) with a practice located at the aforementioned address.

On November 7, 2017, subjects C.L. & V.W. gave independent and separate sworn statements about their knowledge of Dr. Citrin. They had both been exposed to him via their respective boyfriends (A.P. & A.M.). They independently described Dr. Citrin's activities, which involved him writing their boyfriends narcotic prescriptions in exchange for recruiting patients from recovery facilities to also go to Dr. Citrin's office for treatment. In addition, C.L & V.W. each independently stated that Dr. Citrin wrote narcotic prescriptions for recreational use.

On November 8, 2017, the Honorable Judge Janis Brustares Keyser (Fifteenth Judicial Circuit) signed an order authorizing disclosure and use of patient records and use of undercover agents to investigate the aforementioned allegations.

NARRATIVE CONTINUATION

On November 9, 2017, the SHTF conducted an undercover operation at Dr. Citrin's office in Boca Raton, Fla. A female and a male undercover agent (UC) went to Dr. Citrin's office as walk-in patients. The UCs entered the office with undercover identities and corresponding undercover insurance cards. The insurance cards were valid/active insurance cards supplied by Blue Cross Blue Shield (BC/BS) to be utilized by the SHTF. BC/BS was aware that the insurance cards were being utilized in an undercover capacity and was to monitor their usage by Dr. Citrin. The female UC was seen by Dr. Citrin while in the company of the male UC, who was posing as her boyfriend. The entirety of the UCs' visit to Dr. Citrin's office was covertly recorded.

During the undercover operation, the male UC discussed getting testosterone without proper screenings and possibly bringing in other patients for a discount on his costs with Dr. Citrin. The female UC presented her undercover BC/BS insurance card and requested a Xanax prescription. Dr. Citrin told her she needed to take an allergy screen (as a new patient) and used her forearm for the exam (allergy patch). She was given a prescription for Xanax and the UCs left the office. Dr. Citrin never followed up on the results from her allergy test or discussed the results with her.

As part of the undercover operation, BC/BS Special Investigator Maria Guerrero monitored the claims/billings submitted by Dr. Citrin to BC/BS on the undercover insurance cards. On November 9, 2017, the female UC's undercover insurance card information was utilized to bill BC/BS for \$5,414.72 by Dr. Citrin. The billing was for the initial visit of the female UC and the reason for the visit was listed as "allergies". On November 11, 2017, the same undercover BC/BS insurance card information was utilized to bill BC/BS an additional \$11,484.72 for "preparation of allergy shots". Dr. Citrin had no contact with the female UC after her initial visit and he had no discussion with her regarding his (Citrin's) allergy diagnosis or treatment (i.e. test results, future proposed treatment, allergy shots etc).

The Health Insurance Claim Form (HICF) and Progress Notes on the female UC's medical record prepared by Dr. Citrin and submitted to BC/BS show the following information:

1. Chief Complaints, New/Follow-up Patient Consult: "Patient C/o runny nose, fatigue. Suffered with allergy symptoms for over 6 months, episodes worsen during the middle of the year. During the episodes the patient has not used anything to improve. Patient has a history of smoking, no pets at current residence, was living in a group home and suspects black mold, takes otc meds during episodes which usually are minimally effective, is not currently having an episode. Patient has relevant medical health condition of polysubstance dependence which causes symptoms which at times of substance withdrawal (eg. Runny nose) are overlaid on his allergy symptoms."

NARRATIVE CONTINUATION

NOTE: Dr. Citrin refers to the female UC as “his” rather than “hers” in the last sentence of the aforementioned paragraph.

2. History & Physical Exam and Statement of Medical Necessity: “Patient Reported Seasonal Allergies previously, and symptoms today of sneezing, sniffing, Post-Nasal Drip, Redness, Itching, watery eyes. Patient reports symptoms for 0-6 months, worse in middle of the year,, during these episodes the patient uses otc meds with little relief, Patient has history of smoking, family history of smoking, no pets. Objective: VSS. On Physical Exam, There were no rashes or skin lesions, HEENT exam evidence of Nasal drainage, and itchy, watery eyes. Lung/Resp exam with no wheezing or rales or crackles. Based on the information gathered during this history and physical examination and given the patient’s recurring symptoms I have determined THAT IT IS MEDICALLY NECESSARY to perform an allergy test and treatment will be contingent on the results. I certify and attest that I have personally performed a face-to-face physical examination of this patient.”

NOTE: The spelling and punctuation mistakes and errors in the aforementioned paragraph are as prepared by Dr. Citrin.

3. Objective: “Temp 98.6 F, HR 66/min, BP 122/72 mm Hg, RR 12/min, Wt-kg 77.11”.

NOTE: 77.11 Kilograms is equal to approximately 170lbs which was not the female UC’s weight.

4. Plan: 1. Others. PSYCH EVAL: “Patient shows minimal treatment response as of today. Patient continues to exhibit symptoms of Generalized anxiety disorder. Symptoms continue the similar frequency and intensity, and no significant improvement is noted. Symptoms of this disorder occur more days than not. Sleep difficulty continues unchanged. Feelings of increased muscular tension across neck and shoulders continue unchanged. Patient describes feelign irritable. COntinuing difficulty concentrating is described. Feelings of fatigue are described as continuing unchanged.”

