

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - CRIMINAL

State Grand Jury

Number SGJ629-12-22

Superior Court

Docket Number 3 - 02 - 00035-S

STATE OF NEW JERSEY

)

v.

)

INDICTMENT

STEPHEN BEUKAS

)

ILLUMINATA DAVI

)

(a.k.a. LENA DAVI)

JOYCE FULLER

)

MARY D. ANEROUSIS

)

(a.k.a. MARYDEE ANEROUSIS)

JOHN FREILER

)

MATTHEW GIRARDY

)

and

)

TRINA RUCHELMAN

)

The Grand Jurors of and for the State of New Jersey, upon their
oaths, present that:

COUNT ONE

(Conspiracy - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009, at
the Township of Colts Neck, in the County of Monmouth, elsewhere, and

within the jurisdiction of this Court,

STEPHEN BEUKAS

ILLUMINATA DAVI (a.k.a. LENA DAVI)

and

JOYCE FULLER

who are named as defendants herein, and other individuals, who are known to the Grand Jurors and are named as co-conspirators, but not all of whom are named as defendants herein, with the purpose of promoting or facilitating the commission of the crimes of Health Care Claims Fraud, Medicaid Fraud, Theft by Deception, and Insurance Fraud did agree that:

A. One or more of them knowingly would engage in conduct which would constitute the aforesaid crimes, or

B. One or more of them knowingly would aid in the planning, solicitation or commission of said crimes, that is:

1. Second Degree Health Care Claims Fraud, contrary to the provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3c;

2. Third Degree Medicaid Fraud, contrary to the provisions of N.J.S.A. 30:4D-17(a);

3. Second Degree Theft by Deception, contrary to the provisions of N.J.S.A. 2C:20-4; and

4. Second Degree Insurance Fraud, as of on or about June 9, 2003, contrary to the provisions of N.J.S.A. 2C:21-4.6.

All contrary to the provisions of N.J.S.A. 2C:5-2 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWO

(Conspiracy - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS)

who is named as a defendant herein, and other individuals, who are
known to the Grand Jurors and are named as co-conspirators, but not
named as defendants in this Count, with the purpose of promoting or
facilitating the commission of the crimes of Health Care Claims Fraud,
Medicaid Fraud, Theft by Deception, and Insurance Fraud did agree
that:

A. One or more of them knowingly would engage in conduct which
would constitute the aforesaid crimes, or

B. One or more of them knowingly would aid in the planning,
solicitation or commission of said crimes, that is:

1. Second Degree Health Care Claims Fraud, contrary to the
provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3c;

2. Third Degree Medicaid Fraud, contrary to the provisions of
N.J.S.A. 30:4D-17(a);

3. Second Degree Theft by Deception, contrary to the
provisions of N.J.S.A. 2C:20-4; and

4. Second Degree Insurance Fraud, as of on or about
June 9, 2003, contrary to the provisions of
N.J.S.A. 2C:21-4.6.

All contrary to the provisions of N.J.S.A. 2C:5-2 and
N.J.S.A. 2C:2-6, and against the peace of this State, the government
and dignity of the same.

COUNT THREE

(Insurance Fraud - Second Degree)

Between on or about June 9, 2003, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS)

knowingly did commit Insurance Fraud, that is, the said STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did knowingly commit five or more acts of insurance fraud, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, specifically, the said STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did make, or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in, or knowingly did omit five or more material facts from, or knowingly did cause five or more material facts to be omitted from, any record, bill, claim or other document, in writing, electronically, orally or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted as part of, in support of or opposition to or in connection with a claim for payment, reimbursement or other benefit pursuant to an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did knowingly make or cause to be made five or more false, fictitious, fraudulent, or misleading statements of

material fact in claims, which they submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or reimbursement for dental services, purportedly provided to Medicaid beneficiaries by MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) on approximately fifty-two (52) separate days, for more treatments or procedures than can be performed during the time in which the treatments or procedures were represented to be performed, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT FOUR

(Insurance Fraud - Second Degree)

Between on or about June 9, 2003, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS)

knowingly did commit Insurance Fraud, that is, the said STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did knowingly commit five or more acts of insurance fraud, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, specifically, the said STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did make, or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in, or knowingly did omit five or more material facts from, or knowingly did cause five or more material facts to be omitted from, any record, bill, claim or other document, in writing, electronically, orally or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted as part of, in support of or opposition to or in connection with a claim for payment, reimbursement or other benefit pursuant to an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did knowingly make or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in claims, which they submitted or caused to be

submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or reimbursement for approximately 3,714 claims for dental procedure code D4355, Full Mouth Debridement, purportedly rendered on Medicaid beneficiaries by MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS), when, in fact, MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) did not render said procedure, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT FIVE

