

AFFIDAVIT FOR ARREST WARRANT

S.A. NO.: 15-AF-070661AD

Agency Case Number: MFC-15-00381

DIVISION: CR-A

ASST ST ATTY: Emmanuela Charles

JUDGE: Lance Day

STATE OF FLORIDA

COUNTY OF DUVAL

Before me, the undersigned Judge of the Fourth Judicial Circuit, in and for Duval County, Florida, personally came Law Enforcement Investigator II David Schwab, who first being duly sworn, deposes and says that he has reason to believe and does believe that one, **Howard Sheldon Schneider**, described as follows: Last Known Address: [REDACTED]; Race: **White**; Sex: **Male**; DOB: [REDACTED]; Ht: [REDACTED]; Wt: [REDACTED]; Hair: [REDACTED]; Eyes: [REDACTED]; did in Duval County, Florida, between the 16th day of January 2013, and the 21th day of August 2015, commit the crime of:

- Count 1 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 2 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 3 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 4 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 5 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 6 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 7 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 8 **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 9** **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**
- Count 10** **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)** and
- Count 11** **Medicaid Provider Fraud**, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes. (F3)**

Your Affiant's reasons for so believing are as follows:

Your Affiant is a certified Law Enforcement Investigator II and has been employed by the Florida Office of the Attorney General, Medicaid Fraud Control Unit (MFCU), since January 31, 2014. Prior to being employed by the Office of the Attorney General, your Affiant retired from the Jacksonville Sheriff's Office after twenty seven years of service. During that time, your Affiant was assigned to the Duval County Jail as a Correctional Officer for approximately one year. Your Affiant was assigned to the Patrol Division for approximately ten years and the Narcotics Unit for approximately sixteen years. Your Affiant currently holds a Florida Law Enforcement Officer's Certificate, issued by the State of Florida Commission on Criminal Justice Standards and Training. Your Affiant has attended and completed numerous schools, training sessions, and seminars on subject matters relating to criminal investigations. Your Affiant has also conducted numerous fraud investigations. During his last four years with the Jacksonville Sheriff's Office, your Affiant was assigned to the Prescription Drug Diversion Squad. His duties included conducting prescription fraud, doctor shopping, prescription drug diversion, and pill mill investigations.

BACKGROUND

Florida implemented the Medicaid Program on January 1, 1970, to provide medical, dental, and pharmacy services to low income people. The Medicaid program is authorized by Title XIX of the Social Security Act. In Florida, the Medicaid program is authorized by Chapter 409, Florida State Statutes, and Chapter 59G, Florida Administrative Code. The Medicaid Fraud Control Unit (MFCU) operates under the authority and supervision of the State of Florida, Office of the Attorney General and exists to investigate Medicaid provider fraud in the Medicaid Program in the State of Florida. The MFCU is authorized to investigate the possible criminal violation of applicable state laws pertaining to fraud in the administration of the Medicaid program, in the provision of medical assistance, or in the activities of providers of health care under the Medicaid program, and to investigate alleged abuse, neglect, or exploitation of patients' private funds in health care facilities receiving payments under the Medicaid program, pursuant to 42 U.S.C. § 1396b(q) and § 409.920(9), Florida Statutes. The MFCU is also authorized to investigate any other criminal violations uncovered during the course of those investigations, pursuant to § 16.59, Florida Statutes.

Under the Florida Medicaid Program, a provider is a person or entity that has a written agreement with the State of Florida to provide services to Medicaid recipients, and who agrees to abide by State regulations regarding participation in the Florida Medicaid Program. The Medicaid program is administered by the State of Florida's Agency for Health Care Administration (AHCA), and is financed with both Federal and State Funds. The Medicaid program's fiscal agent is HP Enterprises, LLC (HP), Tallahassee, FL, and is under contract with AHCA to process claims for reimbursement. Claims are submitted for reimbursement to HP by Medicaid participating providers generally by means of electronic submission through HP's web portal. For each provider claim received, HP assigns a distinct and specific Internal Control Number (ICN), and subsequently coordinates the verification of these claims through an electronic remittance voucher (ERV) system. Reimbursements to Medicaid providers are typically paid via electronic funds transfer (EFT) into the provider's account at a designated financial institution.

