

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

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UNITED STATES OF AMERICA

TO BE FILED UNDER SEAL

- against -

AFFIDAVIT IN SUPPORT OF A
SEARCH WARRANT AND
ARREST WARRANTS

Dr. BHARAT PATEL
Dr. RAMIL MANSOUROV

THE PREMISES KNOWN AND DESCRIBED AS
FAMILY HEALTH URGENT CARE LOCATED AT
AN OFFICE BUILDING LOCATED AT 235 MAIN
STREET, NORWALK, CONNECTICUT; A
RESIDENCE LOCATED AT 119 TOKENEKE
ROAD, DARIEN, CONNECTICUT; AND A
RESIDENCE LOCATED AT 39 DEVINE PLACE,
MILFORD, CONNECTICUT.

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DISTRICT OF CONNECTICUT, SS:

PETER TRAHAN, a Task Force Officer with the Drug Enforcement Administration, being
duly sworn, deposes and states:

1. I am a Task Force Officer with the Drug Enforcement Administration (“DEA”) and
have been so employed since November 2015. I am assigned to the New Haven District Office
Tactical Diversion Squad (“TDS”). As a DEA Task Force Officer, I have participated in numerous
investigations concerning violations of the federal narcotics laws. My participation in the
investigations has included coordinating controlled purchases of narcotics utilizing confidential
informants, cooperating witnesses and undercover law enforcement officers; coordinating the

execution of search and arrest warrants; conducting electronic and physical surveillance; analyzing records related to narcotics trafficking; testifying in Grand Jury proceedings; and interviewing individuals and other members of law enforcement regarding the manner in which narcotics traffickers obtain, finance, store, manufacture, transport and distribute controlled substances.

2. I am a “federal law enforcement officer” within the meaning of Federal Rule of Criminal Procedure 41(a)(2)(C)—that is, a government agent engaged in enforcing the criminal laws and duly authorized by the Attorney General to request a search warrant. I am the co-case agent on the investigation that is the subject of this affidavit and have personally participated in the investigation concerning violations of the federal laws listed in this affidavit.

3. Based upon information known to me as a result of my participation in this investigation, as well as information, which I have determined to be accurate and reliable, provided to me by other sources, I am familiar with the information discussed herein. Where the contents of documents, or communications with others, are reported herein, they are set forth in substance and part, unless otherwise indicated.

4. The statements contained in this affidavit are based, in part, on information obtained through: (a) fellow DEA agents and a diversion investigator; (b) local law enforcement officers and their reports; (c) witness interviews; (d) physical surveillance; (e) investigators for the Office of the Connecticut Attorney General (“OAG”) and a review of materials and documents provided to them through legal process; (f) pharmaceutical records; and (g) my experience and training.

5. Because this affidavit is being submitted for the limited purpose of establishing probable cause for the issuance of a search and seizure warrant and arrest warrants, I have not included each and every fact known to me regarding this investigation. Rather, I have set forth only those facts that I believe are sufficient to establish probable cause. Upon information and belief, there is probable cause to believe that there is kept and concealed within THE PREMISES KNOWN AND DESCRIBED AS FAMILY HEALTH URGENT CARE LOCATED AT AN OFFICE BUILDING LOCATED AT 235 MAIN STREET, NORWALK, CONNECTICUT (the PREMISES-1), and A RESIDENCE LOCATED AT, 119 TOKENEKE ROAD, DARIEN, CONNECTICUT (the PREMISES-2), and A RESIDENCE LOCATED AT, 39 DEVINE PLACE, MILFORD, CONNECTICUT (the PREMISES-3), any and all items, as described in Attachments B and E, which constitute evidence, fruits or instrumentalities of violations of Title 18, United States Code, Sections 1347, 1956 and 1957, and Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846. Additionally, I believe there is probable cause to support the issuance of arrest warrants for (1) Bharat PATEL and (2) Ramil MANSOUROV for violations of Title 18, United States Code, Sections 1347 (Health Care Fraud), 1956 and 1957 (Laundering of Monetary Instruments), and Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846 (Conspiracy to Possess with Intent to Distribute and to Distribute Narcotics). The source of my information and the grounds for my belief are as follows:

INTRODUCTION

6. This Affidavit stems from a DEA investigation of Doctors Bharat PATEL (“PATEL”) and Ramil MANSOUROV (“MANSOUROV”), medical doctors who specialize in family medicine. The investigation to date has revealed that PATEL and MANSOUROV, as well

as their business entity, FAMILY HEALTH URGENT CARE, are engaged in (1) the improper dispensation and distribution of prescriptions of Schedule II through V controlled substances, in violation of Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C) and 846; (2) fraudulent billing of the State of Connecticut's Medicaid program in the amount of millions of dollars, in violation of Title 18, United States Code, Section 1347, and transferring the proceeds of the resulting Health Care fraud in order (a) to promote the fraudulent enterprise (FAMILY HEALTH URGENT CARE) and (b) to conceal and disguise the source, origin, and nature of the fraudulently-obtained funds, in violation of Title 18, United States Code, Sections 1956(a)(1)(A)(i) and 1956(a)(1)(B)(i).

7. This affidavit is in support of (1) an application to search the Office of FAMILY HEALTH URGENT CARE (PREMISES-1) and RESIDENCES of PATEL and MANSOUROV (PREMISES-2 and PREMISES-3) for evidence, fruits or instrumentalities of the crimes of Conspiracy to Possess with Intent to Distribute Controlled Substances, in violation of Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C) and 846; Laundering of Monetary Instruments, in violation of Title 18, United States Code, Sections 1956 and 1957; and Health Care Fraud, in violation of Title 18, United States Code, Section 1347, and (2) warrants to arrest Bharat PATEL and Ramil MANSOUROV for engaging in a Conspiracy to Possess with Intent to Distribute Controlled Substances, in violation of Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C) and 846. For the reasons set forth below, I believe there is probable cause to believe that records and other information are contained within PREMISES-1 that are evidence, fruits or instrumentalities of violations of Title 18, United States Code, Sections 1347, 1956, and 1957, and Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846, and within PREMISES-

2 and PREMISES-3 that are evidence, fruits or instrumentalities of violations of Title 18, United States Code, Sections 1956, and 1957, and Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846. The items to be searched for and seized are specifically described in Attachments B and E to this affidavit, which are incorporated herein.

FAMILY HEALTH URGENT CARE'S OFFICE (PREMISES-1)

8. PREMISES-1 is a medical business on the first floor of an office building located at 235 Main Street, Norwalk, Connecticut. The entrance to this office has clear glass doors. A sign that reads "Family Health Urgent Care" is displayed on the building at the threshold to the entrance. Inside the entrance door is a reception area, and behind the reception area are offices. A Photograph of PREMISES-1 is attached as ATTACHMENT A.

RAMIL MANSOUROV'S RESIDENCE (PREMISES-2)

9. PREMISES-2 is a single-family residence, located at 119 Tokeneke Road, Darien, Connecticut. The property has three levels, with a white exterior, black trim, and a paved driveway to the left of the residence that leads to a garage that is under and to the left side of the residence. The residence is the first house on the left in a common driveway. A photograph of the residence is attached as ATTACHMENT C.

BHARAT PATEL'S RESIDENCE (PREMISES-3)

10. PREMISES-3 is a single-family residence located at 39 Devine Place, Milford, Connecticut. The property is tan in color with dark trim and a paved driveway to the right of the residence leading to an attached, two-car-garage at the right of the residence. There is a dark-colored mailbox directly in front of the residence with the number "39" on it. A photograph of PREMISES-3 is attached as ATTACHMENT D.

THE DISTRIBUTION OF CONTROLLED SUBSTANCES

11. The Controlled Substances Act, 21 U.S.C. § 801 et seq., and regulations promulgated thereunder classify controlled substances in five schedules. Schedule I drugs, including, for example, heroin and LSD, do not have acceptable medical uses in the United States. Schedule II through Schedule V drugs have acceptable medical uses. Substances in Schedule II, including, for example, Oxycodone, have a high abuse potential. Substances in Schedule III have an abuse potential less than those in Schedule II, but more than Schedule IV controlled substances, and so forth. Schedule V drugs consist primarily of preparations containing limited quantities of certain narcotics and stimulant drugs.

12. The Controlled Substances Act Scheduling System is supplemented by the individual states according to local needs and conditions. Information concerning transactions involving Schedule II–V drugs are transmitted to state authorities via computer when a pharmacist dispenses the drugs.

13. Pursuant to 21 C.F.R. § 1306.21(a), a controlled substance listed in Schedules III, IV or V that is a prescription drug as determined under the Food, Drug & Cosmetics Act, 21 U.S.C. § 353(b), may be dispensed only if prescribed by an authorized practitioner, and only in an authorized manner. The same holds true for Schedule II narcotics. Thus, for example, doctors may not provide advance prescriptions for Oxycodone.

14. Pharmacies in Connecticut are required to maintain physical copies of any prescriptions for three years, while federal law mandates that prescriptions be kept for at least two years. Typically, pharmacies maintain these hard copies in a separate controlled substance prescription file. Additionally, Schedule II–V controlled substance prescriptions are reported

electronically to the State of Connecticut Department of Consumer Protection Drug Control Division. Moreover, the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, permits the disclosure of medical records pursuant to a court-ordered warrant. *See* 45 C.F.R. § 164.512(f)(1)(ii)(A).

15. Oxycodone hydrochloride (“Oxycodone”), a Schedule II narcotic drug, is a synthetic opioid analgesic medication generally prescribed for the relief of moderate to severe pain. Oxycodone is currently available in time-release oral pill formulation, in strengths from 5 to 160 milligrams. Oxycodone has a serious potential for abuse. Drug abusers crush the protective coating on the pill and snort, ingest, or inject it, thereby obtaining all twelve hours of the drug at one time. Oxycodone used in this fashion produces a heroin-like euphoria. Oxycodone is a highly addictive drug. As with most opiates, Oxycodone abuse may lead to dependence and tolerance. Oxycodone is dispensed in numerous forms, including, but not limited to: OxyContin, Percocet, Hydrocodone, and Roxicodone.

16. Based on my training and experience, I know that many drug-seeking patients also try to obtain prescriptions for benzodiazepines, such as Alprazolam, Lorazepam, or Diazepam. I am aware, based on my training and experience, that drug users refer to the combination of an opiate and a benzodiazepine as a “drug cocktail.” I am also aware, based on my training and experience, that the addition of a benzodiazepine to an opiate intensifies the high for the user. If not monitored closely, the combination of opiates and benzodiazepines can cause deaths because it significantly depresses the central nervous system. An important aspect of the investigation of drug diversion cases involves identifying patients who have died or experienced other adverse effects as a result of ingesting the drugs that their doctors prescribed. Based on my training and

experience, these instances may indicate the doctor is prescribing outside the scope of legitimate medical practice.