NOTE: The spelling and punctuation mistakes and errors in the aforementioned paragraph are as prepared by Dr. Citrin.

5. Plan: 1. Others. Content of therapy: “Evaluation of Progress and Side effects of medication if any. Patient admitted to feeling overwhelmed and anxious een when completing the smallest project. Becoming easily frustrated was also discussed by patient. “I feel really jump.” and “When will the jumpiness end.”

NARRATIVE CONTINUATION

NOTE: The spelling and punctuation mistakes and errors in the aforementioned paragraph are as prepared by Dr. Citrin.

6. Procedures: Allergy Testing Skin Prick Testing: "Results: Patient was positive for Tree Pollens, Weeds and Grasses and Grasses/molds/fungi. Specifically, White Ash, Hard/Sugar Maple, Lambs Quarter, Cat Pelt, Rhizopus Nigricans. Control was positive. 9/12/16. Patient specific serum obtained based on test results".

NOTE: The spelling and punctuation mistakes and errors (date noted predates the UC operation) in the aforementioned paragraph are as prepared by Dr. Citrin.

Your affiant reviewed the undercover recordings associated with this investigation. The vast majority of the aforementioned Progress Notes, entered into the female UC's patient file and submitted to BC/BS by Dr. Citrin, are fraudulent. As an example, the UC patient said she "vapes" but does not smoke, lives with her boyfriend, and has never attended drug treatment. The only medical history that she provided was of broken bones, her jaw and ankle. The female UC never told Dr. Citrin that she lived in a group home or was exposed to black mold. The female UC never complained of allergies or of any of the symptoms that Dr. Citrin listed to justify his fraudulent claims/billing of allergy diagnosis and treatment.

BLUE CROSS BLUE SHIELD – 78 PATIENT RANDOM SAMPLE

As part of the ongoing investigation and at the request of the SHTF, BC/BS investigators reviewed and examined claims/billings and Progress Notes submitted by Dr. Citrin to BC/BS for payment. BC/BS investigators determined that Dr. Citrin had submitted claims/bills to BC/BS for allergy diagnosis and treatment (CPT codes 95165 and 95004) for 509 patients in approximately a 30 month period prior to the UC operation. A CPT (Current Procedural Terminology) Code is a medical code that is used to report medical, surgical, and diagnostic procedures and services to entities such as insurance companies. CPT code 95165 is used to report multiple dose vials of non-venom antigens and CPT code 95004 is used to report allergy testing procedures. BC/BS hand searched numerous documents and determined that Dr. Citrin had submitted claims/billings utilizing the aforementioned CPT codes. Their search resulted in 1228 paper documents (images) created and received from Dr. Citrin. Of those documents BC/BS randomly pulled 20% (245) paper documents for further examination. This examination resulted in identifying 78 patients (including the female UC) of Dr. Citrin. The HICF forms and Progress Notes prepared by Dr. Citrin were identical in many ways and apparently were a "copy and paste" version of one another.

NARRATIVE CONTINUATION

Further examination revealed multiple patients with the same complaint, symptoms, background, diagnosis, and/or vital signs.

Utilizing the aforementioned fraudulent HICF forms and Progress Notes of the female UC submitted by Dr. Citrin to BC/BS as a baseline, the 78 patient forms were examined for similarities (“copy and paste”). The following paragraphs illustrate many but not all of the “copy and paste” occurrences found during this patient record review:

1. Chief Complaints, New/Follow-up Patient Consult: “Patient C/o runny nose, fatigue. Suffered with allergy symptoms for over 6 months, episodes worsen during the middle of the year. During the episodes the patient has not used anything to improve. Patient has a history of smoking, no pets at current residence, was living in a group home and suspects black mold, takes otc meds during episodes which usually are minimally effective, is not currently having an episode. Patient has relevant medical health condition of polysubstance dependence which causes symptoms which at times of substance withdrawal (eg. Runny nose) are overlaid on his allergy symptoms.”

NOTE: This paragraph was copied and pasted into 77 of the 78 Progress Notes submitted to BC/BS by Dr. Citrin.

2. History & Physical Exam and Statement of Medical Necessity: “Patient Reported Seasonal Allergies previously, and symptoms today of sneezing, sniffing, Post-Nasal Drip, Redness, Itching, watery eyes. Patient reports symptoms for 0-6 months, worse in middle of the year,, during these episodes the patient uses otc meds with little relief, Patient has history of smoking, family history of smoking, no pets. Objective: VSS. On Physical Exam, There were no rashes or skin lesions, HEENT exam evidence of Nasal drainage, and itchy, watery eyes. Lung/Resp exam with no wheezing or rales or crackles. Based on the information gathered during this history and physical examination and given the patient’s recurring symptoms I have determined THAT IT IS MEDICALLY NECESSARY to perform an allergy test and treatment will be contingent on the results. I certify and attest that I have personally performed a face-to-face physical examination of this patient.”

