

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA FLORIDA

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UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
TAMPA, FLORIDA

UNITED STATES OF AMERICA, )  
ex rel. )  
CLARK J. BOLTON )  
  
Plaintiffs, )  
  
v. )  
  
WELLCARE HEALTH PLANS, INC.; )  
COMPREHENSIVE HEALTH )  
MANAGEMENT, INC.; )  
AFTER HOURS PEDIATRICS, INC.; and )  
TMG HEALTH, INC. )  
  
Defendants. )

8:07-cv-01909-T-23TGW

CASE NO.

DIVISION:

FILED IN CAMERA  
UNDER SEAL

COMPLAINT UNDER THE QUI TAM PROVISIONS  
OF THE FALSE CLAIMS ACT

INTRODUCTION

1. This is an action brought by Relator, Clark J. Bolton, on behalf of the United States of America, to recover damages and civil penalties against Defendants pursuant to the Federal Civil False Claims Act, Title 31 U.S.C. §§ 3729 et seq., ("FCA").

2. Defendant WellCare, a company with more than \$5 billion in revenues, provides managed care services exclusively to government-sponsored programs, such as Medicaid and Medicare. Relator's *qui tam* action alleges that WellCare has defrauded the government of money through fraudulent activities including but not limited to: conspiring with healthcare providers to submit false claims for payment through improper practices such as upcoding; intentionally neglecting its oversight duties as the government's fiscal intermediary with regard to Medicare and

Medicaid claims; failing to notify government agencies of fraudulent billings by providers as required by law; and failing to remit moneys owed to the government in connection with the Medicare and Medicaid plans that WellCare operates. WellCare has experienced enormous growth in recent years, and its management's desire for continued rapid growth has led to an environment in which these fraudulent activities have been allowed to flourish.

3. The FCA provides that any person who submits a false claim to the government is liable for a civil penalty of between \$5,500 and \$11,000 for each such claim, and three times the amount of the damages sustained by the government. The Act permits persons having information regarding a false or fraudulent claim against the government to bring an action on behalf of the government and to share in any recovery. Pursuant to 31 U.S.C. § 3730(b)(2), this complaint must be filed *in camera* and under seal, without service on the defendant. The complaint remains under seal while the government conducts an investigation of the allegations in the complaint and determines whether to join the action.

#### **JURISDICTION AND VENUE**

4. This Court has jurisdiction over the subject matter of this action pursuant to Title 31 U.S.C. §§ 3730(b) and 3732(a), which specifically confer jurisdiction on this Court for actions brought pursuant to The False Claims Act.

5. This Court has personal jurisdiction over Defendants pursuant to 31 U.S.C. § 3732(a), which authorizes nationwide service of process. Defendants can be found in, reside in, or have transacted business in the Middle District of Florida.

6. Venue is proper in this District pursuant to 31 U.S.C. § 3732(a) because Defendants can be found in, reside in, or have transacted business in the Middle District of Florida, and many

of the alleged acts occurred in this District.

7. No allegation set forth in this Complaint is based on a public disclosure of allegations or transactions in a criminal, civil, or administrative hearing, in a congressional, administrative, or General Accounting Office report, hearing audit, or investigation, or from the news media.

#### **THE PARTIES**

8. Relator, Clark J. Bolton, is a resident of Pinellas County, Florida. He was employed as Supervisor of the Special Investigations Unit for WellCare from September 11, 2006 until October 1, 2007.

9. Defendant, WellCare Health Plans, Inc. is headquartered at 8725 Henderson Road, Renaissance One, Tampa, Hillsborough County, Florida 33634 and provides managed care services exclusively to government-sponsored programs, such as Medicaid and Medicare. WellCare operates a variety of Medicaid and Medicare plans, including health plans for families, children, the aged, blind and disabled as well as prescription drug plans. WellCare serves more than 2.2 million members nationwide and operates plans under the WellCare, Staywell, HealthEase, Harmony and PreferredOne brands. WellCare Health Plans, Inc. and its subsidiaries including Comprehensive Health Management, Inc. are collectively referred to herein as ("WellCare").