AHCA furnishes all providers with handbooks. These handbooks are also available on the internet. The intent of the AHCA Florida Medicaid Providers Handbooks is to furnish the Medicaid provider with policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients. The handbooks provide detailed descriptions and instructions about how and when to complete forms, letters, or other documentation. There is a Medicaid Provider General Handbook as well as a Coverage and Limitations Handbook and Reimbursement Handbook for each provider type. The Coverage and Limitations Handbooks explains covered services and policies for each type of Medicaid Service. The Reimbursement Handbooks contain generic eligibility information, general Medicaid information, and claim instructions.

The Florida Medicaid Provider General Handbook (General Handbook), Chapter 2: The Florida Medicaid Provider, page 2-60: Record Keeping Requirements, states:

Record Keeping Requirement

Medicaid requires that the provider retain all business records as defined in 59G-1.010(30) F.A.C., medical-related records as defined in 59G-1.010 (154) F.A.C., and medical records as defined in 59G-1.010 160) F.A.C. on all services provided to a Medicaid recipient.

Records can be kept on paper, magnetic material, film, or other media including electronic storage, except as otherwise required by law or Medicaid requirements. In order to qualify as a basis for reimbursement, the records must be signed and dated at the time of service, or otherwise attested to as appropriate to the media. Rubber stamped signatures must be initialed.

The records must be accessible, legible and comprehensible.

Requirements for Medical Records

Medical records must state the necessity for and the extent of services provided. The following requirements may vary according to the service rendered:

- Description of what was done during the visit;
- History;
- Physical assessment;
- Chief complaint on each visit;
- Diagnostic tests and results;
- Diagnosis;
- Treatment plan, including prescriptions;
- Medications, supplies, scheduling frequency for follow-up or other services;
- Progress reports, treatment rendered;
- The author of each (medical record) entry must be identified and must authenticate his entry by signature, written initials or computer entry;
- Dates of service; and
- Referrals to other services.

Note: See the service-specific Coverage and Limitations Handbook for record keeping requirements that are specific to a particular service.

Incomplete Records

Providers who are not in compliance with the Medicaid documentation and record retention policies described in this chapter may be subject to administrative sanctions and recoupment of Medicaid payments.

Medicaid payments for services that lack required documentation or appropriate signatures will be recouped.

Note: See Chapter 5 in this handbook for information on administrative sanctions and Medicaid payment recoupment.

Also in the General Handbook, Chapter 5: Medicaid Abuse and Fraud, page 5-4: Provider Responsibility, states:

Provider Responsibility

When presenting a claim for payment under the Medicaid program, a provider has an affirmative duty to supervise the provision of, and be responsible for, goods and services claimed to have been provided, to supervise and be responsible for preparation and submission of the claim, and to present a claim that is true and accurate and that is for goods and services that:

- Have actually been furnished to the recipient by the provider prior to submitting the claim;
- When required by federal or state law, the provider rendering the service is actively licensed or certified to provide the service;
- Are Medicaid-covered goods or services that are medically necessary;
- Are of a quality comparable to those furnished to the general public by the provider's peers;
- Have not been billed in whole or in part to a recipient or a recipient's responsible party, except for such co-payments, coinsurance, or deductibles as are authorized by AHCA;
- Are provided in accord with applicable provisions of all Medicaid rules, regulations, handbooks, and policies and in accordance with federal, state and local law; and
- Are documented by records made at the time the goods or services were provided, demonstrating the medical necessity for the goods or services rendered. Medicaid goods or services are excessive or not medically necessary unless both the medical basis and the specific need for them are fully and properly documented in the recipient's medical record.