NOTE: This paragraph was copied and pasted into all 78 of the Progress Notes submitted to BC/BS by Dr. Citrin.

3. Objective: “Temp 98.6 F, HR 66/min, BP 122/72 mm Hg, RR 12/min, Wt-kg 77.11”.

NOTE: This paragraph was copied and pasted into 69 of the 78 Progress Notes submitted to BC/BS by Dr. Citrin.

NARRATIVE CONTINUATION

4. Plan: 1. Others. PSYCH EVAL: "Patient shows minimal treatment response as of today. Patient continues to exhibit symptoms of Generalized anxiety disorder. Symptoms continue the similar frequency and intensity, and no significant improvement is noted. Symptoms of this disorder occur more days than not. Sleep difficulty continues unchanged. Feelings of increased muscular tension across neck and shoulders continue unchanged. Patient describes feeling irritable. Continuing difficulty concentrating is described. Feelings of fatigue are described as continuing unchanged."

NOTE: This paragraph was copied and pasted into all 78 of the Progress Notes submitted to BC/BS by Dr. Citrin.

5. Plan: 1. Others. Content of therapy: "Evaluation of Progress and Side effects of medication if any. Patient admitted to feeling overwhelmed and anxious when completing the smallest project. Becoming easily frustrated was also discussed by patient. "I feel really jump." and "When will the jumpiness end."

NOTE: This paragraph was copied and pasted into all 78 of the Progress Notes submitted to BC/BS by Dr. Citrin.

6. Procedures: Allergy Testing Skin Prick Testing: "Results: Patient was positive for Tree Pollens, Weeds and Grasses and Grasses/molds/fungi. Specifically, White Ash, Hard/Sugar Maple, Lambs Quarter, Cat Pelt, Rhizopus Nigricans. Control was positive. 9/12/16. Patient specific serum obtained based on test results".

NOTE: This paragraph was copied and pasted into 77 of the 78 Progress Notes submitted to BC/BS by Dr. Citrin.

7. Additionally HICF forms submitted to BC/BS by Dr. Citrin show identical CPT codes and identical total claims/billings for 77 of the 78 patient files submitted to BC/BS by Dr. Citrin.

Efforts are ongoing to contact all of the aforementioned patients. The following patients have been contacted and have been interviewed and/or have provided a sworn recorded statement as to their dealings with Dr. Citrin:

Patient A.M. – Recalled going to see Dr. Citrin 2 or 3 times in 2017. He/she went because he/she was feeling lethargic. He/she never had nor complained of allergies. He/she recalled Dr. Citrin giving him/her an allergy test (arm patch) and that Dr. Citrin told him/her that the patch was negative. In a review of his/her Progress Notes, A.M. said that most of the information was fraudulent (he/she never complained of black mold).

NARRATIVE CONTINUATION

Patient A.P. – Recalled going to see Dr. Citrin a “couple of times”. He/she was referred to him by people at his/her sober home. He/she went to Dr. Citrin to get Percocet. He/she said that he/she did not want an allergy test but that Dr. Citrin said that all new patients get an allergy test. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient V.B. – Recalled going to see Dr. Citrin on one occasion. He/she had heard that Dr. Citrin was easy to get drugs from. He/she did not remember Dr. Citrin's giving him/her an allergy test. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient T.C. – Recalled going to see Dr. Citrin after being referred by his/her halfway house. Remembered Dr. Citrin giving him/her an allergy test. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient C.C. – Recalled going to see Dr. Citrin for sleep and nerve medication. Remembered Dr. Citrin giving him/her an allergy test. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient B.D. – Recalled going to Dr. Citrin because he/she had heard that he was easy to get drugs from. Could not remember getting an allergy test. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient D.S. – Recalled going to Dr. Citrin because he/she had heard that he was easy to get drugs from. Recalled Dr. Citrin administering an allergy test and stating that he runs allergy tests on everyone. He/she never complained of allergy symptoms or being exposed to black mold.

Patient O.I. – Recalled going to Dr. Citrin because he/she wanted a physical and had heard that he was easy to get drugs from. Remembered Dr. Citrin giving him/her an allergy test. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient N.D. – Recalled going to Dr. Citrin as he was related to her treatment center and she could get suboxone from him. Recalled Dr. Citrin administering an allergy test and stating that he runs allergy tests on everyone. He/she never complained of allergy symptoms or of being exposed to black mold.

Patient R.A. – Recalled going to Dr. Citrin for an existing medical issue. He/she has never been in rehabilitation. He/she did not recall Dr. Citrin administering an allergy

NARRATIVE CONTINUATION

test. He/she never complained of allergy symptoms or of being exposed to black mold. R.A. has provided a sworn recorded statement.

Patient R.P. – Did not recall going to Dr. Citrin but thought it was possible that he/she might have. He/she does not recall ever having an allergy test and has never complained to anyone of allergy symptoms or of being exposed to black mold. R.P. has provided a sworn recorded statement.

Patient K.H. – Recalled going to Dr. Citrin. He/she never complained of allergy symptoms or of being exposed to black mold. K.H. has provided a sworn recorded statement.