10. Defendant After Hours Pediatrics, Inc. is headquartered at 6302 E. Martin Luther King Blvd., Suite 470, Tampa, FL 33619 and is an affiliate of Team Health. After Hours Pediatrics has offices in the Tampa Bay Area, Orlando, and South Florida and provides treatment to infants, children and young adults on evening, weekends, and holidays. After Hours Pediatrics is a health care provider that has contracted with WellCare.

11. Defendant TMG Health, Inc., a healthcare Business Process Outsourcing company

located in Pennsylvania, focuses on the Medicare and Medicaid market and provides operational outsourcing solution and information systems for health plans, providers and insurers. TMG Health, Inc. has contracted with WellCare.

### **FACTUAL ALLEGATIONS**

12. During the year that Relator was employed at WellCare as supervisor of the Special Investigations Unit (“SIU”), he observed WellCare engaging in numerous fraudulent activities. WellCare’s revenues currently exceed \$5 billion and its stock price is more than \$100 a share. Wellcare’s management has made a conscious decision to dramatically increase revenues with the view toward reaping immediate, substantial financial reward and making the company attractive as a takeover target. As described in detail below, these conditions led to WellCare engaging in fraudulent activities including: conspiring with providers to engage in practices such as upcoding; intentionally neglecting its oversight duties as the government’s fiscal intermediary; failing to remit moneys owed to the government; and failing to notify government agencies of fraudulent billings by providers as required by law. When Relator investigated and reported WellCare’s fraudulent activities to management, WellCare ultimately retaliated against him by terminating his employment.

### **WELLCARE AND PROVIDERS INCLUDING AFTER HOURS PEDIATRICS HAVE CAUSED THE SUBMISSION OF FALSE CLAIMS FOR PAYMENT TO THE GOVERNMENT**

13. WellCare entered into a contract with After Hours Pediatrics, a large pediatric group in Florida, wherein the group agreed to bill all patient office visits according to the CPT code 99214 rather than at lesser codes, even if lesser codes were appropriate. The CPT codes for office visits range from 99211 to 99215 in order of increasing severity and increasing

reimbursement rate from Medicaid. The code 99214 not only requires a higher degree of problem severity but also specifies a time requirement of 25 minutes.

14. Each time After Hours Pediatrics pursuant to the contract with WellCare improperly upcoded an office visit to CPT code 99214, a false claim for payment was submitted thereby causing the government through the Medicaid program to provide reimbursement at a higher rate than was appropriate. Thus, Defendant WellCare and Defendant After Hours Pediatrics conspired to submit false claims for payment to the government.

15. WellCare included this improper provision which allowed After Hours Pediatrics to upcode in order to induce the group to enter into a contractual arrangement with WellCare.

16. On information and belief, WellCare also has included improper provisions in contracts with other providers in order to induce them to contract with WellCare in connection with the Medicare and Medicaid plans that it operates. WellCare engaged in this behavior in order to gain market share in the highly competitive environment in which it operates.

17. In addition, these false claims submitted in connection with these improper contractual arrangements, such as the one with After Hours Pediatrics, routinely escape detection by the government due to the fact that WellCare, as described below, does not properly perform its oversight duties as the government's fiscal intermediary or routinely notify government agencies of instances of fraudulent billing as required by law. Furthermore, since WellCare is the party that is negotiating these improper contracts, it has a vested interest in not auditing these false claims for payment.

**WELLCARE HAS CAUSED THE GOVERNMENT TO PAY FALSE CLAIMS  
DUE TO WELLCARE'S FAILURE TO PERFORM  
ITS OVERSIGHT RESPONSIBILITIES**

18. As the government's fiscal intermediary, WellCare has a duty to audit the claims submitted by its healthcare providers in connection with its Medicare and Medicaid plans. However, WellCare intentionally neglects to perform its oversight duties. In fact, WellCare's management took affirmative steps to interfere with the SIU's ability to perform its duties.