17. Family Health Urgent Care (PREMISES-1) is located at 235 Main Street, Norwalk, Connecticut. Throughout this investigation, the address of PREMISES-1 is referred to as being on Main Street and Main Avenue. Because these two roads meet in the area of PREMISES-1, many people use the addresses interchangeably, and the address even appears as both “Main Avenue” and “Main Street” in internet searches.

18. PREMISES-1 is currently owned by Ramil Mansourov. The previous name of the practice was Immediate Health Care, which was owned by Bharat Patel. In or about 2012, Mansourov purchased Immediate Health Care from Patel and renamed it Family Health Urgent Care.

19. Currently employed at the practice are four practitioners: three physicians, who are General Practitioners, and one Advanced Practice Registered Nurse (“APRN”). In addition, the practice employs three staff members, consisting of one Office Manager and two support staff.

20. The three physicians at Family Health Urgent Care are Bharat Patel (“Patel”), Ramil Mansourov (“Mansourov”), and Fang Weng (“Weng”). Brenda Renzulli (“Renzulli”) is the APRN. The three office staff employees are Giannina Mesa (“Mesa,” also known as “Maria Mesa”), Carmen Roldan (“Roldan,” also known as “Carmen Martinez Roldan”), and Latisha Blue (“Blue”). Mesa is the Office Manager. Roldan and Blue are the support staff.

BACKGROUND OF THE INVESTIGATION

Dr. Bharat PATEL

21. Dr. Bharat Patel (“PATEL”) of Milford, Connecticut is a licensed physician who

holds Connecticut Medical License #021922, which expires April 30, 2018. PATEL graduated from B.J. Medical College, India in 1970. PATEL was certified on January 4, 1980, with the American Board of Internal Medicine. He holds Connecticut Controlled Substance Practitioner Registration #0012009, which expires on February 28, 2019, and DEA Registration #AP9112830, which expires on March 31, 2020. These registrations enable PATEL to administer, dispense, and prescribe controlled substances for legitimate medical purposes in the usual course of professional medical practice.

22. According to the State of Connecticut Department of Public Health, Petition No. 2002-1118-001-236, PATEL was issued a Consent Order dated July 20, 2004, regarding the issuance of a patient diagnosis and prescription. As part of the Consent Order PATEL was directed to refrain from practicing as a physician for forty-five (45) days, among other stipulations. Additionally, the State of Connecticut Department of Public Health, Petition No. 2009-20091169, issued PATEL another Consent Order dated July 20, 2010, because PATEL had employed an individual who possessed a medical degree but was unlicensed. This individual had performed a physical examination on, and dispensed medication to, a patient at PATEL's practice in Norwalk, Connecticut. PATEL's license number, #021922, was subsequently reprimanded, and he was ordered to pay a \$4,000.00 civil penalty.

23. PATEL was the owner of FAMILY HEALTH URGENT CARE in its prior iterations, but sold the practice to MANSOUROV. PATEL now works at the PREMISES-1 as a General Practitioner. Despite not being a Pain Specialist, PATEL authorizes numerous narcotic prescriptions to patients. Additionally, PATEL has a group of long-term patients who pay him \$100.00 in cash "under the table" whenever he provides them with an extra narcotics prescription.

PATEL appears to charge these patients \$100, which he prefers in \$100 bills, per extra narcotic prescription.

24. PATEL prescribes Oxycodone despite awareness that patients are addicted, have been arrested for distributing and/or possessing controlled substances, or are not actually using Oxycodone themselves. In addition, PATEL post-dates narcotic prescriptions, to such frequency and without examination that the dates on some prescriptions that he writes match future dates on which PATEL is, in fact, traveling out of the country.

25. PATEL works under the rubric of FAMILY HEALTH URGENT CARE and practices at PREMISES-1 seven days a week with a variable schedule.

Dr. Ramil MANSOUROV

26. Dr. Ramil Mansourov (“MANSOUROV”) is a resident of Darien, Connecticut and a licensed physician who holds Connecticut Medical License #40028, which expires on August 31, 2017. MANSOUROV graduated from Ross University School of Medicine, in Portsmouth, Dominica, in 1998. MANSOUROV was certified on December 5, 2003, with the American Board of Family Medicine. MANSOUROV holds Connecticut State Controlled Substance Practitioner Registration #0040947, which expires on February 28, 2019, and DEA registration #BM9210838, which expires on January 31, 2020. These registrations enable MANSOUROV to administer, dispense, and prescribe controlled substances and narcotics, but only for legitimate medical purposes in the usual course of professional medical practice.

27. MANSOUROV owns, operates, and oversees FAMILY HEALTH URGENT CARE, and works at PREMISES-1. MANSOUROV operates as a General Practitioner and is not licensed as a Pain Management Specialist. MANSOUROV, too, provides “patients” with post-

dated prescriptions for opioids, among other narcotics, to reflect dates on which MANSOUROV is out of the country or elsewhere in the United States.

28. MANSOUROV, too, works under the rubric of FAMILY HEALTH URGENT CARE and practices at PREMISES-1 seven days a week with a variable schedule.

General Practitioner vs. Pain Management Specialist

29. Based on my training and experience, I am aware that a General Practitioner is a primary health care physician who looks after a patient's general medical needs. With regard to insurance programs, a General Practitioner often serves as a "gateway," a primary physician with whom a patient must first consult. If a General Practitioner believes a patient requires specialized medical care, a General Practitioner will refer the patient to a specialist.

30. A medical specialist is a doctor who has completed advanced education and clinical training in a particular area of medicine. Examples of medical specialists include addiction psychiatrists, cardiologists, dermatologists, oncologists, otolaryngologists, and Pain Management Specialists.

31. A Pain Management Specialist is a medical doctor who has received extensive training in the treatment of persons with ongoing (i.e., chronic) pain. Often, a Pain Management Specialist is an anesthesiologist, neurologist, or physiatrist who has further specialized.

The Medicare Program

32. The Medicare Program is a federal healthcare program providing benefits to persons ages 65 and older, as well as to certain individuals with disabilities and those with End-Stage Renal Disease. Medicare, which is a "health care benefit program" within the meaning of 18 U.S.C. § 1347, is administered by the Centers for Medicare and Medicaid Services (CMS), a

federal agency under the U.S. Department of Health and Human Services. *See* 18 U.S.C. § 24(b) (2012). Individuals who receive benefits under Medicare are referred to as Medicare “beneficiaries.”

33. Medicare has four parts: hospital insurance (Part A), medical insurance (Part B), Medicare Advantage (Part C), and prescription drug benefits (Part D).

34. Part D of the Medicare program subsidizes the cost of prescription drugs for Medicare beneficiaries in the United States. It was enacted as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, *see* Pub. L. 108–173, 117 Stat. 2066, and went into effect on January 1, 2006. Part D benefits are administered by private insurance companies that are reimbursed by Medicare.

35. Beneficiaries can obtain Part D benefits in two different ways: they can join a Prescription Drug Plan that covers only prescription drugs; or they can join a Medicare Advantage Plan that covers both prescription drugs and medical services.

36. Under Part D, a pharmacy can contract with multiple private insurance plans, or their Pharmacy Benefit Managers, that provide Medicare Part D coverage. Alternatively, it can submit claims for payment to a private insurance plan with which it does not have a contract. The pharmacy would submit claims for prescription fills obtained by Medicare Part D beneficiaries.

37. Typically, a Medicare beneficiary enrolled in a Medicare Part D plan would fill his or her prescription at a pharmacy utilizing his or her Medicare Part D plan coverage to pay for a prescription. The pharmacy then submits the prescription claim for reimbursement to the Medicare Part D plan under the beneficiary’s Health Insurance Claim Number and/or Medicare Plan Identification Number.

The Medicaid Program

38. The Connecticut Medicaid Program is a joint federal-state program designed primarily to finance the provision of various medical and prescription services to the indigent. It is administered in Connecticut by the Department of Social Services (DSS), and is also supervised by the federal CMS. “Husky” is part of the Medicaid system that the State of Connecticut administers.

39. Medicaid pays claims submitted by participating health care providers for prescriptions and medical services rendered to Medicaid recipients. As such, Medicaid constitutes a “health care benefit program” under 18 U.S.C. § 24(b).

40. Drs. Ramil MANSOUROV and Bharat PATEL, the TARGET SUBJECTS, are participating providers with Medicare and the Connecticut Medicaid Program. PATEL’s National Provider Identifier (NPI) is 1487735924, and MANSOUROV’s NPI is 1992768477. Their NPIs were issued by Centers for Medicare and Medicaid Services (CMS), and they provide medical services to Medicare beneficiaries and Medicaid recipients.

PROBABLE CAUSE TO SEARCH THE PREMISES-1, 2, AND 3

41. Between 2013 and 2016, DEA received information from Confidential Sources and local law enforcement that indicated that PATEL and MANSOUROV may be writing prescriptions outside the scope of legitimate medical practice. The DEA initiated a criminal investigation of the medical practice, FAMILY HEALTH URGENT CARE, for the distribution of Schedule II–V controlled substances, as well as fraudulent billing to State Medicaid and Federal Medicare.

42. Based on my training and experience, I am aware of certain “red flags” that indicate

that a doctor may be prescribing narcotics outside the scope of legitimate medical practice. The “red flag” behaviors often suggest both drug diversion and health care fraud violations. Some of these “red flags” include the following: (a) brief, cursory medical examinations, or in some cases, none at all; (b) prescribing multiple drugs within the same category (i.e., painkillers); (c) elevating the dose of a controlled substance or changing the prescription from a weaker controlled substance to a stronger controlled substance without a legitimate medical need; (d) a lack of diagnostic testing; (e) failing to refer patients to a specialist for treatment; (f) failing to heed warnings about patients by others (insurance companies, pharmacists, family members, and doctors); (g) taking cash payment “under the table” for prescriptions; (h) writing multiple prescriptions for narcotic drugs on the same visit; (i) traveling out of the country for extended time periods and, before leaving, providing patients with prescriptions that are post-dated, such that they display future dates on which the doctor will be abroad; (j) ignoring toxicology results that show a patient is taking illegal drugs or other non-prescribed drugs; (k) ignoring toxicology results that are negative for prescribed medication, indicating that a patient may be selling his/her medication; (l) ignoring the condition, physical appearance, or behavior of patients that would create suspicion of drug addiction in the mind of a reasonable physician or pharmacist; (m) patient overdoses; (n) providing refills before prescriptions should have run out; (o) incomplete patient records; and (p) prescribing inappropriate and dangerous combinations of drugs to patients. As detailed below, PATEL’s and/or MANSOUROV’s Schedule II through V prescribing practices include all of the above-listed “red flags.”

PATEL and MANSOUROV Painkiller Prescribing Practice

CS #1

43. On or about October 23, 2013, a Confidential Source (CS #1) informed DEA that one of PATEL's patients, PATIENT E.D., was a large-scale oxycodone and cocaine distributor in the Norwalk, Connecticut area. CS #1 stated that PATIENT E.D. illegally obtained prescriptions from PATEL, who worked out of the walk-in clinic located on Main Avenue, in Norwalk, Connecticut. CS #1 explained that PATIENT E.D. obtains prescriptions from PATEL on a weekly basis. DEA Investigators reviewed prescription records and discovered that PATIENT E.D. did, in fact, fill a prescription issued by PATEL for Oxycodone 30 milligram (60 count) once a week.