(Health Care Claims Fraud - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

ILLUMINATA DAVI (a.k.a. LENA DAVI)

JOYCE FULLER

and

STEPHEN BEUKAS

knowingly did make, or cause to be made, a false, fictitious,
fraudulent, or misleading statement of material fact in, or knowingly
did omit a material fact from, or knowingly did cause a material fact
to be omitted from, any record, bill, claim or other document, in
writing, electronically or in any other form, that they did attempt to
submit, submit, or cause to be submitted, or attempted to cause to be
submitted for payment or reimbursement for health care services;

THAT IS, the said ILLUMINATA DAVI (a.k.a. LENA DAVI) and
JOYCE FULLER, who are not practitioners, and STEPHEN BEUKAS did
knowingly make or cause to be made five or more false, fictitious,
fraudulent or misleading statements of material fact in claims, which
they submitted or caused to be submitted to the New Jersey Medical
Assistance and Health Services Program ("Medicaid"), for payment or
reimbursement for dental procedure code D9410 (formerly Y3005 and
D9999), House/Extended Care Facility Call, and dental procedure code
D9920, Behavior Management, for an approximate total of 30,304 claims
for dental provider Mary D. Anerousis (a.k.a. Marydee Anerousis), and

the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.2, N.J.S.A. 2C:21-4.3c, and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT SIX

(Medicaid Fraud - Third Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS)

did willfully receive medical assistance payments to which they were
not entitled, or in a greater amount than that to which they were
entitled under the New Jersey Medical Assistance and Health Services
Act;

THAT IS, the said STEPHEN BEUKAS and MARY D. ANEROUSIS
(a.k.a. MARYDEE ANEROUSIS), providers pursuant to N.J.S.A. 30:4D-3h,
did willfully receive payments for dental services purportedly
provided by MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) to which
STEPHEN BEUKAS and MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) were
not entitled or in a greater amount than that to which they were
entitled, contrary to the provisions of N.J.S.A. 30:4D-17(a) and
N.J.S.A. 2C:2-6, and against the peace of this State, the government
and dignity of the same.

COUNT SEVEN

(Theft By Deception - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS)

did purposely obtain the property of another by deception in excess
of \$75,000;

THAT IS, the said MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS)
did purposely obtain approximately \$139,998.70 from the New Jersey
Medical Assistance and Health Services Program ("Medicaid") by
creating or reinforcing the false impression that dental services
were provided to Medicaid beneficiaries as or to the extent claimed
and that MARY D. ANEROUSIS (a.k.a. MARYDEE ANEROUSIS) was entitled to
payment or reimbursement for same;

WHEREAS, IN TRUTH AND IN FACT, as the said MARY D. ANEROUSIS
(a.k.a. MARYDEE ANEROUSIS) well knew, the dental services were not
provided, or not provided as or to the extent claimed, and she was,
therefore, not entitled to payment or reimbursement for same,
contrary to the provisions of N.J.S.A. 2C:20-4 and N.J.S.A. 2C:2-6,
and against the peace of this State, the government and dignity of
the same.

COUNT EIGHT

(Conspiracy - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

JOHN FREILER

who is named as a defendant herein, and other individuals, who are
known to the Grand Jurors and are named as co-conspirators, but not
named as defendants in this Count, with the purpose of promoting or
facilitating the commission of the crimes of Health Care Claims Fraud,
Medicaid Fraud, Theft by Deception, and Insurance Fraud did agree
that:

A. One or more of them knowingly would engage in conduct which
would constitute the aforesaid crimes, or

B. One or more of them knowingly would aid in the planning,
solicitation or commission of said crimes, that is:

1. Second Degree Health Care Claims Fraud, contrary to the
provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3c;

2. Third Degree Medicaid Fraud, contrary to the provisions of
N.J.S.A. 30:4D-17(a);

3. Second Degree Theft by Deception, contrary to the
provisions of N.J.S.A. 2C:20-4; and

4. Second Degree Insurance Fraud, as of on or about
June 9, 2003, contrary to the provisions of
N.J.S.A. 2C:21-4.6.

All contrary to the provisions of N.J.S.A. 2C:5-2 and
N.J.S.A. 2C:2-6, and against the peace of this State, the government
and dignity of the same.