THE FRAUDULENT INSURANCE CLAIMS/BILLINGS FROM JUNE OF 2015 THROUGH JANUARY OF 2018 FOR THE AFOREMENTIONED 78 PATIENTS SUBMITTED TO BC/BS BY DR. CITRIN TOTAL \$449,666.70.

BLUE CROSS BLUE SHIELD – PATIENT B.A.

I was then able to locate an additional BC/BS patient/witness in this case, B.A., who provided a sworn recorded statement. B.A. is not part of the aforementioned random sampling. In B.A.'s statement he/she denied being exposed to black mold and also denied complaining of allergy symptoms.

HICF forms and Progress Notes on B.A.'s medical records prepared and submitted to BC/BS show that B.A. went to Dr. Citrin in October of 2017, January of 2018, and February of 2018 for Mental Health Assessment and Allergies. Again, utilizing the aforementioned fraudulent HICF and Progress Notes of the female UC submitted by Dr. Citrin to BC/BS as a baseline, B.A.'s patient billings were examined for similarities ("copy and paste"). The following paragraphs illustrate many but not all of the "copy and paste" occurrences discovered during B.A.'s patient record review:

1. Chief Complaints, New/Follow-up Patient Consult: "Patient C/o runny nose, fatigue. Suffered with allergy symptoms for over 6 months, episodes worsen during the middle of the year. During the episodes the patient has not used anything to improve. Patient has a history of smoking, no pets at current residence, was living in a group home and suspects black mold, takes otc meds during episodes which usually are minimally effective, is not currently having an episode. Patient has relevant medical health condition of polysubstance dependence which causes symptoms which at times of substance withdrawal (eg. Runny nose) are overlaid on his allergy symptoms."

NARRATIVE CONTINUATION

NOTE: This is the exact paragraph as found in the aforementioned BC/BS records.

2. History & Physical Exam and Statement of Medical Necessity: "Patient Reported Seasonal Allergies previously, and symptoms today of sneezing, sniffing, Post-Nasal Drip, Redness, Itching, watery eyes. Patient reports symptoms for 0-6 months, worse in middle of the year,, during these episodes the patient uses otc meds with little relief, Patient has history of smoking, family history of smoking, no pets. Objective: VSS. On Physical Exam, There were no rashes or skin lesions, HEENT exam evidence of Nasal drainage, and itchy, watery eyes. Lung/Resp exam with no wheezing or rales or crackles. Based on the information gathered during this history and physical examination and given the patient's recurring symptoms I have determined THAT IT IS MEDICALLY NECESSARY to perform an allergy test and treatment will be contingent on the results. I certify and attest that I have personally performed a face-to-face physical examination of this patient."

NOTE: This is the exact paragraph as found in the aforementioned BC/BS records.

3. Objective: "Temp 98.6 F, HR 66/min, BP 122/72 mm Hg, RR 12/min, Wt-kg 77.11".

NOTE: This is the exact paragraph as found in the aforementioned BC/BS records.

4. Plan: 1. Others. PSYCH EVAL: "Patient shows minimal treatment response as of today. Patient continues to exhibit symptoms of Generalized anxiety disorder. Symptoms continue the similar frequency and intensity, and no significant improvement is noted. Symptoms of this disorder occur more days than not. Sleep difficulty continues unchanged. Feelings of increased muscular tension across neck and shoulders continue unchanged. Patient describes feelign irritable. COntinuing difficulty concentrating is described. Feelings of fatigue are described as continuing unchanged."

NOTE: This is the exact paragraph as found in the aforementioned BC/BS records.

5. Plan: 1. Others. Content of therapy: "Evaluation of Progress and Side effects of medication if any. Patient admitted to feeling overwhelmed and anxious een when completing the smallest project. Becoming easily frustrated was also discussed by patient. "I feel really jump." and "When will the jumpiness end."

NOTE: This is the exact paragraph as found in the aforementioned BC/BS records.

6. Procedures: Allergy Testing Skin Prick Testing: "Results: Patient was positive for Tree Pollens, Weeds and Grasses and Grasses/molds/fungi. Specifically, White Ash,

NARRATIVE CONTINUATION

Hard/Sugar Maple, Lambs Quarter, Cat Pelt, Rhizopus Nigricans. Control was positive. 9/12/16. Patient specific serum obtained based on test results”.

NOTE: This is the exact paragraph as found in the aforementioned BC/BS records.

THE FRAUDULENT INSURANCE CLAIMS/BILLINGS FROM OCTOBER OF 2017 THROUGH FEBRUARY OF 2018 FOR PATIENT B.A. SUBMITTED TO BC/BS BY DR. CITRIN TOTAL \$25,394.34.

BLUE CROSS BLUE SHIELD – PATIENT A.N.