44. CS #1 stated that in order to obtain these prescriptions from PATEL, PATIENT E.D. would write a list of names and dates of birth on a piece of paper, place an undetermined amount of money in an envelope, and hand the envelope to the front Secretary (subsequently identified as Maria Mesa), who would deliver it to PATEL. According to CS #1, PATEL would usually write five (5) prescriptions in different names that PATIENT E.D. provided; PATEL would then take the money and give the prescriptions to the Secretary, who would hand deliver them to PATIENT E.D. in the office. According to CS #1, PATIENT E.D. provided the names of PATIENT C.B. and PATIENT L.F. to PATEL for prescriptions. CS #1 stated that PATIENT E.D. paid people \$50.00 each time he used their name to obtain a prescription. In addition, a State Medicaid card was utilized to fill prescriptions under PATIENT L.F.

45. Patient E.D. is a Medicaid recipient, so the prescriptions E.D. receives and was consequently selling, were paid for by Connecticut's Medicaid Program. In or around 2013, PATIENT E.D. was arrested for possession of narcotics, sale of hallucinogens/narcotics, and illegal storage of narcotics. PATIENT E.D. was convicted and sentenced in 2014.

46. Investigators have reviewed the FAMILY HEALTH URGENT CARE Medical

Record for PATIENT E.D. On October 20, 2015, a progress note that PATEL appears to have written documented that PATIENT E.D. had a history of “alcohol/cocaine use” and was “status post substance abuse and incarceration.” Another progress note that PATEL appears to have written, dated October 23, 2015, documented that per Case Manager Ann Hall, PATIENT E.D. cannot take any kind of narcotic for pain. A third progress note that PATEL appears to have written, dated November 12, 2105, directed PATIENT E.D. to participate in outpatient therapy (subsequent to his incarceration and rehab stay) and stated “no narcotic prescriptions.”

47. Nonetheless, E.D.’s prescription records show that PATEL prescribed E.D. Oxycodone 10/325 mg (30/60) and/or Oxycodone 30 mg (60) between March 11, 2016 and December 24, 2016 for a total of over 1,000 pills. “Oxycodone 10/325 mg” means 10 mg of Oxycodone mixed with 325 mg of Acetaminophen.

48. Two of PATIENT E.D.’s family members—PATIENTS J.D. and H.D.—obtain the same Oxycodone 30 mg (60) prescriptions from PATEL.

49. Based on my training and experience, I know that Oxycodone prescriptions have an enormous cash value to drug dealers. For example, a 30 mg Oxycodone tablet has a street value of up to \$30 per tablet, or \$1/mg, in Connecticut. In other words, a single prescription for (200) 30 mg tablets of Oxycodone can net the distributor as much as \$6,000 in cash. When the dealer receives a fraudulent prescription from a doctor that the dealer then submits to Medicaid, the dealer has no monetary outlay for the prescription. The dealer then sells or otherwise distributes the oxycodone in clandestine markets.

CS #2

50. In 2014, DEA interviewed Confidential Source (CS #2), who described him/herself

as an addict and felt compelled to notify someone about PATEL's prescribing practices at Immediate Health Care, LLC, located at 235 Main Avenue, Norwalk, Connecticut. CS #2 stated that he/she had become addicted to Hydrocodone when PATEL prescribed him/her Hydrocodone 5/325 mg (60 tablets) every four days. CS #2 informed DEA that he/she had recently overcome her addiction and was leading Narcotics Anonymous meetings, where he/she had started seeing new members who were PATEL's patients; these patients were eighteen and nineteen years old and had recently overdosed. CS #2 explained that several of the younger members at the Narcotics Anonymous meetings referred to PATEL's office as "The Candy Shop."

51. CS #2 described his/her interactions with PATEL. CS #2 utilized Husky insurance and recalled an occasion where there was a problem with his/her insurance, such that he/she could not obtain his/her pills. According to CS #2, PATEL told him/her not to worry and gave CS#2 hydrocodone pills from PATEL's personal stash. Further, CS #2 stated that PATEL never performed a physical examination; instead, a nurse would merely take his/her blood pressure. According to CS #2, PATEL would come in after the nurse, review CS #2's chart, and just say, "So, Norco 10, right?" ("Norco" is another name for Vicodin, which consists of Hydrocodone mixed with Acetaminophen. A prescription for "Norco 10/325 mg" would be a prescription for 10 mg of Hydrocodone mixed with 325 mg of Acetaminophen.). CS #2 stated that PATEL's behavior would frustrate him/her because he/she was only on 5/325 mg and did not want to increase his/her dosage. According to CS #2, there were several occasions on which he/she told PATEL that he/she wanted to reduce her dosage, and PATEL would always tell him/her that he thought he/she needed more. CS #2 stated that PATEL would also ask him/her if she wanted anything else with her Norco prescription, such as Xanax or Percocet. CS #2 further recalled seeing an exchange of

money between a younger patient and PATEL. Finally, CS#2 stated that another doctor, Dr. MANSOUROV, worked at the facility. CS #2 believed that MANSOUROV had to be aware of what PATEL was doing.

52. DEA interviewed CS #2 again in 2015 and obtained additional information about PATEL's practice and his patients. During this interview, CS #2 identified two other workers at PATEL's practice: one he/she knew as Carmen LNU, who was a long-time worker there, and the other was an African-American female, who CS #2 did not know. CS #2 also stated that PATEL drove a silver Toyota minivan. CS #2 further recalled that approximately forty (40) people at the Narcotics Anonymous meetings were patients of PATEL. Finally, CS #2 recalled a male, Sean LNU, a patient of PATEL who had overdosed and died in the fall of 2014.

53. In 2015, I received information from a Connecticut Probation Officer, Matthew Maoriano, who stated he had numerous clients obtaining prescriptions from PATEL. P.O. Maoriano believed PATEL's prescribing practice resembled an operating "pill mill."

54. On November 4, 2015, Norwalk Police responded to a prescription-pill overdose in a vehicle parked directly in front of FAMILY HEALTH URGENT CARE. PATIENT A.P., the individual who had overdosed, was a patient of FAMILY HEALTH URGENT CARE. She was transported to Norwalk Hospital and survived.

55. In March 2016, the Norwalk Police Department (PD) met with members of the DEA Tactical Diversion Squad to provide information regarding the TARGET SUBJECTS, PATIENT A.P., and other patients. According to information that the Norwalk PD provided to the TDS, the Norwalk PD received a letter from the mother of PATIENT S.W.1. The mother described PATIENT S.W.1 as a longtime opiate addict, due to MANSOUROV's prescribing

practices. According to the information from PATIENT S.W.1's mother, MANSOUROV's prescription practice mirrored that of PATEL, noted above. Further, PATIENT S.W.1 had progressed from having an opiate pill addiction to using heroin. PATIENT S.W.1 subsequently survived a heroin overdose. PATIENT S.W.1 was a Medicaid recipient allegedly being charged \$100 per visit to FAMILY HEALTH URGENT CARE, where PATIENT S.W.1 was prescribed a number of controlled substances. FAMILY HEALTH URGENT CARE billed PATIENT S.W.1's visits to Medicaid.

56. The Norwalk PD provided intelligence from their own Confidential Sources, who had informed the Norwalk PD that FAMILY HEALTH URGENT CARE is a pay-for-script establishment—essentially a drug mill—with patients leaving envelopes filled with money at the desk, returning to pick up prescriptions in the envelope, and going to Vital Care Pharmacy to fill the prescriptions, utilizing Medicaid cards for payment.

57. According to Norwalk PD, PATEL and PATIENT E.D. are known to them as sources of supply for pill distribution in the greater Norwalk area.

Pharmacist 1

58. While visiting a pharmacy in or around September 2016, DEA Agents witnessed an unidentified male present to the pharmacy and attempt to fill a prescription that PATEL allegedly authorized. Pharmacist #1 approached the male, declined the prescription, and informed the Agents that their pharmacy had not filled PATEL's prescriptions for approximately two (2) years, as it was a "known fact" that PATEL wrote many painkiller prescriptions and traveled back and forth to India.

Pharmacist 2

59. In or around January 2017, DEA Agents spoke with Pharmacist #2 in Danbury, Connecticut regarding PATIENT S.W.2. Pharmacist #2 stated that PATIENT S.W.2 was filling prescriptions for Norco tablets, which PATEL had prescribed, roughly every three (3) days, and that PATIENT S.W.2 could not physically have been capable of taking the prescribed amount of Norco tablets. Pharmacist #2 explained that such usage could make the patient’s liver toxic and explained that she had discussed that possibility with PATIENT S.W.2. Pharmacist #2 stated that she reviewed PATIENT S.W.2’s prescription history and saw that PATIENT S.W.2 had a long history of filling prescriptions for Norco 10/325 milligrams, paying with Medicaid, Discount Cards, and Cash. Pharmacist #2 further stated that she attempted to contact PATEL’s Medical Office to alert him to PATIENT S.W.2’s medications, but she did not recall ever hearing back from PATEL or his Medical Office.

60. As demonstrated in the table below, PATEL provides the same prescriptions to PATIENT S.W.2 in rapid succession. The prescriptions included in this table represent only some of PATEL’s prescriptions that PATIENT S.W.2 filled in December of 2016, a period during which PATEL was out of the country; the prescriptions were all dated during the period in which PATEL was outside the United States. These medications include Schedule II controlled substances.

Rx Filled (SW)	Form	CS Schedule	Quantity	MG’s	Pharmacy
12-30-2016	Hydrocodone	II	60	10/325	WALG(3047)
12-27-2016	Hydrocodone	II	60	10/325	CONN(1464)
12-22-2016	Hydrocodone	II	60	10/325	WALG(3047)
12-19-2016	Hydrocodone	II	60	10/325	CONN(3123)
12-15-2016	Hydrocodone	II	60	10/325	WAL-M(2577)
12-12-2016	Hydrocodone	II	60	10/325	WALG(3047)
12-09-2016	Hydrocodone	II	54	10/325	WAL-M(2577)
12-07-2016	Hydrocodone	II	60	10/325	CONNE(7492)
12-05-2016	Hydrocodone	II	60	10/325	WALG(3047)
			=		
			534 pills		

61. Subsequent to receiving Pharmacy Intelligence regarding PATEL’s frequent foreign travel, as well as reviewing an open-source internet query, DEA Investigators requested International Travel Records for both PATEL and MANSOUROV. According to information supplied by Customs and Border Protection (CBP), PATEL traveled twenty-two (22) times between January 16, 2012 and March 17, 2017. Foreign destinations included Costa Rica, the Dominican Republic, India, Mexico, the Netherlands, South Africa, and the United Arab Emirates. On all occasions before PATEL departed for extended travels outside the country, he provided his patients with post-dated prescriptions; that is, he wrote future dates on the prescriptions that matched future dates on which he would be traveling abroad. For example, PATEL dated prescriptions to appear as though he wrote them between on or about November 30, 2016 and on or about March 7, 2017, the entire period during which PATEL was in India and not conducting medical examinations of the patients who were filling the narcotic prescriptions. During that period, thirty-two (32) of PATEL’s patients received two hundred (200) prescriptions, filled these prescriptions, and fraudulently obtained over twelve thousand (12,000) narcotic pills.