19. For example, approximately 65 to 75 percent of WellCare's revenues emanate from institutional providers. The remainder emanates from individual doctors or groups of doctors. Although the SIU was responsible for the oversight of all WellCare providers, it was instructed by management to take no proactive measures with regard to institutional providers, but rather to only respond to specific complaints. For example, the SIU was instructed not to run the claims submitted by institutional providers through the "Payment Optimizer" system, which is WellCare's computer program designed to detect fraudulent billing. Consequently, unlike individual providers, billings from institutional providers were not scrutinized for fraudulent activity. This action was intentional and done for the purpose of retaining the loyalty of institutional providers by insulating them from fiscal scrutiny.

20. Similarly, TMG Health, Inc., WellCare's third-party administrator, was also exempted from fiscal oversight by the SIU regarding Private Fee-for-Service ("PFFS") claims. Thus, TMG Health and WellCare conspired to prevent the government from detecting fraud and abuse with regard to Medicare payments.

21. In addition, WellCare chose not to properly audit claims associated with its Medicare Part D Prescription Drug Plan ("PDP") as well.

22. Based on figures provided by the Centers for Medicare and Medicaid Services (“CMS”), fraud accounts for approximately 3 to 10 percent of healthcare costs. The fact that WellCare on average only identifies less than 1% of Medicaid and/or Medicare healthcare costs as fraudulent also demonstrates that it is not complying with its duty to detect fraudulent billings. In addition, throughout Relator’s employment with WellCare, the SIU was woefully understaffed and at this present time has no investigators. This is further evidence of the fact that WellCare intentionally interferes with the SIU’s ability to perform its oversight duties.

23. WellCare’s decision not to audit the claims submitted by institutional providers and claims in connection with its PDP plans, as well as WellCare and TMG Health’s decision not to audit the claims submitted pursuant to the PFFS program have caused a monetary loss to the government. WellCare’s revenues this past year totaled approximately \$5 billion. The claims submitted by institutional providers account for approximately 65% of that \$5 billion which equals \$3.25 billion. According to CMS statistics, between 3 to 10 percent of those claims were due to improper billing. Therefore, 3% of \$3.25 billion represents the amount of money that at the very least the government has overpaid due to WellCare’s failure to audit the claims submitted by its institutional providers in connection with their Medicare and/or Medicaid plans.

**WELLCARE HAS FAILED TO NOTIFY THE GOVERNMENT OF OVERPAYMENTS  
MADE TO PROVIDERS AND HAS FAILED TO REMIT MONEY OWED  
TO THE GOVERNMENT AS A RESULT OF THE OVERPAYMENTS**

24. As described above, WellCare did not take proactive steps to uncover fraudulent claims submitted in connection with the majority of the Medicare and Medicaid plans that it operates. When WellCare did decide to conduct an investigation regarding overpayments made to providers by Medicare and Medicaid, it often was in response to an outside inquiry. In these

instances, WellCare used improper methodology to compute Medicare and Medicaid overpayments received by providers. This erroneous methodology allowed WellCare to make excessive reimbursement demands to these providers.

25. A Wellcare SIU employee named Joe Popillo utilized this improper methodology and these excessive reimbursement demands to negotiate settlements with certain providers. One such negotiation resulted in a \$3,000 payment being made directly to Mr. Popillo to resolve an overpayment. There does not appear to be any record that these funds were ever remitted to WellCare or the government. Relator believes there are numerous other instances of similar activity by Mr. Popillo.

26. In 2006, WellCare negotiated a \$600,000 settlement with a provider in Florida. Statements made by Relator's superiors led Relator to believe that WellCare as part of its negotiations with the provider agreed not to inform government agencies about this recovery despite the fact that WellCare was required to do so by law. Relator does not believe these funds were remitted to the government by WellCare.

27. WellCare engaged in these types of fraudulent activities (including failing to provide the proper notification to government agencies and failing to remit funds to the Medicaid and Medicare programs) in states other than Florida as well. In certain instances, WellCare even reported to government agencies false information regarding overpayments made to providers.

28. Relator informed management that he believed WellCare was not complying with its duty to notify federal and state government agencies regarding instances of fraudulent billing as required by law, but management did not take any actions to correct WellCare's practices. In fact, Relator believes that WellCare intentionally tried to stifle the reporting of fraudulent billing

to government agencies when it instructed the SIU that it was not allowed to report instances of fraudulent billing or overpayments to the government and that all notifications were instead to be handled by the legal services department.