Another BC/BS patient (A.N. now deceased, born in 1995) was discovered to have been treated by Dr. Citrin less than 24 hours prior to his/her overdose death. Between March 20, 2017, and April 28, 2017, A.N. saw Dr. Citrin on at least 8 occasions. In reviewing A.N.'s patient files from BC/BS, I discovered the following information: A.N. was a patient of Dr. Citrin's. He/she had been treated for addiction and back pain and was in treatment at the time of his/her overdose death, which occurred on April 29, 2017. In the review of his/her files, I noticed that his/her death occurred less than 24 hours after his/her last treatment by Dr. Citrin. A.N. was found deceased by responding police at 10:53 a.m. on April 29, 2017 and BC/BS records show that A.N. was treated by Dr. Citrin on April 28, 2017. I reviewed medical billing records for A.N. submitted by Dr. Citrin to BC/BS for this last visit. The medical HICFs and Progress Notes showed extensive treatment for multiple “lumbar facet injections” (Lidocaine and Bupivacaine) as well as other related treatment. After reading the extensive notes on the procedure listed, I reviewed A.N.'s autopsy photographs taken by the Boynton Beach Police Department. Paragraphs describing the injections were identical in multiple claims/billing submissions. Based on my review of these photographs there were no apparent signs that these spinal injections took place less than 24 hours prior to his death.

However, not being a medical professional myself, I met with Palm Beach County Medical Examiner Dr. Gertrude Juste in order to get an expert opinion. Dr. Juste performed the autopsy on A.N. I reviewed A.N.'s autopsy photographs and the Progress Notes filed by Dr. Citrin on the deceased A.N., with Dr. Juste. Dr. Juste stated that, in her professional opinion, A.N. did not have the injections described and billed for by Dr. Citrin less than 24 hours prior to his/her death. Dr. Juste told me that visual signs of the injections should have been visible in the autopsy photographs.

Dr. Juste had not tested A.N.'s blood for Lidocaine and Bupivacaine during her autopsy of A.N.. To further my assessment of this suspected fraudulent billing, I requested that A.N.'s blood samples, retained by the Palm Beach Medical Examiner, be tested for the

NARRATIVE CONTINUATION

medications Dr. Citrin claimed to have injected into A.N. on April 28, 2017, the day before his/her death. On March 30, 2018, the Palm Beach County Medical Examiner confirmed that Lidocaine and Bupivacaine, the two medications that Dr. Citrin claimed to have injected into A.N., were not present in the body. The blood work testing negative for both Lidocaine and Bupivacaine further confirmed the fabrication of treatment and fraudulent nature of the claims/billings submitted to BC/BS by Dr. Citrin for A.N..

Once again, utilizing the aforementioned fraudulent HICF and Progress Notes of the female UC submitted by Dr. Citrin to BC/BS as a baseline, I compared the allergy treatment and diagnosis submitted for A.N. by Dr. Citrin to BC/BS. The treatment documentation seemed to be extensive, fabricated, and duplicated. Multiple "copy and pastes" found in the aforementioned BC/BS claims were also found throughout A.N.'s medical record.

THE FRAUDULENT CLAIMS/BILLINGS FROM MARCH OF 2017 THROUGH APRIL 2017 FOR A.N. SUBMITTED TO BC/BS BY DR. CITRIN TOTAL \$81,611.98.

SEARCH WARRANT EXECUTED AT DR. CITRIN'S OFFICE

I drafted a Search Warrant for Dr. Citrin's office, 6699 North Federal Hwy, Suite 200, Boca Raton. The Search Warrant was signed by the Honorable Judge Catherine Brunson of the 15th Judicial Circuit on March 7, 2018, and executed on March 14, 2018. Multiple patient files identified in this investigation for insureds of BC/BS, Humana, and Cigna were seized and taken into custody for examination, review, and comparison to the suspected fraudulent patient billings submitted to the insurance carriers.

The examination of the patient files seized from Dr. Citrin's office during the search warrant were compared to the claims/billings submitted to the insurance carriers by Dr. Citrin for those very same patients. The comparison of the patient files seized from Dr. Citrin's office and the claims/billings he submitted to the insurance carriers revealed multiple instances of contradictory information.

During the search warrant, computers were also seized from Dr. Citrin's office, which contained emails between Dr. Citrin and a person by the name of David Winter. During review of these emails, it was discovered that Dr. Citrin was directing Mr. Winter to send insurance carriers the claims he (Dr. Citrin) wanted sent, as well as to follow up with the carriers as to any unpaid claims. These communications between Dr. Citrin and Mr. Winter also revealed that Dr. Citrin would fill out his own HICFs and Progress

NARRATIVE CONTINUATION

Notes, as well as make his own decisions regarding what services, treatments, and procedures to bill insurance for. This business relationship and overall practice was confirmed by Mr. Winter during two separate sworn recorded statements given at the Palm Beach County State Attorney's Office.