62. The table below documents a sample of prescriptions that PATEL post-dated to reflect his most recent dates of travel, between November 2015 and March 2017.

Dates of Travel	Airports to/from	# of Written Prescriptions	Cash/Insurance	Medicare / Medicaid
12/2/15 - 3/8/16	Abu Dhabi / JFK	126	16/46 (total 62)	7/57 (total 64)
7/10/16 - 7/17/16	San Juan PR / Dominican Rep	15	2/6 (total 8)	1/6 (total 7)
11/5/16 - 11/19/16	Johannesburg SA / JFK	33	5/11 (total 16)	4/13 (total 17)
11/30/16 - 3/7/17	Abu Dhabi / JFK	193	21/86 (total 107)	6/80 (total 86)

63. According to information that CBP supplied, MANSOUROV traveled forty-nine

(49) times between February 21, 2012 and March 28, 2017. Foreign locations included the Dominican Republic, France, Germany, Italy, the Netherlands, Russia, Spain, and the United Arab Emirates. Although with less frequency than PATEL, MANSOUROV, too, provided his patients with post-dated prescriptions before he departed for extended trips outside the country. For example, although MANSOUROV was outside the United States on various occasions between July 16, 2015 and September 26, 2016, fourteen (14) of MANSOUROV's patients received twenty-five (25) prescriptions, filled these prescriptions, and fraudulently received over one thousand (1,100) narcotic pills. Additionally, MANSOUROV was outside the State of Connecticut on various occasions between the dates of February 2, 2014 and June 17, 2015, and not seeing patients here. During this period, ten (10) of MANSOUROV's patients received twenty-eight (28) prescriptions, filled these prescriptions, and fraudulently received over two thousand three hundred (2,300) narcotic pills.

MANSOUROV'S FRAUDULENT BILLING OF MEDICAID

64. In or around January 2017, representatives from the State of Connecticut Office of the Attorney General (OAG) met with members of the TDS regarding the TARGET SUBJECT MANSOUROV's fraudulent Medicaid billing. The OAG had initiated an investigation in March 2016, when the Department of Public Health notified it about a complaint received from an anonymous citizen. The complaint stated that MANSOUROV and FAMILY HEALTH URGENT CARE should be checked out for making fraudulent charges to Husky in the thousands of dollars. Accordingly, the OAG reviewed MANSOUROV's billing claims dating back to 2013. The OAG determined that MANSOUROV was billing dozens of patients for hundreds of doctor visits that he claims he conducted but never did. Over approximately three (3) years, MANSOUROV

received over approximately \$5 million from DSS in Medicaid payouts, over \$4 million of which was determined to be fraudulent. MANSOUROV billed fraudulently in several different manners, including: (1) billing for home visits that he never made; (2) billing for nursing home visits that he never made; (3) billing for office visits that never occurred; and (4) billing for visits that he claimed took place on dates on which he was actually out of the country or out-of-state. The following are examples of each of these fraudulent billing schemes.

Fraudulent Method 1: Falsified Home Visits

65. On March 23, 2017, DEA personnel interviewed PATIENT S.J. PATIENT S.J. explained that he/she had seen MANSOUROV once or twice at PREMISES-1. However, PATIENT S.J. further stated, MANSOUROV did not provide any home visits, nor did he provide visits at any other place. Yet, between December 2013 and December 2014, FAMILY HEALTH URGENT CARE billed approximately two hundred thirty-five (235) home visits for PATIENT S.J. MANSOUROV billed the majority of these submissions, typically for sixty (60) minute home visits, with a paid amount of \$190.46 each. Despite these purported sixty home visits by MANSOUROV, on three (3) dates billed by MANSOUROV, PATEL billed Medicaid for a twenty-five (25) minute office visit for PATIENT S.J., at the rate of \$64.99 each visit. FAMILY HEALTH URGENT CARE obtained over approximately \$40,000 in fraudulent Medicaid billing under PATIENT S.J. alone.

66. DEA reviewed PATIENT S.J.'s Medical Record, from January 1, 2014 through December 18, 2014. It contained Progress Notes that MANSOUROV wrote. These Progress Notes documented that an Assessment was conducted for Chronic Pain Syndrome, with a diagnosis code of 338.4. Prescribed treatment included to continue taking one Percocet tablet, 10-325 mg, as

needed, orally, every six (6) hours, and the Progress Note recommended that PATIENT S.J. follow-up in one (1) day. As noted above, these home visits never occurred.

67. Even had these visits actually occurred, which they did not, based on my training and experience, I believe that MANSOUROV's notes do not reflect the notations of a General Practitioner or Urgent Care provider, but rather those of a Pain Management Specialist monitoring a patient with long-term chronic pain.

Fraudulent Method 2: Falsified Nursing Home Visits

68. On November 15, 2016, investigators interviewed PATIENT K.P. in regards to MANSOUROV. During the interview, PATIENT K.P. stated that he/she has lived in a nursing care facility in Stamford, Connecticut, since 2011. PATIENT K.P. further stated that he/she recalled seeing MANSOUROV a couple of times about two and one-half to three years ago, and that he/she subsequently requested a physician change because MANSOUROV never came in and did not respond to his/her requests. Medicaid billing for PATIENT K.P. from November 2013 through September 2016 documented that MANSOUROV billed in excess of four hundred and fifty (450) nursing home visits, coded at thirty-five (35) minutes each, billed at various amounts from \$57.17 to \$144.90 each. The total amount billed for visits to PATIENT K.P.'s nursing home exceeded \$58,000. Based on my training and experience and participation in this investigation, I believe that MANSOUROV fraudulently billed Medicaid for numerous nursing home visits that never occurred.

Fraudulent Method 3: Falsified Office Visits

69. In late 2016, the OAG interviewed married couple PATIENT E.H. and PATIENT N.R. regarding MANSOUROV's Medicaid billing for them and their four (4) children, PATIENTs

S.R. #1, S.R. #2, D.R., and L.R. During the interview, it was determined that the first time any family members visited PREMISES-1 was in 2015, and that they visited PREMISES-1 on no more than nine to ten (9–10) occasions. PATIENT N.R. stated that when he/she and the children went to PREMISES-1 for medical purposes, they saw PATEL. PATIENT N.R. further stated that he/she saw MANSOUROV on two (2) occasions at PREMISES-1.

70. Review of the Medicaid billing documents for the family identified over six hundred (600) office visits billed alternatively at twenty-five (25) or forty (40) minutes. These billing documents identified that PREMISES-1 obtained over \$100,000 in fraudulent Medicaid claims for PATIENT E.H., PATIENT N.R. and their children.

Fraudulent Method 4: Billing for Travel Dates

71. MANSOUROV also fraudulently billed for dates on which he was actually traveling outside the United States. For example, investigators have determined that even though MANSOUROV had previously flown out of the country via JFK International Airport MANSOUROV fraudulently billed Medicaid for PATIENT S.R. #1 for the following dates (location(s) to which MANSOUROV traveled in parenthetical):

- April 11, 2014 – April 15, 2014 (Dominican Republic)
- May 3, 2014 – May 10, 2014 (Dominican Republic)
- June 22, 2015 – July 6, 2015 (Dusseldorf, Germany – Milan, Italy)
- July 17, 2015 – July 22, 2015 (Barcelona, Spain – Madrid, Spain)
- July 5, 2016 – July 10, 2016 (Rome, Italy)
- July 15, 2016 – July 20, 2016 (Milan, Italy)
- August 5, 2016 – August 14, 2016 (Barcelona, Spain – Madrid, Spain)

72. In addition, MANSOUROV fraudulently billed Medicaid for PATIENT S.R. #1 for the following dates, when MANSOUROV was out-of-state (location(s) to which MANSOUROV traveled in parenthetical):

- February 2, 2104 – February 3, 2014 (Charleston, West Virginia)
- May 19, 2014 – May 20, 2014 (Atlanta, Georgia)
- June 17, 2014 – June19, 2014 (Knoxville, Tennessee)
- July 30, 2014 – August 1, 2014 (Knoxville, Tennessee)
- March 30, 2015 – April 4, 2015 (Lexington, Kentucky)
- April 12, 2015 – April 14, 2015 (Louisville, Kentucky)
- April 20, 2015 – April 22, 2015 (Louisville, Kentucky)
- May 8, 2015 – May 13, 2015 (Louisville, Kentucky)
- May 17, 2015 – May 19, 2015 (Louisville, Kentucky)
- May 22, 2015 – May 26, 2015 (Louisville, Kentucky)
- June 5, 2015 – June 7, 2015 (Louisville, Kentucky)
- June 15, 2015 – June 17, 2015 (Louisville, Kentucky)

73. In another example, MANSOUROV fraudulently billed Medicaid for services to PATIENT E.H. for the following dates, even though MANSOUROV previously had traveled abroad via JFK International Airport (location(s) to which MANSOUROV traveled in parenthetical):

- June 22, 2015 – July 6, 2015 (Dusseldorf, Germany – Milan, Italy)
- July 17, 2015 – July 22, 2015 (Barcelona, Spain – Madrid, Spain)

Money Recipient #1

74. On December 5, 2016, investigators conducted an interview with MONEY RECIPIENT #1. During this interview, MONEY RECIPIENT #1 stated that she met MANSOUROV at a nursing home—Sunrise of Stamford—where she was employed at the time. They also worked together at Carriage Green, in Milford, and subsequently dated. She described their current status as “just friends.” MONEY RECIPIENT #1 further stated that MANSOUROV liked to travel and that she had recently traveled with him and their respective daughters to Rome, Italy and Florida. Investigators asked MONEY RECIPIENT #1 about MANSOUROV’s Kentucky trips, and she replied that he worked in a hospital Emergency Room and made a lot of money in a short period of time.