The Florida Medicaid Dental Services Coverage and Limitations Handbook (Dental Handbook), Chapter 1: Provider Qualifications and Enrollment, page 1-6: General Requirements, states:

Introduction

In addition to the general provider requirements and responsibilities that are contained in the Medicaid Provider General Handbook, dental providers are also responsible for complying with the provisions contained in this section.

Record Keeping Responsibilities

The provider must keep dental treatment records which must contain, at a minimum, the following information about the recipient:

- Current medical history;
- Results of clinical examination and tests conducted, including the identification, or lack thereof, of any oral pathology or diseases;
- Treatment plan proposed by the dental provider; and
- Treatment rendered to the recipient.

Records must be retained for a period of at least 5 years from the date of service.

Note: See Chapter 2 in the Florida Medicaid Provider General Handbook, for additional information regarding record keeping and provider responsibilities.

Dental Authorization

Medicaid will reimburse for children's dental services only when those services are duly authorized by the Medicaid recipient's parent or legal representative, except as provided by law.

INVESTIGATION

On April 30, 2015, a local news station aired a story about a child that was taken to Dr. Howard S. Schneider's office, located at 1871 University Boulevard South, Jacksonville, Duval County, Florida 32216, to have a tooth extracted. According to the news report, during the procedure, the child, who is a Medicaid recipient, was restrained on a "papoose board." After the procedure was completed, the child, while still restrained, was left unattended in the treatment room. At some point, the board fell off of the chair with the child still restrained. The child was unable to break her fall and received a large bruise and swelling to her left forehead. When the child was taken to her mother, who was in the lobby, she was told by an unknown staff member that her child was restrained and started to fall but was caught by the dental assistant. The child's mother took the child to Wolfson Children's Hospital to be examined and treated. On the way to the hospital the child's mother noticed that there was more than one tooth extracted by Dr. Schneider.

On May 1, 2015, MFCU initiated an investigation into Dr. Schneider and his dental practice. Dr. Schneider was a Pediatric Dentist, and the sole owner of Howard S. Schneider, D.D.S. P. A., located at 1871 University Blvd. S., Jacksonville, Duval County, FL 32216. Dr. Schneider was a Medicaid Provider (#070137800) for Pediatric

Dental Services. On May 22, 2015, Dr. Schneider voluntarily relinquished his Dental License (DN3412) and his Medicaid account was terminated.

When Dr. Schneider enrolled with Medicaid, he agreed to EFT automatic deposits as the form of payment for services provided to Medicaid patients. The financial institution of records for Dr. Schneider is Regions Bank, account number [REDACTED]. The Medicaid Provider Agreement reflects the manner to submit claims electronically (Vendor Software, Vendor Name: Gateway EDI {Clearing House}). Individuals authorized to sign on the bank account are Howard Schneider and Deborah Schneider. Dr. Schneider's Medicaid Provider Enrollment Application was signed on January 1, 1993. Dr. Schneider's signature binds him to abide, and to be governed, by State regulations regarding participation in the Florida Medicaid Program.

Your Affiant requested and received numerous Medicaid patients' records from Dr. Schneider's office. Your Affiant interviewed several of Dr. Schneider's patients' parents and/or guardians about their child's experiences and the treatments provided by Dr. Schneider. During the parent interviews, your Affiant was told many times that Dr. Schneider routinely performed procedures beyond what was explained to them and procedures which they did not consent to. Your Affiant was also told about the level of workmanship that Dr. Schneider performed, which led to many return visits to his office to replace crowns that came off of their children's tooth/teeth.