29. WellCare has conspired with providers such as After Hours Pediatrics to submit false claims to the government through practices including upcoding; WellCare has failed to perform its oversight duties as the government's fiscal intermediary; it has failed to report fraudulent billings to the appropriate government agencies; and it has not remitted moneys owed to the government. The Government has suffered actual monetary damage as a result of Defendants' fraudulent activities described above.

**WELLCARE HAS RETALIATED AGAINST RELATOR BY  
TERMINATING HIS EMPLOYMENT**

30. Relator reported WellCare's fraudulent activities to WellCare's management. In addition, Relator explained to his superiors that the SIU's location within the finance department created an inherent conflict since the same department responsible for investigating fraudulent billings was responsible for negotiating the settlements with providers accused of submitting the improper billings.

31. After management failed to address Relator's concerns, Relator reported WellCare's fraudulent activities by filing a complaint with WellCare's corporate ethics and compliance program entitled the "Trust Program."

32. WellCare eventually implemented Relator's suggestion that the SIU be moved from the finance department to the compliance department. That same day, WellCare terminated Relator's employment in retaliation for reporting and investigating WellCare's fraudulent activities.

**COUNT ONE**  
**Violation of False Claims Act, 31 U.S.C. § 3729(a)**  
**as to Defendant WellCare**

33. Relator realleges and incorporates by reference the allegations of paragraphs 1-32 of this complaint.

34. This count sets forth claims for treble damages and forfeitures under the federal False Claims Act, 31 U.S.C. §§ 3729-3732, as amended.

35. As described above, Defendant has engaged in fraudulent activities including: conspiring with providers to engage in practices such as upcoding; intentionally neglecting its oversight duties as the government's fiscal intermediary; failing to remit moneys owed to the government; and failing to notify government agencies of fraudulent billings by providers as required by law.

36. Defendant has knowingly violated:

- (a) 31 U.S.C. § 3729(a)(1) by knowingly presenting, or causing to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;
- (b) 31 U.S.C. § 3729(a)(2) by knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
- (c) 31 U.S.C. § 3729(a)(3) by conspiring to defraud the Government by getting a false or fraudulent claim allowed or paid; and/or
- (d) 31 U.S.C. § 3729(a)(7) by knowingly making, using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to

pay or transmit money or property to the Government.

37. By reason of Defendant's fraudulent activities, the United States has been damaged, and possibly continues to be damaged.

**COUNT TWO**  
**Violation of False Claims Act, 31 U.S.C. § 3729(a)**  
**as to Defendants, After Hours Pediatrics and TMG Health, Inc.**

38. Relator realleges and incorporates by reference the allegations of paragraphs 1-32 of this complaint.

39. This count sets forth claims for treble damages and forfeitures under the federal False Claims Act, 31 U.S.C. §§ 3729-3732, as amended.

40. As described above, Defendants pursuant to their agreements with WellCare have knowingly violated:

- (a) 31 U.S.C. § 3729(a)(1) by knowingly presenting, or causing to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;
- (b) 31 U.S.C. § 3729(a)(2) by knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
- (c) 31 U.S.C. § 3729(a)(3) by conspiring to defraud the Government by getting a false or fraudulent claim allowed or paid; and/or
- (d) 31 U.S.C. § 3729(a)(7) by knowingly making, using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.

41. By reason of Defendants' fraudulent activities, the United States has been damaged, and possibly continues to be damaged.

**COUNT THREE**  
**Defendant WellCare's Violation of 31 U.S.C. § 3730(h)**

42. Relator realleges and incorporates by reference the allegations of paragraphs 1-32 of this complaint.

43. In violation of the False Claims Act § 3730(h), Defendant took negative employment actions against Relator as a result of him investigating and reporting Defendant's fraudulent activities. Specifically, Defendant terminated Relator's employment after Relator brought Defendant's violations to management's attention.