75. During the interview, Investigators asked MONEY RECIPIENT #1 about MANSOUROV’s financial situation; MONEY RECIPIENT #1 initially claimed she was not sure. However, MONEY RECIPIENT #1 then informed investigators that she had seen MANSOUROV’s 2015 tax return, which showed an income of \$500,000. MONEY RECIPIENT #1 told Investigators that MANSOUROV had business accounts with Bank of America and Citibank in Darien. MONEY RECIPIENT #1 further claimed that MANSOUROV was generous with his money to her. She explained that she received a check for \$100,000, as well as monthly rent checks and use of a Land Rover, which is registered in MANSOUROV’s name. (A review of MONEY RECIPIENT #1’s bank records indicates deposits into the bank accounts from MANSOUROV). MONEY RECIPIENT #1 also received wire transfers of funds from MANSOUROV directly into her account. She explained that she would get \$1,000 or \$2,000 for rent, and sometimes \$12,000 or more, as the amount varied. MONEY RECIPIENT #1 further explained that if she was unhappy with MANSOUROV, he would send her more money that

month to appease her. Finally, MONEY RECIPIENT #1 told Investigators that, in the weeks prior to this interview, MANSOUROV told MONEY RECIPIENT #1 that he would transfer the title of his current residence, 119 Tokeneke Road, Darien, Connecticut, to her. (To date, it does not appear that MANSOUROV has made such a transfer of property.)

76. MONEY RECIPIENT #1 also told Investigators that she was in the process of starting a medical business that specializes in plastic surgery. The business was to be located in Greenwich, Connecticut and would be called Elite Family Health. MONEY RECIPIENT #1 claimed that MANSOUROV funded \$100,000 for Elite Family Health; she had expected to receive \$130,000 from MANSOUROV but only received \$100,000. MONEY RECIPIENT #1 further claimed that the rent would be \$13,000 per month, and the business would occupy the space formerly used for a restaurant, which investigators learned was at 249 Railroad Avenue, Greenwich. DEA Investigators made a check of the property shortly after they learned about this alleged business venture in January 2017. They discovered that the former restaurant, "Firenze," was vacant. In or about May 2016, DEA Investigators again traveled to 249 Railroad Avenue and learned that it had just opened as a new restaurant, called "India Avenue," and in no way appears ready to be refurbished as a medical practice.

CS #3

77. On February 28, 2017 and March 3, 2017, Investigators interviewed CS #3 regarding his/her knowledge of FAMILY HEALTH URGENT CARE and the prescribing practices of PATEL and MANSOUROV. CS #3 explained that he/she was introduced to PATEL by a friend and had been seeing PATEL as a patient since approximately 2009. He/she further stated that he/she visited PATEL as a patient once a week. CS #3 explained that PATEL and

MANSOUROV handle almost all of the patients at the practice, despite CS #3's belief that a nurse and an APRN also work there. CS #3 further explained that there are usually three women who work in the clinic's office. CS #3 knows them as Carmen, Maria, and Latisha. Their full names are Carmen Roldan, also known as Carmen Martinez Roldan (C.R.); Giannina Mesa, the Office Manager who does the Husky billing (M.M.); and Latisha Blue (L.B.). CS #3 explained that Roldan "knows PATEL's regulars coming there."

78. CS #3 stated that he/she learned quickly that PATEL had questionable practices. CS #3 explained that while PATEL did conduct urine screens once a year as part of his/her annual physical and asked CS #3 about his/her pain, PATEL did not perform routine medical examinations. First, CS #3 explained, PATEL recommended that he/she take Vicodin. CS #3 refused because of how it made him/her feel but told PATEL that he/she was in immense pain. In response, PATEL told CS #3 that he (PATEL) could give CS #3 two prescriptions, the first of which the office would cover (via Connecticut Medicaid). PATEL further explained that "I give you extra," which CS #3 explained were illegitimate prescriptions for which CS #3 would pay PATEL \$100 in cash per prescription. Additionally, CS #3 explained that PATEL provided "injections" into CS #3 for \$50. CS #3 explained that he/she does not know what is in the injections and has never asked. CS#3 believes that they might contain anything from a sugar/water mixture to, possibly, something illegal from India. Further, CS #3 explained that he/she has seen PATEL document the injection on CS #3's patient file but CS#3 did not know whether the file contains a description of what kind of injection it is. CS #3 believes that PATEL keeps the injections in a safe in an office because after PATEL would tell CS #3 that he (PATEL) was about to retrieve the injection, CS #3 heard PATEL walk out of the examination room, and subsequently

heard a door open up, with keys jiggling in the lock of what CS #3 believed to be a safe. PATEL would then return to the examination room with the injection for CS #3. CS #3 explained that within FAMILY HEALTH URGENT CARE, Roldan was responsible for maintaining the injection records.

79. CS #3 also described his/her typical visits to PREMISES-1. First, CS #3 explained, he/she would always call FAMILY HEALTH URGENT CARE prior to traveling to PREMISES-1 to ensure that PATEL was working, and he/she would only go to the clinic if PATEL was working. In particular, CS #3 would try to speak with Roldan because CS #3 was comfortable talking to Roldan, and Roldan was aware of PATEL's fraudulent prescription practice. After calling the clinic to ensure that PATEL was working and traveling to PREMISES-1, CS #3 explained, the following pattern of actions would follow: CS #3 would sign in at the front desk; get called by front office staff to one of the three examination rooms; speak with PATEL in the examination room; pay PATEL \$100 in cash for an illegitimate prescription for Hydrocodone-Acetaminophen 10-325 mg; put the illegitimate prescription in his/her pocket; and walk out to the front desk area with PATEL; and PATEL would hand CS #3's patient file to the staff, along with instructions to file a second, identical "legitimate" prescription to be billed to Medicaid. CS #3 further explained that in addition to the prescription being billed to Medicaid, the visit was also billed to Connecticut Medicaid. CS #3 stated that he/she would then travel to a pharmacy and fill the "legitimate" prescription. Approximately three days later, CS #3 related, he/she would go to a different pharmacy chain and fill the illegitimate prescription. Finally, CS #3 explained, he/she would return to the clinic the following week and repeat the activity.

80. In addition, CS #3 believes that PATEL provides illegal prescriptions to around

fifteen to twenty patients, like CS #3, and that many of those patients are illegal immigrants. CS #3 does not directly know any other patients who are receiving illegal prescriptions but has observed that on days when PATEL is scheduled to be at the clinic, several people wait in the parking lot for the clinic to open to see PATEL. CS #3 further explained that MANSOUROV and PATEL do not usually work at the clinic on the same dates, and usually only one will cover the office at a time. CS #3 believes that when PATEL returns to the office in March 2017 from a long vacation, MANSOUROV will probably take a vacation, and PATEL will have to cover the office on a daily basis while MANSOUROV is away.

81. PATEL also post-dated prescriptions for CS #3, and as CS #3 explained, told CS #3 that he/she could pay for prescriptions in advance before PATEL left for vacation out of the country. CS #3 explained that, in 2015, CS #3 paid PATEL \$900 (nine \$100 bills) for nine prescriptions for Hydrocodone-Acetaminophen 10/325 mg because PATEL was going to be out of the country for three months. In fact, CS #3 explained, whenever PATEL would go away for extended vacations, CS #3 was able to pay PATEL in advance for several prescriptions to fill while PATEL was away. CS #3 explained that PATEL post-dated the prescriptions one week apart. For example, on November 23, 2016—the day before Thanksgiving—PATEL told CS #3 that he (PATEL) would be going on vacation for about three months. CS #3 explained that he/she paid PATEL \$1700 in cash (seventeen \$100 bills) for seventeen prescriptions for Hydrocodone/Acetaminophen 10/325 mg, all post-dated. CS #3 explained that he actually obtained twenty-three prescriptions and owed PATEL \$600 on his next visit. While writing out the prescriptions, PATEL went through a calendar with CS #3 and post-dated the prescriptions for each Tuesday and Saturday. CS #3 explained that PATEL signed all of the prescriptions on

November 23, 2016 and that CS #3 took possession of the prescriptions from PATEL in the examination room on that date.

82. CS #3 explained that PATEL recently told CS #3 that he (PATEL) was going to be leaving the practice in three years. CS #3 explained to PATEL his/her concern that he/she was not going to be able to go to another doctor because of their long history, during which PATEL had given him/her Hydrocodone-Acetaminophen 10/325 mg for many years. In response, CS #3 explained, PATEL assured him/her that MANSOUROV would take care of CS #3. Finally, CS #3 explained that he/she learned over the years that MANSOUROV had purchased the medical practice from PATEL, and it was going to take five years for MANSOUROV to pay off PATEL. CS #3 explained that about a year and a half remains before MANSOUROV will pay off PATEL.

83. CS #3 explained that he/she has never sold or given his/her pills to anyone and that CS #3 takes all of the pills him/herself, admitting that he/she has an addiction problem, which has become worse over the years during which PATEL treated him/her.

84. MANSOUROV saw CS #3 once or twice and had provided CS #3 with PATEL's typical prescription for Norco (Hydrocodone-Acetaminophen 10-325 mg). Although MANSOUROV told CS #3 that CS #3 was PATEL's patient, and that CS #3 should deal only with PATEL, CS #3 explained that he/she was not concerned about being thrown out because CS #3 knew that MANSOUROV, as owner of the practice, was getting paid by Connecticut Medicaid for each of CS #3's visits.

85. Beginning in March 2017, as part of this investigation, CS #3, in an undercover capacity, traveled to PREMISES-1. Based on my conversation with CS #3, prior to CS #3 traveling to the PREMISES-1, I learned the following: CS #3 stated that he/she owes PATEL

\$600 from a previous visit in November 2016—right before PATEL left the country to travel to India—for the balance of twenty-three (23) post-dated prescriptions. CS #3 stated that PATEL had provided him/her with multiple prescriptions to carry him/her through until PATEL returned to the United States. CS#3 had paid PATEL \$100 per prescription for seventeen of the post-dated prescriptions, and CS #3 explained that PATEL told him/her that he/she could pay the \$600 balance upon his/her return. Prior to visiting PATEL at PREMISES-1, CS #3 indicated that PATEL might ask him/her for the money owed prior to writing any additional prescriptions for him/her.

86. Based on my conversation with CS #3 and review of the recordings of the meeting between CS #3 and PATEL on March 17, 2017, I learned the following:

87. CS #3 stated that Carmen Roldan, who is also known as Carmen Martinez Roldan (C.R.), was working on this date. According to CS #3, Roldan informed him/her that PATEL had been arriving at the office earlier than usual to keep up with all the regular patients who needed their prescriptions. CS #3 stated that PATEL and MANSOUROV were working at the office that day and that MANSOUROV was on the back computer, possibly working on billing patient visits. CS #3 believed that MANSOUROV was performing that work due to the large amount of patients that had been awaiting PATEL's return from vacation. CS #3 stated that Roldan pulled his/her medical record and put him/her in examination room number one until PATEL arrived at the office. CS #3 stated that during this wait time, Latisha Blue (L.B.) entered exam room one, took his/her blood pressure, and asked the purpose of his/her visit. CS #3 informed L.B. that he/she needed medication. CS #3 stated that L.B. left, and PATEL entered his/her exam room. PATEL and CS#3 made small talk about India, and PATEL asked him/her how he/she was doing. CS #3

informed PATEL that he/she was the same, and he/she requested his/her prescriptions. At that time, CS #3 stated, PATEL wrote him/her the following prescription:

- a. Hydrocodone 10/325 mg, (60) tablets, dated March 17, 2017 (Billed to State Medicaid)

88. CS #3 then requested a second prescription for the same drug, dose, and quantity. PATEL responded by asking CS #3 how he should date the prescription. CS #3 responded by telling PATEL that he was the doctor and asked what he (PATEL) thought. PATEL responded that CS #3 was managing this, so the date was up to him/her. CS #3 provided Monday, March 20, 2017, as the date for second prescription, and PATEL post-dated the prescription for that date. At that time, CS #3 stated, PATEL wrote him/her the following prescription:

- a. Hydrocodone, 10/325 mg (60) tablets, dated March 20, 2017 (Cash for Prescription)

89. CS #3 stated that after PATEL wrote the second prescription, he/she verified the cost of the second prescription as being \$100. CS #3 further stated that he/she knew PATEL liked \$100 bills, but CS #3 only had \$50 bills on him/her on this date. Accordingly, as CS #3 stated, he/she provided PATEL with two (2) \$50 bills for the transaction, and PATEL put those two bills in his pocket. At that time, CS #3 placed the extra prescription in his/her iPad case and then both he/she and PATEL left exam room one. CS #3 stated that PATEL handed one prescription to the office employee to make a copy and place in his/her medical record. Before CS #3 left the office, the office employee provided the prescription to him/her. At no time during this visit did PATEL ask for the \$600 owed by CS #3 (see paragraph 85, above).