COUNT NINE

(Insurance Fraud - Second Degree)

Between on or about June 9, 2003, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

JOHN FREILER

knowingly did commit Insurance Fraud, that is, the said STEPHEN BEUKAS and JOHN FREILER did knowingly commit five or more acts of insurance fraud, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, specifically, the said STEPHEN BEUKAS and JOHN FREILER did make, or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in, or knowingly did omit five or more material facts from, or knowingly did cause five or more material facts to be omitted from, any record, bill, claim or other document, in writing, electronically, orally or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted as part of, in support of or opposition to or in connection with a claim for payment, reimbursement or other benefit pursuant to an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and JOHN FREILER did knowingly make or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in claims, which they submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or

reimbursement for dental services, purportedly provided to Medicaid beneficiaries by JOHN FREILER on approximately one hundred and five (105) separate days, for more treatments or procedures than can be performed during the time in which the treatments or procedures were represented to be performed, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TEN

(Insurance Fraud - Second Degree)

Between on or about June 9, 2003, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

JOHN FREILER

knowingly did commit Insurance Fraud, that is, the said STEPHEN BEUKAS and JOHN FREILER did knowingly commit five or more acts of insurance fraud, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, specifically, the said STEPHEN BEUKAS and JOHN FREILER did make, or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in, or knowingly did omit five or more material facts from, or knowingly did cause five or more material facts to be omitted from, any record, bill, claim or other document, in writing, electronically, orally or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted as part of, in support of or opposition to or in connection with a claim for payment, reimbursement or other benefit pursuant to an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and JOHN FREILER did knowingly make or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in claims, which they submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or

reimbursement for approximately 8,849 claims for dental procedure code D4355, Full Mouth Debridement, purportedly rendered on Medicaid beneficiaries by JOHN FREILER, when, in fact, JOHN FREILER did not render said procedure, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT ELEVEN

(Health Care Claims Fraud - Second Degree)

On or about March 10, 2008, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

JOHN FREILER

who is licensed in this State to practice dentistry, in the course of providing professional services, knowingly did make, or cause to be made, a false, fictitious, fraudulent, or misleading statement of material fact in, or knowingly did omit a material fact from, or knowingly did cause a material fact to be omitted from, any record, bill, claim or other document, in writing, electronically or in any other form, that he did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted for payment or reimbursement for health care services;

THAT IS, the said JOHN FREILER, who is a practitioner, did knowingly make or cause to be made a false, fictitious, fraudulent, or misleading statement of material fact in a claim, which he submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or reimbursement for dental procedure code D0150, Comprehensive Oral Examination, purportedly provided to Medicaid beneficiary R.B., who is known to the Grand Jurors, when, in fact, R.B. was deceased at the time JOHN FREILER purportedly provided the dental service, contrary to the provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3a, and against the peace of this State, the government and dignity of the same.

COUNT TWELVE

(Health Care Claims Fraud - Second Degree)

On or about March 10, 2008, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

JOHN FREILER

who is licensed in this State to practice dentistry, in the course of providing professional services, knowingly did make, or cause to be made, a false, fictitious, fraudulent, or misleading statement of material fact in, or knowingly did omit a material fact from, or knowingly did cause a material fact to be omitted from, any record, bill, claim or other document, in writing, electronically or in any other form, that he did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted for payment or reimbursement for health care services;

THAT IS, the said JOHN FREILER, who is a practitioner, did knowingly make or cause to be made a false, fictitious, fraudulent, or misleading statement of material fact in a claim, which he submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or reimbursement for dental procedure code D4355, Full Mouth Debridement, purportedly provided to Medicaid beneficiary R.B., who is known to the Grand Jurors, when, in fact, R.B. was deceased at the time JOHN FREILER purportedly provided the dental service, contrary to the provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3a, and against the peace of this State, the government and dignity of the same.

