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                                SUPERIOR COURT OF NEW JERSEY
                                LAW DIVISION - CAMDEN COUNTY
                                DOCKET NO. CAM-L-003522-23
JUSTIN ZIMMERMAN, ACTING
COMMISSIONER OF THE
NEW JERSEY DEPARTMENT OF
                                     )
BANKING AND INSURANCE,
                                  Civil Action
          Plaintiff.
                                     ORDER OF FINAL JUDGMENT
          ٧.
                                      BY DEFAULT
LISA M. MEDINA,
          Defendant.
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THIS MATTER HAVING BEEN opened to the Court on the application of Matthew J. Platkin, Attorney General of New Jersey, (by Brian R. Fitzgerald, Deputy Attorney General, appearing), attorney for Plaintiff, Justin Zimmerman, Acting Commissioner of the New Jersey Department of Banking and Insurance ("Plaintiff") on a motion for final judgment by default; and

Defendant, Lisa M. Medina ("Defendant"), having been duly served with a copy of the Summons and Complaint in the above-captioned action, and

default having been entered for Defendant's failure to appear, answer, or otherwise defend;

This Court now finds that Defendant violated the New Jersey Insurance Fraud Prevention Act, N.J.S.A. 17:33A-1 to -30 ("Fraud Act") by (i) submitting ten (10) written statements to an insurance company in support of claims for payment or other benefit pursuant to an insurance policy knowing that the statements contained false or misleading information concerning facts and things material to the claims, in violation of N.J.S.A 17:33A-4(a)(1), and (ii) on the ten (10) written statements, concealed and/or knowingly failed to disclose the occurrence of events which affected her initial or continued right or entitlement to any insurance benefit or payment, or the amount of any benefit or payment to which she was entitled, in violation of N.J.S.A. 17:33A-4(a)(3)(a) and -4(a)(3)(b).

Specifically, Defendant (i) submitted one (1) fake hospital bill to American Family Life Assurance Company ("Aflac") in support of a medical claim, falsely representing that her husband, Wilfredo Medina ("Wilfredo") received the claimed medical care at AtlantiCare Regional Medical Center in Atlantic City, New Jersey from July 22 to July 27, 2017 when, in fact, Wilfredo did not receive such care, and failed to disclose in connection with the claims that Wilfredo did not receive such care, in violation of N.J.S.A 17:33A-4(a)(1) and N.J.S.A. 17:33A-4(a)(3)(a) and -4(a)(3)(b), and (ii) submitted nine (9) fake hospital bills to Aflac in support of medical care claims dating between June 2014 and September 2017, falsely representing that she and Wilfredo

received the claimed medical care at Cooper University Hospital in Camden, New Jersey when, in fact, neither Defendant nor Wilfredo received such care, and failed to disclose in connection with the claims that neither she nor Wilfredo received such care, in violation of N.J.S.A 17:33A-4(a)(1) and N.J.S.A. 17:33A-4(a)(3)(a) and -4(a)(3)(b).

FINAL JUDGMENT is on this 5 day of MA 2024, entered in the amount of \$34,189.00 against Defendant Lisa M. Medina and in favor of Plaintiff. This amount consists of \$25,000.00 in civil penalties for ten violations of the Fraud Act pursuant to N.J.S.A. 17:33A-5(b); attorneys' fees of \$3,764.00 pursuant to N.J.S.A. 17:33A-5(b); cost of service in the amount of \$75.00 pursuant to N.J.S.A. 17:33A-5(b); \$1,000.00 constituting the statutory fraud surcharge pursuant to N.J.S.A. 17:33A-5.1; and the payment of restitution to Aflac in the amount of \$4,350.00 pursuant to N.J.S.A. 17:33A-26.

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IT IS FURTH	ER ORDERED, that a copy of this Order be served upon al
parties within	days of the date of receipt.
	1141
	STEVEN J. POLANSKY, P.J.Cv.
This motion was:	

"Reasons set forth On the Record"
3-14-24

Opposed

__ Unopposed