After receiving the requested Medicaid patients' medical records, several of these files were reviewed by Dr. Marcio Guelmann, D.D.S., University of Florida, Department of Pediatric Dentistry. Dr. Guelmann was retained by the MFCU to review the patient files and render a pediatric dental expert opinion, specific to the services provided to these children by Dr. Schneider. Pursuant to the interviews and Dr. Guelmann's dental/medical opinions, the MFCU subsequently reviewed the Decision Support System (DSS) claims data to determine which claims were fraudulently submitted to AHCA. DSS data shows patient encounters, provider billing and payments made or denied by Medicaid, and an explanation of services provided. DSS is maintained by Hewlett Packard, which is the fiscal agent for AHCA. According to the DSS data, all claims reflect Dr. Howard S. Schneider as the rendering provider and billing provider.

Count 1: Medicaid Recipient [REDACTED]¹

Your Affiant conducted an interview with [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] said she was referred to Dr. Schneider by one of the Dentists at Regency Dental, because [REDACTED] and would not stop resisting the Dentist while he was working on [REDACTED]. The Dentist advised [REDACTED] that [REDACTED] needed to be sedated for

¹ The names of the recipients have been reduced to initials to avoid disclosure of confidential information pursuant to, inter alia, Federal HIPAA regulations and section 409.92(9)(f), Florida Statutes

the procedure and Dr. Schneider is the dentist in the area who performed pediatric [REDACTED] and accepted Medicaid.

When [REDACTED] called Dr. Schneider's office she was able to get an appointment for the following day for an examination. [REDACTED] said they did the examination and Dr. Schneider said that [REDACTED] and a visit was scheduled for the next day. Dr. Schneider told [REDACTED].

[REDACTED] said she brought [REDACTED] to Dr. Schneider's office the next day, according to Dr. Schneider's records [REDACTED] and they waited about thirty minutes before Dr. Schneider began working on [REDACTED]. As Dr. Schneider was [REDACTED], [REDACTED] said she was trying to comfort [REDACTED] and asking Dr. Schneider if he thought that [REDACTED] could feel the pain. [REDACTED] said that Dr. Schneider was rough and emotionless about [REDACTED]'s comfort level. [REDACTED] said [REDACTED] was screaming and crying and she again asked Dr. Schneider about [REDACTED]'s [REDACTED]. Dr. Schneider told her [REDACTED]. While [REDACTED] was checking out, she was told [REDACTED]. [REDACTED] said she told the receptionist that it would have to wait about a month because she wanted to give [REDACTED] some time to get over what happened.

[REDACTED] said the third visit to Dr. Schneider was similar to the previous visit. When Dr. Schneider started working on [REDACTED]'s teeth, [REDACTED] started crying and screaming. [REDACTED] said that she asked Dr. Schneider if [REDACTED] could feel the pain. This time Dr. Schneider told her [REDACTED], however, [REDACTED] did not leave. Dr. Schneider performed [REDACTED]. As [REDACTED] was checking out she was advised that [REDACTED] needed something else done, and they made [REDACTED] an appointment for the following month.

[REDACTED] advised your Affiant that she did not keep that appointment because she felt like there were always more issues (the office was adding), but she could not see [REDACTED] and [REDACTED] did not complain [REDACTED]. [REDACTED] said one of the [REDACTED] after a week and she had to go back to have it [REDACTED]. [REDACTED] also said that the other [REDACTED] also. [REDACTED] said that she refuses to take [REDACTED] back to Dr. Schneider. [REDACTED] also told your Affiant that the [REDACTED] Dr. Schneider used were so big that they affected [REDACTED]'s speech.

Dr. Guelmann's notes regarding the services provided and claims made for [REDACTED] are the following:

[REDACTED]
[REDACTED]
Records are very poor.
Very difficult to follow the case.
[REDACTED]
[REDACTED]

Wrong codes billed for [REDACTED]. Code [REDACTED] should NOT have been used because the tooth was [REDACTED]. On [REDACTED] could have been utilized. In my professional opinion, [REDACTED]

MFCU's Medical Claims Summary Findings for [REDACTED]