COUNT THIRTEEN

(Health Care Claims Fraud - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

ILLUMINATA DAVI (a.k.a. LENA DAVI)

JOYCE FULLER

and

STEPHEN BEUKAS

knowingly did make, or cause to be made, a false, fictitious,
fraudulent, or misleading statement of material fact in, or knowingly
did omit a material fact from, or knowingly did cause a material fact
to be omitted from, any record, bill, claim or other document, in
writing, electronically or in any other form, that they did attempt to
submit, submit, or cause to be submitted, or attempted to cause to be
submitted for payment or reimbursement for health care services;

THAT IS, the said ILLUMINATA DAVI (a.k.a. LENA DAVI) and
JOYCE FULLER, who are not practitioners, and STEPHEN BEUKAS did
knowingly make or cause to be made five or more false, fictitious,
fraudulent or misleading statements of material fact in claims, which
they submitted or caused to be submitted to the New Jersey Medical
Assistance and Health Services Program ("Medicaid"), for payment or
reimbursement for dental procedure code D9410 (formerly Y3005 and
D9999), House/Extended Care Facility Call, and dental procedure code
D9920, Behavior Management, for an approximate total of 58,023 claims
for dental provider John Freiler, and the aggregate pecuniary benefit

obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.2, N.J.S.A. 2C:21-4.3c, and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT FOURTEEN

(Medicaid Fraud - Third Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

JOHN FREILER

did willfully receive medical assistance payments to which they were
not entitled, or in a greater amount than that to which they were
entitled under the New Jersey Medical Assistance and Health Services
Act;

THAT IS, the said STEPHEN BEUKAS and JOHN FREILER, providers
pursuant to N.J.S.A. 30:4D-3h, did willfully receive payments for
dental services purportedly provided by JOHN FREILER to which
STEPHEN BEUKAS and JOHN FREILER were not entitled or in a greater
amount than that to which they were entitled, contrary to the
provisions of N.J.S.A. 30:4D-17(a) and N.J.S.A. 2C:2-6, and against
the peace of this State, the government and dignity of the same.

COUNT FIFTEEN

(Theft By Deception - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

JOHN FREILER

did purposely obtain the property of another by deception in excess
of \$75,000;

THAT IS, the said JOHN FREILER did purposely obtain
approximately \$254,070.00 from the New Jersey Medical Assistance and
Health Services Program ("Medicaid") by creating or reinforcing the
false impression that dental services were provided to Medicaid
beneficiaries as or to the extent claimed and that JOHN FREILER was
entitled to payment or reimbursement for same;

WHEREAS, IN TRUTH AND IN FACT, as the said JOHN FREILER well
knew, the dental services were not provided, or not provided as or to
the extent claimed, and he was, therefore, not entitled to payment or
reimbursement for same, contrary to the provisions of
N.J.S.A. 2C:20-4 and N.J.S.A. 2C:2-6, and against the peace of this
State, the government and dignity of the same.

COUNT SIXTEEN

(Conspiracy - Second Degree)

Between on or about June 12, 2006, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

MATTHEW GIRARDY

who is named as a defendant herein, and other individuals, who are known to the Grand Jurors and are named as co-conspirators, but not named as defendants in this Count, with the purpose of promoting or facilitating the commission of the crimes of Health Care Claims Fraud, Medicaid Fraud, Theft by Deception, and Insurance Fraud did agree that:

A. One or more of them knowingly would engage in conduct which would constitute the aforesaid crimes, or

B. One or more of them knowingly would aid in the planning, solicitation or commission of said crimes, that is:

1. Second Degree Health Care Claims Fraud, contrary to the provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3c;

2. Third Degree Medicaid Fraud, contrary to the provisions of N.J.S.A. 30:4D-17(a);

3. Second Degree Theft by Deception, contrary to the provisions of N.J.S.A. 2C:20-4; and

4. Second Degree Insurance Fraud, contrary to the provisions of N.J.S.A. 2C:21-4.6.

All contrary to the provisions of N.J.S.A. 2C:5-2 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT SEVENTEEN

(Insurance Fraud - Second Degree)

Between on or about June 12, 2006, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

MATTHEW GIRARDY

knowingly did commit Insurance Fraud, that is, the said STEPHEN BEUKAS and MATTHEW GIRARDY did knowingly commit five or more acts of insurance fraud, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, specifically, the said STEPHEN BEUKAS and MATTHEW GIRARDY did make, or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in, or knowingly did omit five or more material facts from, or knowingly did cause five or more material facts to be omitted from, any record, bill, claim or other document, in writing, electronically, orally or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted as part of, in support of or opposition to or in connection with a claim for payment, reimbursement or other benefit pursuant to an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and MATTHEW GIRARDY did knowingly make or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in claims, which they submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for

payment or reimbursement for dental services, purportedly provided to Medicaid beneficiaries by MATTHEW GIRARDY on approximately two hundred and thirteen (213) separate days, for more treatments or procedures than can be performed during the time in which the treatments or procedures were represented to be performed, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT EIGHTEEN

(Insurance Fraud - Second Degree)

Between on or about June 12, 2006, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