DAVID WINTER

On Dec 20, 2018, I interviewed Mr. Winter in the presence of his attorney, regarding his business affiliation with Dr. Citrin. Mr. Winter is the CEO of Claims Reimbursement Specialists (CRS) located in Boca Raton, Florida. Mr. Winter's company was hired primarily as a collections agency for Dr. Citrin and he (Mr. Winter) was the soul account manager for Dr. Citrin. Mr. Winter gave a sworn recorded statement, the following is a synopsis:

Mr. Winter advised that he/CRS was employed by Dr. Citrin from approximately June of 2016 through approximately March of 2018. Mr. Winter stated that Dr. Citrin would complete his own HICFs (with CPT codes) and Progress Notes using a cloud based electronic medical records software called eClinical Works (ECW). Then, Mr. Winter would simply print the already completed documents via the electronic format, and prepare them for submission to the insurance carrier. Mr. Winter would then send the claims/billings (without making modifications) to the appropriate insurance carrier for payment. Mr. Winter advised that at no time would he review the medical documents as far as procedures performed, and/or methods of treatment. He/CRS was simply a pass-through medical billing company hired by Dr. Citrin to handle claims/billing submissions to insurance carriers as well as collections of unpaid claims. Mr. Winter advised he/CRS was paid a percentage of whatever the insurance carriers paid-out to Dr. Citrin. Mr. Winter did not know of anyone else who worked in Dr. Citrin's office that was involved in the documentation of HICFs or Progress Notes other than Dr. Citrin himself.

As the investigation progressed, Mr. Winter was consulted several more times. Each time, Mr. Winter's attorney was present. On January 21, 2020, in a sworn recorded statement, Mr. Winter advised that after more than two years working for Dr. Citrin, he noticed that a high volume of the claims/billings submitted by Dr. Citrin to the insurance carriers were being rejected. Mr. Winter reviewed the paperwork (Progress Notes, HICFs, etc) that Dr. Citrin had submitted to the insurance carriers. Mr. Winter stated that he realized a high number of documents were duplicated or "cookie cutter" records. He advised that doctors' Progress Notes are supposed to be individual to the patient and describe and document the care/treatment rendered by the doctor to justify the claims/billings of those rendered services to the insurance carrier. Winter stated

NARRATIVE CONTINUATION

that once he found that Dr. Citrin's patient paperwork appeared to be duplicated and/or fabricated, he confronted Dr. Citrin as to his findings. Mr. Winter advised that Dr. Citrin acknowledged the duplication and/or fabrications in the submitted claims/billings but Dr. Citrin continued the practice nonetheless.

On February 12, 2019, I spoke to Christina Baldovin who is legal counsel for ECW. She advised that ECW does not input the doctors' Progress Notes, CPT codes, or treatment information into the electronically stored patient files as the medical providers do that on their own accord. Furthermore, Ms. Baldovin advised that ECW does not auto-fill any medical forms. She also advised that ECW personnel do not enter, alter, or modify any medical information whatsoever.

I contacted insurance carriers CIGNA and HUMANA and requested a records search for verbiage and "copy and pastes" similar to that submitted by Dr. Citrin in the aforementioned patient claims/billings to BC/BS. CIGNA (SIU Nancy Jo-Rios) identified at least 19 patients for whom Dr. Citrin was suspected of having submitted "copy and paste" claims/billings. Humana (SIU Michael Wedekind) identified 8 patients for whom Dr. Citrin was suspected of having submitted "copy and paste" claims/billings.

CIGNA – 19 PATIENTS

Again, utilizing the aforementioned fraudulent HICF and Progress Notes of the female UC submitted by Dr. Citrin to BC/BS as a baseline, the 19 fraudulent Cigna patient billings were examined for similarities "copy and paste". The following paragraphs illustrate many but not all of the copy and paste occurrences discovered during the Cigna patient record review:

1. Chief Complaints, New/Follow-up Patient Consult: "Patient C/o runny nose, fatigue. Suffered with allergy symptoms for over 6 months, episodes worsen during the middle of the year. During the episodes the patient has not used anything to improve. Patient has a history of smoking, no pets at current residence, was living in a group home and suspects black mold, takes otc meds during episodes which usually are minimally effective, is not currently having an episode. Patient has relevant medical health condition of polysubstance dependence which causes symptoms which at times of substance withdrawal (eg. Runny nose) are overlaid on his allergy symptoms."

NARRATIVE CONTINUATION

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 12 of the 19 Progress Notes submitted to Cigna by Dr. Citrin.

2. History & Physical Exam and Statement of Medical Necessity: "Patient Reported Seasonal Allergies previously, and symptoms today of sneezing, sniffing, Post-Nasal Drip, Redness, Itching, watery eyes. Patient reports symptoms for 0-6 months, worse in middle of the year,, during these episodes the patient uses otc meds with little relief, Patient has history of smoking, family history of smoking, no pets. Objective: VSS. On Physical Exam, There were no rashes or skin lesions, HEENT exam evidence of Nasal drainage, and itchy, watery eyes. Lung/Resp exam with no wheezing or rales or crackles. Based on the information gathered during this history and physical examination and given the patient's recurring symptoms I have determined THAT IT IS MEDICALLY NECESSARY to perform an allergy test and treatment will be contingent on the results. I certify and attest that I have personally performed a face-to-face physical examination of this patient."

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 12 of the 19 Progress Notes submitted to Cigna by Dr. Citrin.