90. On or about March 24, 2017, CS #3 again traveled to PREMISES-1 for a medical

office visit with PATEL. At approximately 9:00 a.m., CS #3 made entry into PREMISES-1. CS #3 stated that he/she was first in line and was seen first. Roldan took CS #3's vitals and then left the room before PATEL entered. CS #3 stated that when PATEL entered the room, they talked briefly. PATEL wrote the following prescriptions:

- a. Norco, 10/325 mg, (60) tablets, dated March 24, 2017 (Billed to State Medicaid)
- b. Allopurinol, 100 mg (60) tablets, dated March 24, 2017 (Billed to State Medicaid)

91. Subsequently, CS #3 mentioned to PATEL that he/she was going out of state and would not return until the following week. He/she requested that PATEL write additional prescriptions. PATEL asked CS #3 what dates he/she wanted written for the next week. At that time, CS #3 took out his/her iPad, looked at the calendar, and requested an additional prescription for the same drug, dose, and quantity dated for the same day of the visit. PATEL wrote a prescription for CS #3 pursuant to this request. CS #3 requested additional prescriptions post-dated for Tuesdays and Fridays over the next two (2) weeks. As PATEL wrote a prescription from a pad that he removed from his shirt pocket, CS#3 handed PATEL a \$100 bill. CS #3 stated that PATEL wrote the following five prescriptions for Norco:

- a. Norco 10/325 mg, (60) tablets, dated March 24, 2017 (Cash For Prescription)
- b. Norco 10/325 mg, (60) tablets, dated March 28, 2017 (Cash For Prescription)
- c. Norco 10/325 mg, (60) tablets, dated March 31, 2017 (Cash For Prescription)
- d. Norco 10/325 mg, (60) tablets, dated April 4, 2017 (Cash For Prescription)
- e. Norco 10/325 mg, (60) tablets, dated April 7, 2017 (Cash For Prescription)

92. CS #3 stated that he/she explained to PATEL that he/she had all \$100 bills for payment except for two (2) \$50 bills. PATEL stated that \$50 bills were fine and discussed placing

the cash in his right-side pocket. CS #3 stated that he/she provided PATEL with \$500 in DEA OAF funds for the transaction. After PATEL had written the five prescriptions, PATEL then showed CS #3 a cardboard back of a prescription pad and told CS #3 that he could not write further prescriptions because he (PATEL) had run out of blank prescriptions.

93. On June 12, 2017, CS #3 again traveled to PREMISES-1 for a medical office visit with PATEL. PATEL did not give CS #3 a physical examination. Nevertheless, PATEL provided CS #3 with the following prescriptions:

- a. Norco, 10/325 mg, (60) tablets, dated June 12, 2017 (Billed to State Medicaid)
- b. Norco, 10/325 mg, (60) tablets, dated June 12, 2017 (Cash For Prescription)
- c. Norco, 10/325 mg, (60) tablets, dated June 16, 2017 (Cash For Prescription)
- d. Allopurinol, 100 mg, (30) tablets, dated June 12, 2017 (Billed to State Medicaid)

94. CS #3 stated that he/she paid PATEL \$200 in DEA OAF funds to obtain one (1) Norco 10/325 mg prescription dated June 12, 2107 and one (1) Norco 10/325 mg prescription dated June 16, 2016.

CS #4

95. Beginning in April 2016, as part of this investigation, CS #4, in an undercover capacity, traveled to PREMISES-1 for a doctor visit with PATEL. Based on my conversation with CS #4 and review of the recordings of the meeting between CS #4 and PATEL, I learned the following:

96. On April 15, 2016, CS #4 entered the office and paid \$100 in cash for the medical office visit at PREMISES-1. CS #4 waited in the reception area, and a while later, an employee escorted CS #4 into an examination room. CS #4 stated that an employee took his/her blood

pressure, and he/she subsequently waited for PATEL. CS #4 then met with PATEL, who provided him/her with two written prescriptions. The prescriptions that PATEL wrote were:

- a. Percocet 10/325 mg, (60) tablets, dated April 15, 2016
- b. Valium, 10 mg, (30) tablets, dated April 15, 2016, ICD10 diagnosis code F06.4 (Anxiety Disorder due to known physiological condition)

CS #5

97. On or about August 8, 2016, as part of this investigation, CS #5, in an undercover capacity, traveled to PREMISES-1 for an initial office visit. CS #5 stated that he/she entered the office, approached the front receptionist, and advised the receptionist that he/she was there to see PATEL. The receptionist informed CS #5 that the visit would cost \$100. CS #5 then provided the receptionist with \$100 dollars of DEA OAF. CS #5 obtained a receipt.

98. CS #5 explained that he/she told the receptionist that he/she wanted to see Dr. PATEL. Approximately fifteen (15) minutes later, CS #5 was directed to an exam room, where a nurse asked him/her what brought him/her into the office and then obtained his/her vitals. CS #5 advised that he/she had experienced general muscular soreness for the past month. CS #5 then waited for about thirty (30) minutes before meeting with PATEL. PATEL spent approximately twenty-five (25) minutes with him/her. PATEL greeted CS #5 and asked what he (PATEL) could do for him/her. CS #5 advised that he/she told PATEL that he/she felt muscular soreness due to cleaning houses and waiting tables and that he/she was self-medicating, buying medication on the street or from friends. PATEL asked what type of medication, and CS #5 advised OxyContin or whatever he/she could get his/her hands on.

99. In response, PATEL advised CS #5 that the walk-in clinic was not a pain

management center and that he could not write prescriptions for narcotics. PATEL further advised that the walk-in clinic was a family practice and that he would not write a narcotic prescription for someone that he did not know. He further advised CS #5 that he would have to do a full gamut of tests before he would even write a prescription for him/her. PATEL informed CS #5 that he would have to order blood work and complete an MRI. Further, PATEL informed CS #5 that the government was cracking down on Oxycodone prescriptions and that he was only allowed to write a prescription for a one-week supply. In addition, PATEL informed CS #5 that CS #5 was displaying signs of a drug-seeking patient with a possible addiction problem. PATEL asked whether CS #5 had been diagnosed by another doctor for pain or anything, and CS #5 replied, “no.” PATEL further advised that the pain that CS #5 had stated that he/she incurred from cleaning houses and waiting tables does not warrant a prescription for Oxycodone; rather, it requires exercise, weight loss and possibly Aleve and/or Tylenol. Unless someone had a documented history of an illness or injury, PATEL advised CS #5, nobody should have pain that requires oxycodone. PATEL further advised CS #5 that he is not CS #5’s “guy.”

100. After voicing this proper medical procedure, PATEL then told CS #5 that he would provide CS#5’s requested medication, which he said that as a doctor, he should not do. CS #5 advised that PATEL did not perform a physical exam on him/her; in fact, he never touched CS #5, and only talked to him/her. PATEL wrote and handed to CS #5 the following prescriptions:

- a. Percocet 10/325 mg, (30) tablets, dated August 8, 2016
- b. One (1) prescription for a pain management doctor in Fairfield, Connecticut, dated August 8, 2016

101. Based on my training and experience and participation in this investigation, I

believe that PATEL informed CS #5 that the government was cracking down on Oxycodone prescriptions because PATEL was “on alert” due to the contemporaneous OAG initiation of a civil investigation into FAMILY HEALTH URGENT CARE, including visiting PREMISES-1 and interviewing employees.

MANSOUROV’S AND PATEL’S MONEY LAUNDERING

102. A review of bank records for Ramil Mansourov, LLC, reveals that a total of approximately \$5,169,825.86 was deposited into its Citibank account, ending in -5579, between on or about December 4, 2014 and on or about November 18, 2016. Analysis shows that of that total amount, the federal government deposited approximately \$92,105.98, or approximately 1.8%, in Medicare payments. Further, the State of Connecticut DSS deposited approximately \$4,304,145.95, or approximately 83% of the total deposits, in Medicaid payments.

103. DEA Investigators have reviewed a summary of MANSOUROV’s fraudulent Medicaid billing. Investigators found that between November 2013 and December 2016, MANSOUROV used an entity he controlled, Ramil Mansourov, LLC, to bill at least \$5.2 million to Connecticut Medicaid. Specifically, he billed at least \$4.34 million for office, home, and nursing home visits. Data from electronic patient billing records, which FAMILY HEALTH URGENT CARE provided to the OAG in response to a demand, document less than \$400,000 of legitimate billing for the same period. Subtracting FAMILY HEALTH URGENT CARE’s claimed legitimate billing from the actual amount FAMILY HEALTH URGENT CARE billed yields a fraud of approximately \$3.9 million. This comports with a forward-addition of FAMILY HEALTH URGENT CARE’s/MANSOUROV’s Medicare fraud. MANSOUROV’s billing to Medicaid for office and nursing home visits that never occurred in 2015 and 2016 totals

\$3,886,908.03. Interviews conducted with MANSOUROV’s patients and their family members, reveal that MANSOUROV fraudulently billed an additional \$144,368.68 in fraudulent claims for home visits in 2014. Thus, MANSOROUV’s total Medicaid false claims amounted to a total of at least \$4,031,276.71. A review of bank records for MANSOUROV and FAMILY HEALTH URGENT CARE reveals that MANSOUROV used some funds that his LLC obtained from Medicaid as follows:

Approximate Amount	Payee
\$349,281.32	Credit Cards/Banks
\$130,000.00	IRS
\$15,750.00	Employees
\$245,738.21	Other individuals
\$157,088.48	Luxury/Purchases/Travel
\$2,361.84	Dental
\$177,985.60	Legal & Bail Bonds
\$18,750.00	G.M.
\$3,496.35	Bharat Patel
\$948,998.62	Family Health Urgent Care

