



2. Medicare was subdivided into multiple Parts. Medicare Part B covered physician's services and outpatient care, including an individual's access to durable medical equipment ("DME"), such as orthotic devices and wheelchairs.

3. Orthotic devices were a type of DME that included rigid and semi-rigid devices such as foot braces, ankle-foot braces, knee braces, leg braces, cervical braces, back braces, shoulder braces, elbow braces, hand braces, neck braces, head-neck braces, and quad canes (collectively "orthotics").

4. Individuals who qualified for Medicare benefits were commonly referred to as Medicare "beneficiaries." Each beneficiary was given a Medicare identification number.

5. DME companies, pharmacies, physicians, and other health care providers that provided services to Medicare beneficiaries were referred to as Medicare "providers." In order to participate in Medicare, providers were required to submit an application in which the providers agreed to comply with all Medicare-related laws and regulations. If Medicare approved a provider's application, Medicare assigned the provider a Medicare "provider number." A health care provider with a Medicare provider number could file claims with Medicare to obtain reimbursement for services rendered to beneficiaries.

6. Medicare reimbursed DME companies and other health care providers for services rendered to beneficiaries. Medicare would generally pay reimbursement for DME and related medications only if they were prescribed by the beneficiary's physician and were medically necessary to the treatment of the beneficiary's illness or injury.

7. To receive reimbursement from Medicare, providers submitted or caused the submission of claims to Medicare for payment of services to beneficiaries, either directly or through a billing company.

8. CMS contracted with Durable Medical Equipment Regional Carriers (“DMERCs”) to provide Medicare benefits and process claims for reimbursement. The DMERCs that processed and paid Medicare DME claims in Texas was Cigna Government Services (“Cigna”).

9. In order to bill Medicare for services rendered, a provider submitted a claim form (Form 1500) to Cigna. When a Form 1500 was submitted, usually in electronic form, the provider certified: (1) that the contents of the form were true, correct, and complete; (2) that the form was prepared in compliance with the laws and regulations governing Medicare; and (3) that the contents of the claim were medically necessary.

10. A Medicare claim for DME reimbursement was required to set forth, among other things, the beneficiary’s name and unique Medicare identification number, the equipment or medicine provided to the beneficiary, the date that the equipment or medicine was provided, the cost of the equipment or medicine, and the name and unique physician identification number (“UPIN”) or national provider identifier (“NPI”) of the physician who prescribed or ordered the equipment or medicine.

11. Defendant **CLIFFORD UBANI**, a resident of Harris County, Texas, was an owner and operator of Family Healthcare Services.

12. Defendant **PRINCEWILL NJOKU, a/k/a “Pricewill Njoku” and “Pricewill Njoke,”** a resident of Harris County, Texas, was an owner and operator of Family Healthcare Services. Defendant **PRINCEWILL NJOKU** was also a registered nurse licensed by the State of Texas.

13. Defendant **MARY ELLIS**, a resident of Fort Bend County, Texas, was a vocational nurse licensed by the State of Texas, who referred beneficiaries to Family Healthcare Services so that claims could be filed with Medicare.

14. Defendant **ROLONDAE MITCHELL- STRAUGHTER** was a resident of Harris County, Texas, who referred beneficiaries to Family Healthcare Services so that claims could be filed with Medicare.

15. Family Healthcare Services (“Family”) was a Texas business entity, purportedly doing business at 8313 Southwest Freeway, Suite 109, Houston, Texas 77074. Among other things, Family purported to provide orthotics and other DME to Medicare beneficiaries.

**COUNT 1**  
**Conspiracy to Commit Health Care Fraud**  
**(Violation of 18 U.S.C. § 1349)**

1. Paragraphs 1 through 15 of the General Allegations section of this Indictment are realleged and incorporated by reference as if fully set forth herein.