MATTHEW GIRARDY

knowingly did commit Insurance Fraud, that is, the said STEPHEN BEUKAS and MATTHEW GIRARDY did knowingly commit five or more acts of insurance fraud, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, specifically, the said STEPHEN BEUKAS and MATTHEW GIRARDY did make, or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in, or knowingly did omit five or more material facts from, or knowingly did cause five or more material facts to be omitted from, any record, bill, claim or other document, in writing, electronically, orally or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted as part of, in support of or opposition to or in connection with a claim for payment, reimbursement or other benefit pursuant to an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and MATTHEW GIRARDY did knowingly make or cause to be made five or more false, fictitious, fraudulent, or misleading statements of material fact in claims, which they submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for

payment or reimbursement for approximately 1,729 claims for dental procedure code D4355, Full Mouth Debridement, purportedly rendered on Medicaid beneficiaries by MATTHEW GIRARDY, when, in fact, MATTHEW GIRARDY did not render said procedure, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT NINETEEN

(Health Care Claims Fraud - Second Degree)

Between on or about June 12, 2006, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

ILLUMINATA DAVI (a.k.a. LENA DAVI)

JOYCE FULLER

and

STEPHEN BEUKAS

knowingly did make, or cause to be made, a false, fictitious, fraudulent, or misleading statement of material fact in, or knowingly did omit a material fact from, or knowingly did cause a material fact to be omitted from, any record, bill, claim or other document, in writing, electronically or in any other form, that they did attempt to submit, submit, or cause to be submitted, or attempted to cause to be submitted for payment or reimbursement for health care services;

THAT IS, the said ILLUMINATA DAVI (a.k.a. LENA DAVI) and JOYCE FULLER, who are not practitioners, and STEPHEN BEUKAS did knowingly make or cause to be made five or more false, fictitious, fraudulent or misleading statements of material fact in claims, which they submitted or caused to be submitted to the New Jersey Medical Assistance and Health Services Program ("Medicaid"), for payment or reimbursement for dental procedure code D9410 (formerly Y3005 and D9999), House/Extended Care Facility Call, and dental procedure code D9920, Behavior Management, for an approximate total of 34,993 claims for dental provider Matthew Girardy, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000,

contrary to the provisions of N.J.S.A. 2C:21-4.2,
N.J.S.A. 2C:21-4.3c, and N.J.S.A. 2C:2-6, and against the peace of
this State, the government and dignity of the same.

COUNT TWENTY

(Medicaid Fraud - Third Degree)

Between on or about June 12, 2006, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

MATTHEW GIRARDY

did willfully receive medical assistance payments to which they were not entitled, or in a greater amount than that to which they were entitled under the New Jersey Medical Assistance and Health Services Act;

THAT IS, the said STEPHEN BEUKAS and MATTHEW GIRARDY, providers pursuant to N.J.S.A. 30:4D-3h, did willfully receive payments for dental services purportedly provided by MATTHEW GIRARDY to which STEPHEN BEUKAS and MATTHEW GIRARDY were not entitled or in a greater amount than that to which they were entitled, contrary to the provisions of N.J.S.A. 30:4D-17(a) and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWENTY-ONE

(Theft By Deception - Second Degree)

Between on or about June 12, 2006, and on or about August 1, 2009, at the Township of Colts Neck, in the County of Monmouth, elsewhere, and within the jurisdiction of this Court,

MATTHEW GIRARDY

did purposely obtain the property of another by deception in excess of \$75,000;

THAT IS, the said MATTHEW GIRARDY did purposely obtain approximately \$385,467.00 from the New Jersey Medical Assistance and Health Services Program ("Medicaid") by creating or reinforcing the false impression that dental services were provided to Medicaid beneficiaries as or to the extent claimed and that MATTHEW GIRARDY was entitled to payment or reimbursement for same;

WHEREAS, IN TRUTH AND IN FACT, as the said MATTHEW GIRARDY well knew, the dental services were not provided, or not provided as or to the extent claimed, and he was, therefore, not entitled to payment or reimbursement for same, contrary to the provisions of N.J.S.A. 2C:20-4 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWENTY-TWO

(Conspiracy - Second Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

TRINA RUCHELMAN

who is named as a defendant herein, and other individuals, who are
known to the Grand Jurors and are named as co-conspirators, but not
named as defendants in this Count, with the purpose of promoting or
facilitating the commission of the crimes of Health Care Claims
Fraud, Medicaid Fraud, Theft by Deception, and Insurance Fraud did
agree that:

A. One or more of them knowingly would engage in conduct which
would constitute the aforesaid crimes, or

B. One or more of them knowingly would aid in the planning,
solicitation or commission of said crimes, that is:

1. Second Degree Health Care Claims Fraud, contrary to the
provisions of N.J.S.A. 2C:21-4.2 and N.J.S.A. 2C:21-4.3c;

2. Third Degree Medicaid Fraud, contrary to the provisions of
N.J.S.A. 30:4D-17(a);

3. Second Degree Theft by Deception, contrary to the
provisions of N.J.S.A. 2C:20-4; and

4. Second Degree Insurance Fraud, contrary to the
provisions of N.J.S.A. 2C:21-4.6.

All contrary to the provisions of N.J.S.A. 2C:5-2 and
N.J.S.A. 2C:2-6, and against the peace of this State, the government
and dignity of the same.

COUNT TWENTY-THREE

(Insurance Fraud - Second Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

TRINA RUCHELMAN

knowingly did commit Insurance Fraud, that is, the said
STEPHEN BEUKAS and TRINA RUCHELMAN did knowingly commit five or more
acts of insurance fraud, and the aggregate pecuniary benefit obtained
or sought to be obtained was at least \$1,000, specifically, the said
STEPHEN BEUKAS and TRINA RUCHELMAN did make, or cause to be made five
or more false, fictitious, fraudulent, or misleading statements of
material fact in, or knowingly did omit five or more material facts
from, or knowingly did cause five or more material facts to be
omitted from, any record, bill, claim or other document, in writing,
electronically, orally or in any other form, that they did attempt to
submit, submit, or cause to be submitted, or attempted to cause to be
submitted as part of, in support of or opposition to or in connection
with a claim for payment, reimbursement or other benefit pursuant to
an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and TRINA RUCHELMAN did
knowingly make or cause to be made five or more false, fictitious,
fraudulent, or misleading statements of material fact in claims,
which they submitted or caused to be submitted to the New Jersey
Medical Assistance and Health Services Program ("Medicaid"), for

payment or reimbursement for dental services, purportedly provided to Medicaid beneficiaries by TRINA RUCHELMAN on approximately nine (9) separate days, for more treatments or procedures than can be performed during the time in which the treatments or procedures were represented to be performed, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWENTY-FOUR

(Insurance Fraud - Second Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

TRINA RUCHELMAN

knowingly did commit Insurance Fraud, that is, the said
STEPHEN BEUKAS and TRINA RUCHELMAN did knowingly commit five or more
acts of insurance fraud, and the aggregate pecuniary benefit obtained
or sought to be obtained was at least \$1,000, specifically, the said
STEPHEN BEUKAS and TRINA RUCHELMAN did make, or cause to be made five
or more false, fictitious, fraudulent, or misleading statements of
material fact in, or knowingly did omit five or more material facts
from, or knowingly did cause five or more material facts to be
omitted from, any record, bill, claim or other document, in writing,
electronically, orally or in any other form, that they did attempt to
submit, submit, or cause to be submitted, or attempted to cause to be
submitted as part of, in support of or opposition to or in connection
with a claim for payment, reimbursement or other benefit pursuant to
an insurance policy, or from an insurance company;

THAT IS, the said STEPHEN BEUKAS and TRINA RUCHELMAN did
knowingly make or cause to be made five or more false, fictitious,
fraudulent, or misleading statements of material fact in claims,
which they submitted or caused to be submitted to the New Jersey
Medical Assistance and Health Services Program ("Medicaid"), for

payment or reimbursement for approximately 4,380 claims for dental procedure code D4355, Full Mouth Debridement, purportedly rendered on Medicaid beneficiaries by TRINA RUCHELMAN, when, in fact, TRINA RUCHELMAN did not render said procedure, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWENTY-FIVE

(Insurance Fraud - Second Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

TRINA RUCHELMAN

knowingly did commit Insurance Fraud, that is, the said
TRINA RUCHELMAN did knowingly commit five or more acts of insurance
fraud, and the aggregate pecuniary benefit obtained or sought to be
obtained was at least \$1,000, specifically, the said TRINA RUCHELMAN
did make, or cause to be made five or more false, fictitious,
fraudulent, or misleading statements of material fact in, or
knowingly did omit five or more material facts from, or knowingly did
cause five or more material facts to be omitted from, any record,
bill, claim or other document, in writing, electronically, orally or
in any other form, that she did attempt to submit, submit, or cause
to be submitted, or attempted to cause to be submitted as part of, in
support of or opposition to or in connection with a claim for
payment, reimbursement or other benefit pursuant to an insurance
policy, or from an insurance company;