3. Objective: "Temp 98.6 F, HR 66/min, BP 122/72 mm Hg, RR 12/min, Wt-kg 77.11".

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 8 of the 19 Progress Notes submitted to Cigna by Dr. Citrin. Additional copy and paste information was discovered during review of these patient records:

Objective: "Temp 97.1 F, HR 86/min, BP 126/74 mm Hg, RR 12/min, Wt-kg 77.11".

NOTE: This paragraph was copied and pasted into 8 of the 19 Progress Notes submitted to Cigna by Dr. Citrin.

4. Plan: 1. Others. PSYCH EVAL: "Patient shows minimal treatment response as of today. Patient continues to exhibit symptoms of Generalized anxiety disorder. Symptoms continue the similar frequency and intensity, and no significant improvement is noted. Symptoms of this disorder occur more days than not. Sleep difficulty continues unchanged. Feelings of increased muscular tension across neck and shoulders continue unchanged. Patient describes feelign irritable. COntinuing difficulty concentrating is described. Feelings of fatigue are described as continuing unchanged."

NARRATIVE CONTINUATION

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 16 of the 19 Progress Notes submitted to Cigna by Dr. Citrin.

5. Plan: 1. Others. Content of therapy: "Evaluation of Progress and Side effects of medication if any. Patient admitted to feeling overwhelmed and anxious when completing the smallest project. Becoming easily frustrated was also discussed by patient. "I feel really jump." and "When will the jumpiness end."

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 16 of the 19 Progress Notes submitted to Cigna by Dr. Citrin.

6. Procedures: Allergy Testing Skin Prick Testing: "Results: Patient was positive for Tree Pollens, Weeds and Grasses and Grasses/molds/fungi. Specifically, White Ash, Hard/Sugar Maple, Lambs Quarter, Cat Pelt, Rhizopus Nigricans. Control was positive. 9/12/16. Patient specific serum obtained based on test results".

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 9 of the 19 Progress Notes submitted to Cigna by Dr. Citrin.

THE FRAUDULENT INSURANCE CLAIMS/BILLINGS FROM JUNE OF 2015 THROUGH JANUARY OF 2018 FOR THE 19 PATIENTS SUBMITTED TO CIGNA BY DR. CITRIN TOTAL \$185,323.18.

HUMANA – 8 PATIENTS

Again, utilizing the aforementioned fraudulent HICF and Progress Notes of the female UC submitted by Dr. Citrin to BC/BS as a baseline, the 8 fraudulent Humana patient billings were examined for similarities (copy and paste). The following paragraphs illustrate many but not all of the copy and paste occurrences discovered during the Humana patient record review:

1. Chief Complaints, New/Follow-up Patient Consult: "Patient C/o runny nose, fatigue. Suffered with allergy symptoms for over 6 months, episodes worsen during the middle of the year. During the episodes the patient has not used anything to improve. Patient has a history of smoking, no pets at current residence, was living in a group home and suspects black mold, takes otc meds during episodes which usually

NARRATIVE CONTINUATION

are minimally effective, is not currently having an episode. Patient has relevant medical health condition of polysubstance dependence which causes symptoms which at times of substance withdrawal (eg. Runny nose) are overlaid on his allergy symptoms.”

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 3 of the 8 Progress Notes submitted to Humana by Dr. Citrin.

2. History & Physical Exam and Statement of Medical Necessity: “Patient Reported Seasonal Allergies previously, and symptoms today of sneezing, sniffing, Post-Nasal Drip, Redness, Itching, watery eyes. Patient reports symptoms for 0-6 months, worse in middle of the year,, during these episodes the patient uses otc meds with little relief, Patient has history of smoking, family history of smoking, no pets. Objective: VSS. On Physical Exam, There were no rashes or skin lesions, HEENT exam evidence of Nasal drainage, and itchy, watery eyes. Lung/Resp exam with no wheezing or rales or crackles. Based on the information gathered during this history and physical examination and given the patient’s recurring symptoms I have determined THAT IT IS MEDICALLY NECESSARY to perform an allergy test and treatment will be contingent on the results. I certify and attest that I have personally performed a face-to-face physical examination of this patient.”

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 3 of the 8 Progress Notes submitted to Humana by Dr. Citrin.

3. Objective: “Temp 98.6 F, HR 66/min, BP 122/72 mm Hg, RR 12/min, Wt-kg 77.11”.

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 2 of the 8 Progress Notes submitted to Cigna by Dr. Citrin. Additional copy and paste information was discovered during review of these patient records:

Objective: “Temp 97.1 F, HR 86/min, BP 126/74 mm Hg, RR 12/min, Wt-kg 77.11”.

NOTE: This paragraph was copied and pasted into 4 of the 8 Progress Notes submitted to Humana by Dr. Citrin.

4. Plan: 1. Others. PSYCH EVAL: “Patient shows minimal treatment response as of today. Patient continues to exhibit symptoms of Generalized anxiety disorder. Symptoms continue the similar frequency and intensity, and no significant

NARRATIVE CONTINUATION

improvement is noted. Symptoms of this disorder occur more days than not. Sleep difficulty continues unchanged. Feelings of increased muscular tension across neck and shoulders continue unchanged. Patient describes feeling irritable. Continuing difficulty concentrating is described. Feelings of fatigue are described as continuing unchanged.”