2. From in or around August 2007, through the present, the exact dates being unknown to the Grand Jury, in the Houston Division of the Southern District of Texas, and

elsewhere, defendants,

**CLIFFORD UBANI,  
PRINCEWILL NJOKU, a/k/a Pricewill Njoku, a/k/a Pricewill Njoke  
MARY ELLIS,  
and  
ROLONDAE MITCHELL-STRAUGHTER,**

did knowingly and willfully combine, conspire, confederate and agree with each other and with others, known and unknown to the Grand Jury, to violate Title 18, United States Code, Section 1347, that is, to execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services.

**Purpose of the Conspiracy**

3. It was a purpose of the conspiracy for defendants **CLIFFORD UBANI, PRINCEWILL NJOKU, MARY ELLIS and ROLONDAE MITCHELL-STRAUGHTER**, and others, to unlawfully enrich themselves by (a) submitting false and fraudulent claims to Medicare; (b) concealing the submission of false and fraudulent claims to Medicare and the receipt and transfer of the proceeds from the fraud; and (c) diverting proceeds of the fraud for the personal use and benefit of the defendants and their co-conspirators.

### Manner and Means of the Conspiracy

4. The manner and means by which the defendants sought to accomplish the purpose of the conspiracy included, among other things:

5. Defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** would maintain a valid Medicare provider number for Family in order to submit Medicare claims for the cost of DME that was medically unnecessary and was not provided.

6. Defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** provided false and misleading information to CMS by stating that an employee of Family would be providing fitting services for diabetic shoes supplied by Family, when in fact no licensed fitter provided such services to recipients of diabetic shoes at Family.

7. Defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** would control the day-to-day operations of Family.

8. Defendants **MARY ELLIS** and **ROLONDAE MITCHELL-STRAUGHTER** recruited Medicare beneficiaries for purposes of Family filing claims with Medicare for DME that was medically unnecessary or not provided.

9. Defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** would agree to pay kickbacks to defendants **MARY ELLIS** and **ROLONDAE MITCHELL-STRAUGHTER**, and others, for the referral of Medicare beneficiaries.

10. Defendants **MARY ELLIS** and **ROLONDAE MITCHELL-STRAUGHTER** and others, would provide Medicare beneficiary numbers to **CLIFFORD UBANI** and

**PRINCEWILL NJOKU.**

11. Defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** would obtain from other co-conspirators a purported doctor's prescription for DME for the Medicare beneficiaries provided by recruiters, such as defendants **MARY ELLIS** and **ROLONDAE MITCHELL-STRAUGHTER**.

12. These other co-conspirators would provide prescriptions for DME even though the DME was not medically necessary.

13. Once beneficiary numbers and prescriptions were obtained by defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU**, Family would submit claims to Medicare for DME including orthotic devices. Many of the orthotic devices were components of what was referred to as an "Arthritis Kit", "Artho Kit" or "Pain Pack" and purported to be for the treatment of arthritis-related conditions, although they were not medically appropriate for such conditions. The Arthritis Kit would generally contain a number of orthotic devices including braces for both sides of the body and related accessories such as heat pads.

14. Defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** and their co-conspirators would cause the submission of over \$1.1 million in claims to the Medicare program for DME purportedly provided by Family, when in fact, such DME was not medically necessary, nor in most cases provided.

15. After the payments from Medicare were deposited into Family bank accounts,

defendants **CLIFFORD UBANI** and **PRINCEWILL NJOKU** would cause the transfer of the fraudulent proceeds to themselves, defendants **MARY ELLIS** and **ROLONDAE MITCHELL-STRAUGHTER**, and others.

All in violation of Title 18, United States Code, Section 1349.

**COUNTS 2-7**  
**Health Care Fraud**  
**(18 U.S.C. §§ 1347 and 2)**

1. Paragraphs 1 through 15 of the General Allegations section of this Indictment are realleged and incorporated by reference as though fully set forth herein.