THAT IS, the said TRINA RUCHELMAN did knowingly make or cause
to be made five or more false, fictitious, fraudulent, or misleading
statements of material fact in claims, which she submitted or caused
to be submitted to the New Jersey Medical Assistance and Health
Services Program ("Medicaid"), for payment or reimbursement for an
approximate total of 15,546 claims for dental procedure code D9920,
Behavior Management, purportedly provided to Medicaid beneficiaries

by TRINA RUCHELMAN, when, in fact, TRINA RUCHELMAN did not provide said service, and the aggregate pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.6 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWENTY-SIX

(Health Care Claims Fraud - Second Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

ILLUMINATA DAVI (a.k.a. LENA DAVI)

JOYCE FULLER

and

STEPHEN BEUKAS

knowingly did make, or cause to be made, a false, fictitious,
fraudulent, or misleading statement of material fact in, or knowingly
did omit a material fact from, or knowingly did cause a material fact
to be omitted from, any record, bill, claim or other document, in
writing, electronically or in any other form, that they did attempt
to submit, submit, or cause to be submitted, or attempted to cause to
be submitted for payment or reimbursement for health care services;

THAT IS, the said ILLUMINATA DAVI (a.k.a. LENA DAVI) and
JOYCE FULLER, who are not practitioners, and STEPHEN BEUKAS did
knowingly make or cause to be made five or more false, fictitious,
fraudulent or misleading statements of material fact in claims, which
they submitted or caused to be submitted to the New Jersey Medical
Assistance and Health Services Program ("Medicaid"), for payment or
reimbursement for dental procedure code D9410 (formerly Y3005 and
D9999), House/Extended Care Facility Call, and for dental procedure
code D9920, Behavior Management, for an approximate total of 26,790
claims for dental provider Trina Ruchelman, and the aggregate

pecuniary benefit obtained or sought to be obtained was at least \$1,000, contrary to the provisions of N.J.S.A. 2C:21-4.2, N.J.S.A. 2C:21-4.3c, and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT TWENTY-SEVEN

(Medicaid Fraud - Third Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

and

TRINA RUCHELMAN

did willfully receive medical assistance payments to which they were
not entitled, or in a greater amount than that to which they were
entitled under the New Jersey Medical Assistance and Health Services
Act;

THAT IS, the said STEPHEN BEUKAS and TRINA RUCHELMAN,
providers pursuant to N.J.S.A. 30:4D-3h, did willfully receive
payments for dental services purportedly provided by TRINA RUCHELMAN
to which STEPHEN BEUKAS and TRINA RUCHELMAN were not entitled or in a
greater amount than that to which they were entitled, contrary to the
provisions of N.J.S.A. 30:4D-17(a) and N.J.S.A. 2C:2-6, and against
the peace of this State, the government and dignity of the same.

COUNT TWENTY-EIGHT

(Theft By Deception - Second Degree)

Between on or about January 1, 2004, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

TRINA RUCHELMAN

did purposely obtain the property of another by deception in excess
of \$75,000;

THAT IS, the said TRINA RUCHELMAN did purposely obtain
approximately \$306,889.50 from the New Jersey Medical Assistance and
Health Services Program ("Medicaid") by creating or reinforcing the
false impression that dental services were provided to Medicaid
beneficiaries as or to the extent claimed and that TRINA RUCHELMAN
was entitled to payment or reimbursement for same;

WHEREAS, IN TRUTH AND IN FACT, as the said TRINA RUCHELMAN
well knew, the dental services were not provided, or not provided as
or to the extent claimed, and she was, therefore, not entitled to
payment or reimbursement for same, contrary to the provisions of
N.J.S.A. 2C:20-4 and N.J.S.A. 2C:2-6, and against the peace of this
State, the government and dignity of the same.

COUNT TWENTY-NINE

(Medicaid Fraud - Third Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

did willfully receive medical assistance payments to which he was not
entitled, or in a greater amount than that to which he was entitled
under the New Jersey Medical Assistance and Health Services Act;

THAT IS, the said STEPHEN BEUKAS, a provider pursuant to
N.J.S.A. 30:4D-3h, did willfully receive payments for dental services
to which individuals, who are known to the Grand Jurors and are named
as co-conspirators, but are not named as defendants herein, were not
entitled or in a greater amount than that to which they were
entitled, contrary to the provisions of N.J.S.A. 30:4D-17(a) and
N.J.S.A. 2C:2-6, and against the peace of this State, the government
and dignity of the same.