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 7 of the 8 Progress Notes submitted to Humana by Dr. Citrin.

5. Plan: 1. Others. Content of therapy: “Evaluation of Progress and Side effects of medication if any. Patient admitted to feeling overwhelmed and anxious when completing the smallest project. Becoming easily frustrated was also discussed by patient. “I feel really jump.” and “When will the jumpiness end.”

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 6 of the 8 Progress Notes submitted to Humana by Dr. Citrin.

6. Procedures: Allergy Testing Skin Prick Testing: “Results: Patient was positive for Tree Pollens, Weeds and Grasses and Grasses/molds/fungi. Specifically, White Ash, Hard/Sugar Maple, Lambs Quarter, Cat Pelt, Rhizopus Nigricans. Control was positive. 9/12/16. Patient specific serum obtained based on test results”.

NOTE: This is the exact paragraph found in the aforementioned BC/BS records. This paragraph was copied and pasted into 2 of the 8 Progress Notes submitted to Humana by Dr. Citrin.

THE FRAUDULENT INSURANCE CLAIMS/BILLINGS FROM JUNE OF 2015 THROUGH JANUARY OF 2018 FOR THE 8 PATIENTS SUBMITTED TO HUMANA BY DR. CITRIN TOTAL \$106,770.03.

It should be noted that all three insurance carriers listed above (BCBS, CIGNA, HUMANA) have completed their own independent audits and have determined a large portion of the claims/billings submitted by Dr. Citrin to be either suspicious and/or fraudulent and all three have flagged his NPI (National Provider Identification) number and no longer pay claims submitted by Dr. Citrin unless meticulously scrutinized, if at all. It has been determined thus far that this fraudulent claim/billing has amounted to (with documentation to support) the following:

NARRATIVE CONTINUATION

BC/BS Special Investigations have identified fraudulent patient claims/billings for 500+ patients submitted by Dr. Citrin. Those fraudulent claims/billings were received by BC/BS between June, 2015 and January, 2018. Just the 78 of those 500+ patients' fraudulent claims/billings submitted to BC/BS by Dr. Citrin (referenced above) total \$449,666.70.

The fraudulent claims/billings submitted to BC/BS by Dr. Citrin for patient B.A. from October, 2017 through February, 2018 total \$25,394.34.

The fraudulent claims/billings submitted to BC/BS by Dr. Citrin for patient A.N. from March, 2017 through April, 2017 total \$81,611.98.

Cigna Special Investigations identified fraudulent patient claims/billings for at least 19 patients submitted by Dr. Citrin. Those fraudulent claims/billings were received by Cigna from June, 2015 and January, 2018. The fraudulent patient claims/billings submitted to Cigna by Dr. Citrin total \$185,323.18.

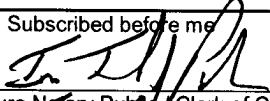
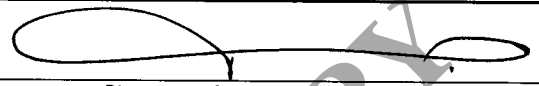
Humana Special Investigations has identified fraudulent patient claims/billings for 8 patients submitted by Dr. Citrin. Those fraudulent claims/billings were received by Humana between June, 2015 and January, 2018. The fraudulent patient claims/billings submitted to Humana by Dr. Citrin total \$106,770.03.

As a result of this investigation, I have identified the submission of false and fraudulent insurance claims to the three insurance carriers listed herein by Dr. Max Citrin. With the above information, I am charging MAX L. CITRIN with:

1. One count of False or Fraudulent Insurance Claims (over \$100K) 817.234(1)(a)1 & (11)(c) (1st degree felony) for fraudulent submissions to BC/BS related to the 78 patients referenced above.
2. One count of False or Fraudulent Insurance Claims (over \$100K) 817.234(1)(a)1 & (11)(c) (1st degree felony) for fraudulent submissions to Cigna related to the 19 patients referenced above.
3. One count of False or Fraudulent Insurance Claims (over \$100K) 817.234(1)(a)1 & (11)(c) (1st degree felony) for fraudulent submissions to Humana related to the 8 patients referenced above.
4. One count of False and Fraudulent Insurance Claims (less than \$20K) 817.234(1)(a)1 & (11)(a) (3rd degree felony) for fraudulent submissions to BC/BS related to patient B.A. referenced above.

NARRATIVE CONTINUATION

5. One count of False and Fraudulent Insurance Claims (less than \$20K) 817.234(1)(a)1 & (11)(a) (3rd degree felony) for fraudulent submissions to BC/BS related to patient A.N. referenced above.

Sworn and Subscribed before me		
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)		Signature of Arresting / Investigating Officer
<i>Dr. J. Noire</i>		Det Toby Athol
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)		Name of Officer (Please Print)
<i>3/9/20</i>		3/9/2020
Date		Date

NOT A CERTIFIED COPY