2. From in or around August 2007 and continuing through in or around June 2009, in the Houston Division of the Southern District of Texas, and elsewhere, the defendants,

**CLIFFORD UBANI**  
**and**  
**PRINCEWILL NJOKU,**

aiding and abetting each other and others known and unknown to the grand jury, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the



custody and control of Medicare, in connection with the delivery of and payment for health care benefits, items, and services.

**Purpose of the Scheme and Artifice**

3. It was the purpose of the scheme and artifice for the defendants and their co-conspirators to unlawfully enrich themselves through the submission of false and fraudulent Medicare claims for medically unnecessary durable medical equipment.

**The Scheme and Artifice**

4. Paragraphs 4 through 15 of Count 1 of this Indictment are realleged and incorporated by reference as though fully set forth herein as a description of the scheme and artifice.

**Acts in Execution of the Scheme and Artifice**

5. On or about the dates specified as to each count below, in the Houston Division of the Southern District of Texas, and elsewhere, the defendants, specifically identified as to each count below, in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program affecting commerce, that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of said health care benefit program:

<u>Count</u>	<u>Defendants</u>	<u>Medicare Beneficiary</u>	<u>Approx. Date of Claim</u>	<u>Description of Item Billed</u>	<u>Approx. Amount of Claim</u>
2	CLIFFORD UBANI and PRINCEWILL NJOKU	S.M.	05/09/08	LSO sag-coronal panel prefab	\$1,053.25
3	CLIFFORD UBANI and PRINCEWILL NJOKU	S.M.	05/09/08	Afo plastic	\$508.66
4	CLIFFORD UBANI and PRINCEWILL NJOKU	S.M.	05/09/08	Prefab dbl shoulder orthosis	\$156.56
5	CLIFFORD UBANI and PRINCEWILL NJOKU	C.S.	09/02/08	EO with joint, Prefabricated	\$789.14
6	CLIFFORD UBANI and PRINCEWILL NJOKU	C.S.	09/02/08	LSO sag-coronal panel prefab	\$1,053.25
7	CLIFFORD UBANI and PRINCEWILL NJOKU	C.S.	09/02/08	Afo plastic	\$508.66

In violation of Title 18, United States Code, Sections 1347 and 2.

## CRIMINAL FORFEITURE

(18 U.S.C. § 982)

1. The allegations contained in Counts 1 through 7 of this Indictment are realleged and incorporated by reference as though fully set forth herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendants have an interest.

2. Upon conviction of any violation of Title 18, United States Code, Section 1349 or Title 18, United States Code, Section 1347, the defendants shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. The property which is subject to forfeiture, includes but is not limited to, a money judgment in the amount of approximately \$566,451.12, which represents the gross proceeds of the fraud.

4. Pursuant to Title 21 United States Code, Section 853(p), as incorporated by reference by Title 18, United States Code, Section 982(b), if any of the forfeitable property, or any portion thereof, as a result of any act or omission of the defendants:

- (A) cannot be located upon the exercise of due diligence;
- (B) has been transferred, or sold to, or deposited with a third party;
- (C) has been placed beyond the jurisdiction of the Court;
- (D) has been substantially diminished in value; or

(E) has been commingled with other property which cannot be subdivided without difficulty;

It is the intent of the United States to seek the forfeiture of other property of the defendants up to the value of the above-described forfeitable properties, including, but not limited, any identifiable property in the name of defendants **CLIFFORD UBANI, PRINCEWILL NJOKU, MARY ELLIS, and ROLONDAE MITCHELL-STRAUGHTER.**

All pursuant to Title 18, United States Code, Sections 982(a)(7) and the procedures set forth at Title 21, United States Code, Section 853, as made applicable through Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

Original Signature on File

\_\_\_\_\_  
FOREPERSON *v*

TIM JOHNSON  
UNITED STATES ATTORNEY



\_\_\_\_\_  
CHARLES D. REED  
TRIAL ATTORNEY  
CRIMINAL DIVISION, FRAUD SECTION  
U.S. DEPARTMENT OF JUSTICE