44. As a result of Defendant's conduct, Relator has suffered damages.

**PRAYER FOR RELIEF**

WHEREFORE, Relator requests that judgment be entered against Defendants, ordering that:

- a. Defendants pay an amount equal to three times the amount of damages the United States has sustained because of Defendants' actions, plus a civil penalty against Defendants of not less than \$5,500, and not more than \$11,000 for each violation of 31 U.S.C. § 3729;
- b. Relator be awarded the maximum amount allowed pursuant to 31 U.S.C. § 3730(d);
- c. Defendants cease and desist from violating the False Claims Act, 31 U.S.C. § 3729 et seq.;
- d. Relator be awarded all damages available pursuant to 31 U.S.C. § 3730(h) as a

result of Defendant WellCare's retaliation against Relator, including but not limited to 2 times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, including damages for emotional distress;

e. Relator be awarded all costs of this action, including attorneys' fees, expenses, and costs pursuant to 31 U.S.C. § 3730(d) and (h); and

f. The United States and Relator be granted all such other relief as the Court deems just and proper.

**DEMAND FOR JURY TRIAL**

A jury trial is requested in this cause.

Dated this 19<sup>th</sup> day of October, 2007.



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Attorneys for *Qui Tam* Relator

JS 44 (Rev. 11/04)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

<p><b>I. (a) PLAINTIFFS</b>                  UNITED STATES OF AMERICA, ex rel.                  CLARK J. BOLTON</p> <p><b>(b)</b> County of Residence of First Listed Plaintiff _____                  (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p><b>(c)</b> Attorney's (Firm Name, Address, and Telephone Number)                  John R. Newcomer, Jr., Elaine Stromgren, James Hoyer Newcomer &amp; Smiljanich, 4830                  W. Kennedy Blvd., Suite 550, Tampa, FL 33609 813-286-4100 (SEE ATTACHED)</p>	<p><b>DEFENDANTS</b>                  WELLCARE HEALTH PLANS, INC.</p> <p>County of Residence of First Listed Defendant <u>Hillsborough, Florida</u>                  (IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE                  LAND INVOLVED.</p> <p>Attorneys (If Known)</p>
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<p><b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)</p> <p><input checked="" type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p><b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)                  (For Diversity Cases Only)</p> <table style="width:100%;"> <tr> <td style="width:30%;">Citizen of This State</td> <td style="width:10%;"><input type="checkbox"/> 1</td> <td style="width:10%;"><input type="checkbox"/> 1</td> <td style="width:30%;">Incorporated or Principal Place of Business In This State</td> <td style="width:10%;"><input type="checkbox"/> 4</td> <td style="width:10%;"><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>	Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6														

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<p><b>PERSONAL INJURY</b></p> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<p><b>PERSONAL INJURY</b></p> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <p><b>PERSONAL PROPERTY</b></p> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <p><b>PROPERTY RIGHTS</b></p> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <p><b>SOCIAL SECURITY</b></p> <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <p><b>FEDERAL TAX SUITS</b></p> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<p><b>REAL PROPERTY</b></p> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<p><b>CIVIL RIGHTS</b></p> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<p><b>PRISONER PETITIONS</b></p> <input type="checkbox"/> 510 Motions to Vacate Sentence <p><b>Habeas Corpus:</b></p> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes	

**V. ORIGIN** (Place an "X" in One Box Only)

1 Original Proceeding     2 Removed from State Court     3 Remanded from Appellate Court     4 Reinstated or Reopened     5 Transferred from another district (specify)     6 Multidistrict Litigation     7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
31 U.S.C. Sec. 3729-3732

Brief description of cause:  
Federal Civil False Claims Act

**VII. REQUESTED IN COMPLAINT:**

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23    **DEMAND \$** \_\_\_\_\_    CHECK YES only if demanded in complaint:  
**JURY DEMAND:**  Yes     No

**VIII. RELATED CASE(S) IF ANY** (See instructions):    JUDGE \_\_\_\_\_    DOCKET NUMBER \_\_\_\_\_

DATE: 10/19/2007    \*SIGNATURE OF ATTORNEY OF RECORD:  Elaine Stromgren / Bar# 0417610

**FOR OFFICE USE ONLY**

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

**Sherwood S. Coleman**  
**Kwall, Showers, Coleman & Barack, P.A.**  
**133 North Fort Harrison Avenue**  
**Clearwater, FL 33755**  
**(727) 441-4947**