\$414,190.00	MONEY RECIPIENT #1
\$210,735.00	Cash
\$101,987.00	Other
\$1,338,390.00	Ramil Mansourov:
	\$236,390.00 – no account specified
	\$730,000.00 – USAA account ending -80112
	\$89,000.00 – Citibank account ending -5672
	\$283,000.00 – Keybank/First Niagara Bank ending -1474

Additionally, bank records reveal that MANSOUROV moved some of the stolen funds to a bank account in Switzerland. Once MANSOUROV moved the stolen Medicaid funds to his USAA (-80112), Citibank (-5672), and Keybank/First Niagara Bank (-1474) accounts, he again distributed the stolen funds in the following manner:

USAA -80112 Payees	
\$99,400.00	MONEY RECIPIENT #1
\$10,250.00	G.M.
\$20,400.00	Other Individuals

\$1,175.76	Family Health Urgent Care
\$24,785.00	Legal
\$92,000.00	Ramil Mansourov & Ramil Mansourov, LLC

Citibank -5672 Payees	
\$5,466.59	Travel in Italy
\$15,000.00	MONEY RECIPIENT #1
\$12,000.00	Family Health Urgent Care
\$27,000.00	Ramil Mansourov & Ramil Mansourov, LLC

Keybank/First Niagara Bank -1474 Payees	
\$25,086.86	Luxury/Purchases/Travel
\$19,675.00	Cash
\$1,000.00	Legal
\$29,887.74	Loan Payment
\$8,000.00	MONEY RECIPIENT #1
\$3,396.00	Other Individuals
\$17,000.00	Ramil Mansourov

\$136,155.00	Other

Keybank payments show that MANSOUROV then used his account to pay mortgage payments for PREMISES-2.

104. A review of PATEL’s bank records also shows cash deposits into his and his wife’s accounts. Both accounts show mortgage payments and condo association payments. In 2014, \$20,500 in cash was deposited into PATEL and his wife’s People’s United Bank savings account ending in -1629. Additionally, in 2014, \$34,000 in cash was deposited into PATEL’s wife’s TD Bank account ending in -8229. Further, between 2014 and 2016, the following cash amounts were deposited into PATEL and his wife’s People’s United Bank checking account ending in -1629:

People’s United Bank Checking -1629 Cash Deposits	
2014	\$48,742.70
2015	\$34,400.00
2016	\$4,360.00

105. Bank records for PATEL show that PATEL used cash deposits to place a down payment on PREMISES-3. In 2014, cashier’s check #8160206, for \$96,062.56, was issued from PATEL and his wife’s People’s United Bank savings account (-1629) to the recipient of PATEL’s down payment for PREMISES-3. Further, records for PATEL’s wife’s TD Bank account (-8229) show an expenditure in 2014 for \$48,390.37 in a check payable to her with the notation “CHASE-HOME # 1022432657.”

106. Based on the foregoing, I believe there is probable cause to believe that PATEL and MANSOUROV have engaged in a medical business that is pervaded by fraudulent prescription practices and that both PATEL and MANSOUROV know or should know that their patients are abusing Schedule II through Schedule V prescriptions, including selling the controlled substances that PATEL and MANSOUROV prescribe to their patients, and thereby enable and conspire with certain patients to possess with intent to distribute controlled substances.

107. Based on the foregoing, I respectfully submit that there is probable cause to believe that both MANSOUROV and PATEL have exceeded the scope of their respective medical licenses to dispense controlled substances and have violated Title 21, United States Code, Section 846 (Conspiracy to Distribute and to Possess with Intent to Distribute Controlled Substances).

108. Additionally, based on the foregoing, I respectfully submit that there is probable cause to believe that MANSOUROV and PATEL have knowingly and intentionally defrauded the Connecticut Medicaid Program, specifically Husky, of over \$4,000,000 since late 2013, and have violated Title 18, United States Code, Section 1347.

109. Furthermore, based on the foregoing, I respectfully submit that there is probable cause to believe that MANSOUROV and PATEL have knowingly conspired with each other and others, known and unknown to investigators, to launder the proceeds of their health care fraud and narcotics distribution conspiracy (1) to promote their fraudulent medical practice in FAMILY HEALTH URGENT CARE, in violation of Title 18, United States Code, Sections 1956(h) and 1956(a)(1)(A)(i), and (2) to conceal the nature, source, location, ownership, and control of the proceeds, in violation of Title 18, United States Code, Sections 1956(h) and 1956(a)(1)(B)(i).

PROCEDURE FOR PHOTOCOPYING AND RETURNING PATIENT FILES

110. It is the government's intention to implement the following procedures with regard to any medical records seized during the course of the execution of the requested search warrant. Every attempt will be made to photocopy or digitally scan any seized medical records within thirty days of the seizure (if this turns out to be impractical, we will notify the Court and seek an extension of time). After the files are copied or digitally scanned, copies of the medical records will be provided to FAMILY HEALTH URGENT CARE. During the 30 day period allowed to copy the medical records, if FAMILY HEALTH URGENT CARE needs a particular patient's record, an authorized representative of FAMILY HEALTH URGENT CARE may contact a member of the investigative team during business hours to obtain a copy of the medical record within 48 hours of the request. Should an individual patient need access to a medical file during the copying period, the patient may contact a member of the investigative team during business hours. Upon the submission of a valid patient release form to a member of the investigative team, the patient will be provided a copy of the medical file within 48 hours. In the event of an emergency, the treating facility or physician may contact a member of the investigative team to obtain a copy of the patient's medical file as soon as practical. At the execution of the search warrant, agents will provide a telephone number to FAMILY HEALTH URGENT CARE and post a notice on the door of PREMISES-1 that will allow MANSOUROV, PATEL and patients to contact members of the investigative team regarding patient files.

**SPECIFICS REGARDING THE SEIZURE AND SEARCHING OF COMPUTER
SYSTEMS**

111. Investigators have learned that FAMILY HEALTH URGENT CARE, located at PREMISES-1, maintains certain patient records in a digital form on the cloud, which most likely

are inputted via computer.

112. Based on my own experience and consultation with other law enforcement agents and detectives who have been involved in the search of computers and retrieval of data from computer systems and related peripherals, and computer media, there are several reasons why a complete search and seizure of information from computers often requires seizure of all electronic storage devices, as well as all related peripherals, to permit a thorough search later by qualified computer experts in a laboratory or other controlled environment:

- a. Computer storage devices, such as hard disks, diskettes, tapes, laser disks, and other digital storage mediums, can store the equivalent of hundreds of thousands of pages of information. Additionally, when an individual seeks to conceal information that may constitute criminal evidence, that individual may store the information in random order with deceptive file names. As a result, it may be necessary for law enforcement authorities performing a search to examine all the stored data to determine which particular files are evidence or instrumentalities of criminal activity. This review and sorting process can take weeks or months, depending on the volume of data stored, and would be impossible to complete during a search on site; and
- b. Searching computer systems for criminal evidence is a highly technical process, requiring expert skill and a properly controlled environment. The vast array of computer hardware and software available requires even those who are computer experts to specialize in some systems and applications. It is difficult to know before a search what type of hardware and software are present and therefore which experts will be required to analyze the subject system and its data. In any event, data search protocols are exacting scientific procedures designed to protect the integrity of the evidence and to recover even hidden, erased, compressed, password-protected, or encrypted files. Since computer evidence is extremely vulnerable to inadvertent or intentional modification or destruction (both from external sources or from destructive code imbedded in the system as a booby trap), a controlled environment is essential to its complete and accurate analysis.

113. Based on my own experience and my consultation with other law enforcement

agents and detectives who have been involved in computer searches, searching computerized information for evidence or instrumentalities of a crime often requires the seizure of all of a computer system's input and output peripheral devices, related software, documentation, and data security devices (including passwords) so that a qualified computer expert can accurately retrieve the systems data in a laboratory or other controlled environment. There are several reasons that compel this conclusion:

- a. The peripheral devices that allow users to enter or retrieve data from the storage devices vary widely in their compatibility with other hardware and software. Many system storage devices require particular input/output devices in order to read the data on the system. It is important that the analyst be able to properly re-configure the system as it now operates in order to accurately retrieve the evidence listed above. In addition, the analyst needs the relevant system software (operating systems, interfaces, and hardware drivers) and any applications software which may have been used to create the data (whether stored on hard drives or on external media), as well as all related instruction manuals or other documentation and data security devices; and
- b. In order to fully retrieve data from a computer system, the analyst also needs all magnetic storage devices, as well as the central processing unit (CPU). In cases like the instant one where the evidence consists partly of image files, the monitor and printer are also essential to show the nature and quality of the graphic images which the system could produce. Further, the analyst again needs all the system software (operating systems or interfaces, and hardware drivers) and any applications software which may have been used to create the data (whether stored on hard drives or on external media) for proper data retrieval.
- c. I am familiar with and understand the implications of the Privacy Protection Act (PPA), 42 U.S.C. § 2000aa, and the role of this statute in protecting First Amendment activities. I am not aware that any of the materials to be searched and seized from the PREMISES-1 are protected materials pursuant to the PPA. If any such protected materials are inadvertently seized, all efforts will be made to return these materials to their authors as quickly as possible.

114. In addition to being evidence of a crime, in cases of this sort, there is probable cause to believe that the computer and its storage devices, modem, router, and other system components were used as a means of committing offense and should be seized on that basis alone. Accordingly, permission is sought herein to seize and search all computers and all related devices consistent with the scope of the requested search, as set forth in Attachments B and E, respectively.

115. It is the government's intention to implement a procedure for data seized from digital and computer media. Every attempt will be made to copy the data from any hard drives and digital media seized within thirty days of the seizure (if impractical, we will notify the Court and seek additional time). After the data is copied and verified, a copy will be provided to FAMILY HEALTH URGENT CARE. Unlike physical records, however, digital data cannot be provided until it has been copied, without altering the original data. At the execution of the search warrant, agents will provide a telephone number to PREMISES-1 to contact members of the investigative team regarding securing a copy of seized digital data.

REQUEST TO SEARCH

116. Based upon the facts set forth above, there is probable cause to believe that the items listed on Attachments B and E hereto, which are incorporated herein by reference, will be found at the PREMISES-1, PREMISES-2, and PREMISES-3, and that those items constitute evidence, fruits or instrumentalities of violations of Title 18, United States Code, Sections 1347, 1956 and 1957, and Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846.

117. It is further requested that this Affidavit be sealed by the Court until such time as the Court directs otherwise. Given the confidential nature of this investigation, disclosure would severely jeopardize the investigation in that it might alert the target(s) of the investigation at the

PREMISES-1, PREMISES-2 or PREMISES-3 to the specific nature of the investigation and sources of information and likely lead to the destruction and concealment of evidence, witness tampering and/or flight.