COUNT THIRTY

(Theft By Deception - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

ILLUMINATA DAVI (a.k.a. LENA DAVI)

and

JOYCE FULLER

did purposely obtain the property of another by deception in excess
of \$75,000;

THAT IS, the said STEPHEN BEUKAS, ILLUMINATA DAVI
(a.k.a. LENA DAVI) and JOYCE FULLER did purposely obtain
approximately \$5,548,822.06 from the New Jersey Medical Assistance
and Health Services Program ("Medicaid") by creating or reinforcing
the false impression that dental services were provided to Medicaid
beneficiaries as or to the extent claimed and that dental providers
Mary D. Anerousis (a.k.a. Marydee Anerousis), John Freiler,
Matthew Girardy, Trina Ruchelman and other individuals, who are known
to the Grand Jurors but are not named as defendants herein, were
entitled to payment or reimbursement for same;

WHEREAS, IN TRUTH AND IN FACT, as the said STEPHEN BEUKAS,
ILLUMINATA DAVI (a.k.a. LENA DAVI), and JOYCE FULLER well knew, the
dental services were not provided, or not provided as or to the
extent claimed, and Mary D. Anerousis (a.k.a. Marydee Anerousis),
John Freiler, Matthew Girardy, Trina Ruchelman and other individuals,

who are known to the Grand Jurors but are not named as defendants herein, were, therefore, not entitled to payment or reimbursement for same, contrary to the provisions of N.J.S.A. 2C:20-4 and N.J.S.A. 2C:2-6, and against the peace of this State, the government and dignity of the same.

COUNT THIRTY-ONE

(Misconduct by Corporate Official - Second Degree)

Between on or about January 1, 2003, and on or about August 1, 2009,
at the Township of Colts Neck, in the County of Monmouth, elsewhere,
and within the jurisdiction of this Court,

STEPHEN BEUKAS

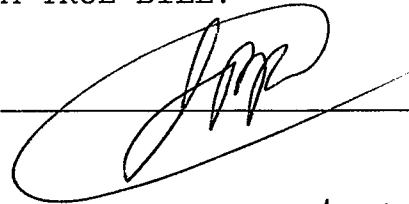
did purposely or knowingly use, control or operate a corporation for
the furtherance or promotion of a criminal object, thereby deriving a
benefit of more than \$75,000;

THAT IS, the said STEPHEN BEUKAS did use, control or operate
New Jersey Mobile Dental, P.A., a corporation, for the furtherance or
promotion of the criminal objects of Conspiracy, Health Care Claims
Fraud, Medicaid Fraud, Theft by Deception, and Insurance Fraud, and
thereby derived a benefit of more than \$75,000; contrary to the
provisions of N.J.S.A. 2C:21-9c, and against the peace of this State,
the government and dignity of the same.



Ronald Chillemi
Acting Insurance Fraud Prosecutor

A TRUE BILL:



, Foreperson

Dated: _____

2/7/2013

FILED

FEB 7 - 2013

State Grand Jury Judge

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - CRIMINAL

State Grand Jury

Number SGJ629-12-22

Superior Court

Docket Number 13-02-00055-S

STATE OF NEW JERSEY)

v.)

ORDER OF VENUE

STEPHEN BEUKAS)

ILLUMINATA DAVI)

a.k.a.

LENA DAVI)

JOYCE FULLER)

MARY D. ANEROUSIS)

a.k.a.

MARYDEE ANEROUSIS)

JOHN FREILER)

MATTHEW GIRARDY)

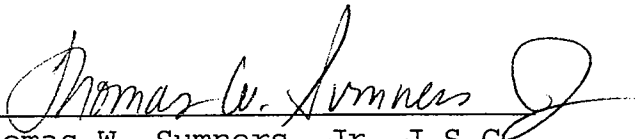
and)

TRINA RUCHELMAN)

An Indictment having been returned to this Court by the
State Grand Jury in the above captioned matter,

IT IS ORDERED on this 7th day of February, 2013,
pursuant to paragraph 8 of the State Grand Jury Act, that the
County of Monmouth be and hereby is designated as the County of
venue for the purpose of trial.

IT IS FURTHER ORDERED that the Clerk of the Superior Court shall transmit forthwith the Indictment in this matter and a certified copy of this Order to the Criminal Division Manager of the County of Monmouth for filing.


Thomas W. Sumners, Jr. J.S.C.