WHEREFORE, your affiant respectfully requests that a warrant be issued authorizing DEA agents, with such other assistance as may be necessary, to search the PREMISES-1, PREMISES-2 and PREMISES-3 and seize the items listed in Attachment B and E to this affidavit, which are incorporated by reference as if fully set forth herein, all of which constitute evidence, fruits or instrumentalities of violations of Title 18, United States Code, Sections 1347, 1956 and 1957, and Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846.

Task Force Officer Peter Trahan
Drug Enforcement Administration

Sworn to before me this
___th day of July, 2017

THE HONORABLE
UNITED STATES MAGISTRATE JUDGE

ATTACHMENT (A)

Description of Premises 1 to Be Searched

235 Main Street, Norwalk, Connecticut Office Phone: 203-847-2600

This building is located at 235 Main Street, Norwalk, Connecticut. The entrance to this office has clear glass doors with a sign which reads “Family Health Urgent Care” on the building at the threshold to the entrance. Inside the entrance door is a reception area and behind the reception area are offices.



(view from Main Street)

ATTACHMENT (B)

ITEMS TO BE SEIZED - THE SUBJECT OFFICE (PREMISES-1)

1. Any and all records, data and correspondence constituting evidence, fruits and instrumentalities of violations of Title 18, United States Code, Sections 1347, 1956 and 1957, and Title 21, United States Code, Section 841(a)(1), 841(b)(1)(C), and 846, in any form wherever that they may be stored or found including, but not limited to:
 - (a) documents, information or records relating to the prescribing of controlled substances, including but not limited to blank or completed prescriptions, Controlled Substance Information reports and appointment books, Controlled substances, to wit: Schedule II through V controlled substances and paraphernalia for packaging, processing, weighing, and distributing controlled substances;
 - (b) patient records, lists and files and related identifying information for customers who have received prescriptions for controlled substances; including but not limited to, all notes, dates of service, intake & assessment summaries, evaluations, diagnosis information, laboratory data including urinalysis and blood analysis, medication evaluation, prescription histories, prescriptions and copies of prescriptions, patient specific medications, records of receipt and distribution of controlled substances, controlled substance inventories, continuities of care, referrals to other medical providers, imaging results, specialized testing, discharge summaries and warehouse space for off-site storage of patient files;
 - (c) billing and payment records, including but not limited to receipts of payments, checks, checkbooks, credit card records, invoices, shipping documentation, insurance records, ATM records, deposit and withdrawal records, bank statements, tax records, bills, cash receipt books, bookkeeping ledgers for patients/customers who have received prescriptions for controlled substances;
 - (d) any United States currency which has been paid or given by customers to Drs. Mansourov/Patel or any employee or contractor at the SUBJECT OFFICE;
 - (e) financial books and records and documents constituting, concerning, or relating to payments made for controlled substance prescriptions; Books, records, invoices, receipts, records of real estate transactions, bank account information and related records, passbooks, money drafts, letters of credit, money orders, bank drafts, and cashier's checks, bank checks, safe deposit box keys, money wrappers, and other items evidencing the obtaining, secreting, transfer, concealment, and/or expenditure of money, related to Mansourov/Patel and/or medical practice;
 - (f) records concerning use or disposition of cash proceeds obtained for the prescription of controlled substances, including, but not limited to bank account records, credit card records; money market accounts, checking accounts, investment accounts, stock fund accounts, 401K funds, mutual funds, retirement funds, bonds or bond funds;

(g) contracts, agreements, logs, lists or papers affiliated with any medical professional services rendered at the SUBJECT OFFICE;

(h) All records files and resumes of employees, contractors or other medical personnel working for or seeking work at the SUBJECT OFFICE, including, but not limited to, any handwritten or computer files listing names addresses, telephone numbers and background information for any and all current and former employees, payroll records including duties, hours worked, direct and indirect compensation, dividends, bonuses, interests, profits and employment contracts related to the TARGET SUBJECTS' medical practice;

(i) documents demonstrating the rental or ownership of SUBJECT OFFICE; and

(j) calendars and patient appointment records, attendance sign-in sheets, and scheduling documentation evidencing dates, times and other information concerning patient office visits and/or schedules of employees related to Mansourov/Patel medical practice;

(k) mailing lists, index cards and other documents listing names, addresses, and telephone numbers of patients;

(l) any notices, signs or instructions to patients regarding locations to fill prescriptions or describing how to maintain proper behavior in a medical office;

(m) any calendars, day planners, or other documents relating to domestic and international travel of Mansourov/Patel, to include passport information, as well as the employee staffing of the medical offices during the dates of travel;

(n) records in whatever form, pertaining to accounts held with Internet Service Providers or of Internet use;

(o) computers, central processing units, external and internal drives, external and internal digital storage equipment or media, computer software, computerized digital data storage devices, including data stored on hard disks, floppy disks, or CD/DVD Disks, computerized printouts or computer programs, computer or data processing software or data, and any other items which could contain or be used to transmit or store any digital records, documents, and materials described above.

2. Agents searching for the items described above are authorized to search any computers or digital media at the SUBJECT OFFICE and to copy all data stored on such computer(s) or media in order to extract and examine the above described information. If the files and records described in this attachment cannot be read and understood without the software or programs that created those files or records, agents are authorized to seize such software and any documentation and manuals that describe the software and give instructions on its installation and use. Agents are authorized to seize such software and any documentation and manuals that describe the software and give instructions on its installation and use. Agents are authorized to make complete images of computer drives and digital storage media for later analysis or to seize such computer and remove it to a laboratory setting for a sufficient period of time to obtain access to, search for, and recover the files and records described above.

3. Agents are directed to copy or digitally scan any seized patient medical records

within thirty days of the seizure and provide a copy of these patient medical records to Dr. Mansourov/Patel or an authorized representative. During the 30-day period allowed to copy the medical records, if Mansourov/Patel needs a particular patient's record, an authorized representative of Mansourov/Patel may contact a member of the investigative team during business hours to obtain a copy of the medical record within 48 hours of the request. Should an individual patient need access to a medical file during the copying period, the patient may contact a member of the investigative team during business hours. Upon the submission of a valid patient release form to a member of the investigative team, the patient will be provided a copy of the medical file within 48 hours. In the event of an emergency, the treating facility or physician may contact a member of the investigative team to obtain a copy of the patient's medical file as soon as practicable. At the execution of the search warrant, agents are directed to post a notice on the door of the SUBJECT OFFICE that will allow both Dr. Mansourov/Patel and patients to contact members of the investigative team to obtain patient files as described above.

4. Within thirty days of the seizure of any data contained within a computer, hard drive or digital media, agents are directed to provide a copy of the seized data to Dr. Mansourov/Patel or an authorized representative. At the execution of the search warrant, agents are directed to provide a telephone number to Dr. Mansourov/Patel to contact members of the investigative team regarding securing a copy of seized digital data.

ATTACHMENT (C)

Description of PREMISES-2 to Be Searched

119 Tokeneke Road, Darien, Connecticut Residence

The property is located at 119 Tokeneke Road, Darien, Connecticut, described as being white in color, three story dwelling with black shutters, and a paved driveway to the left of the residence that leads to a two car garage.



(view from Tokeneke Road)

ATTACHMENT (D)

Description of PREMISES-3 to Be Searched

39 Devine Place, Milford, Connecticut

This residence is described as being tan in color with dark trim, a paved driveway to the right of the residence leading to an attached two car garage. There is a dark-colored mailbox in front of the residence containing the number 39.



(view from Divine Place)

ATTACHMENT (E)

ITEMS TO BE SEIZED - RESIDENCES (PREMISES- 2, 3)

1. The items to be seized are evidence, fruits or instrumentalities of the distribution of controlled substances, including evidence, fruits and instrumentalities of the crimes, and all records of Conspiracy to Possess with Intent to Distribute Controlled Substances seized are in violation of Title 21, United States Code, Sections 841(a)(1), 841(b)(1)(C), and 846 (Conspiracy to Distribute and to Possess with Intent to Distribute Controlled Substances), and Title 18, United States Code, Sections 1956 and 1957 (Laundering Monetary Instruments);
2. Cash, representing proceeds of drug trafficking;
3. Firearms, ammunition and other weapons;
4. Addresses or telephone numbers in books, papers, cellular telephones or electronic organizers, and their electronically stored contents, which reflect names, addresses, telephone numbers of and text messages to or from their associates and/or clients in narcotic trafficking activity; photographs and videotapes of participants and associates in narcotic trafficking activity and property acquired as a consequence of narcotics trafficking activities;
5. Personal books, papers and photographs reflecting identities, names, addresses, telephone numbers, and other contact or identification data relating to the distribution of controlled substances;
6. Records relating to income and expenditures of money and wealth, to wit: money orders, wire transfers, cashier's checks, receipts, bank statements, passbooks, checkbooks, checkbook registers, safety deposit box rental agreements and safety deposit box keys, as

well as precious metals and gems such as gold, silver, diamonds;

7. Items of personal property that tend to identify the person(s) in residence, occupancy, control, or ownership of the premises that is the subject of this warrant, including but not limited to canceled mail, deeds, leases, rental agreements, photographs, personal telephone books, diaries, utility and telephone bills, statements, identification documents, and keys;
8. Books, records, receipts, notes, ledgers, and other papers relating to the distribution of controlled substances, including computers and computerized data, computer discs, and computer related equipment and information;
9. Documents indicating travel in interstate commerce, to include airline tickets, notes and travel itineraries, airline schedules, bills, charge card receipts, hotel, motel, and car rental statements, correspondence with travel agencies and other travel related businesses, airline rent-a-car, and hotel frequent flier or user cards and statements, and passports and visas, immigration/naturalization papers, telephone bills, photographs of foreign locations, and papers relating to domestic and international travel;
10. Telephones to include but are not limited to, cellular telephones, electronic personal organizers, telephone answering machines, and telephone answering machine tapes;
11. Items of personal property that evidence unexplained wealth, such as high-end collectibles, precious metals, entertainment systems and other expensive items of personal property;
12. Closed containers within which the foregoing items may be stored and secreted, including safes and secured containers;
13. Any digital device used to facilitate the above-listed violations and forensic copies

thereof;

14. With respect to any digital device containing evidence falling within the scope of the foregoing search categories, records, documents, programs, applications or materials, or evidence of the absence of the same, sufficient to show the actual user(s) of the digital device during the time period between June 2013 and Present;
15. As used herein, the terms “records,” “documents,” “programs,” “applications,” and “materials” include records, documents, programs, applications, and materials created, modified, or stored in any form, including in digital form on any digital device and on the cloud and any forensic copies thereof; and
16. As used herein, the term "digital device" includes but is not limited to any electronic system or device capable of storing or processing data in digital form, including central processing units; desktop, laptop, notebook, and tablet computers; personal digital assistants; wireless communication devices, such as mobile telephones, and smart phones; digital cameras; peripheral input/output devices, such as keyboards, printers, scanners, plotters, and drives intended for removable media; related communications devices, such as modems, routers, cables, and connections; storage media, such as hard disk drives, floppy disks, memory cards, optical disks, USB storage devices and security devices.