Recipient	From Date of Service	Claim Date	Claim First Entered FMMS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
[REDACTED]	10/01/2013	10/02/2013	10/02/2013	[REDACTED]	[REDACTED]	P - Paid	\$ 59.45	\$ 59.45
[REDACTED]	10/01/2013	10/02/2013	10/02/2013	[REDACTED]	[REDACTED]	P - Paid	\$ 69.86	\$ 69.86
[REDACTED]	10/01/2013	10/02/2013	10/02/2013	[REDACTED]	[REDACTED]	P - Paid	\$ 126.34	\$ 126.34
[REDACTED]	10/01/2013	10/02/2013	10/02/2013	[REDACTED]	[REDACTED]	P - Paid	\$ 101.07	\$ 101.07
[REDACTED]	10/01/2013	10/02/2013	10/02/2013	[REDACTED]	[REDACTED]	P - Paid	\$ 101.07	\$ 101.07
Total							\$ 457.79	\$ 457.79

The Medicaid handbooks establish record keeping requirements. According to this Medicaid recipient's medical records, Dr. Schneider failed to keep proper documentation in the records prior to and while providing services. Also, according to Dr. Guelmann's opinion that [REDACTED], Dr. Schneider failed to provide services that are of a quality comparable to those furnished to the general public by his peers. Therefore, your Affiant has reason to believe and does believe that on or between October 1, 2013 and October 2, 2013, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 2: Medicaid Recipient [REDACTED]

Your Affiant conducted an interview with [REDACTED], [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] stated [REDACTED] was seen at Dr. Schneider's office "three, four, maybe, five times," but only for [REDACTED] because [REDACTED]. Regarding the visit when [REDACTED], and what Dr. Schneider's plan was for [REDACTED], [REDACTED] stated they had been to Dr. Schneider's office approximately one week before that procedure, which according to Dr. Schneider's records [REDACTED]. Dr. Schneider recommended [REDACTED]. [REDACTED] said that Dr. Schneider

████████████████████. ██████████ said ██████████ but not as much as she would have liked because she knew that ██████████ could feel it.

██████████ said Dr. Schneider came back in and ██████████ that ██████████ knew about and gave verbal consent to Dr. Schneider for ██████████. ██████████ neither consented to nor knew that Dr. Schneider was going to ██████████. ██████████ said the first time that she knew that Dr. Schneider ██████████ was when the dental assistant handed her a clear envelope with ██████████. Your Affiant asked ██████████ if she signed a consent form for the procedure that Dr. Schneider was going to perform on ██████████, she said that she did not think that she had signed a consent form. Your Affiant reviewed ██████████'s dental record. The only consent form that ██████████ signed was dated February 15, 2011. The date that Dr. Schneider performed the ██████████ was February 18, 2014.

Your Affiant asked ██████████ if Dr. Schneider said anything to her about ██████████, she stated, "no, never did he, I was sitting behind him in the chair he kept over here (motioning behind her), and it happened so fast."

Dr. Guelmann's notes regarding the services provided and claims made for ██████████ are the following:

██████████
No justification for the ██████████
██████████.
Very poor records.
No progress notes.
██████████ may be justified ██████████

MFCU's Medical Claims Summary Findings for ██████████

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
██████████	02/18/2014	02/19/2014	02/19/2014	██████████	██████████	P - Paid	\$ 41.62	\$ 41.62
	02/18/2014	02/19/2014	02/19/2014			P - Paid	\$ 40.13	\$ 40.13
	02/18/2014	02/19/2014	02/19/2014			P - Paid	\$ 40.13	\$ 40.13
	02/18/2014	02/19/2014	02/19/2014			P - Paid	\$ 40.13	\$ 40.13
	02/18/2014	02/19/2014	02/19/2014			P - Paid	\$ 40.13	\$ 40.13
Total							\$ 162.01	\$ 162.01

During a conversation with Dr. Guelmann, he advised your Affiant that the consent form used by Dr. Schneider is general and does not comply with the American

Dental Association informed consent guideline². Also, the Dental Handbook provides that children's dental services will not be reimbursed if the services are not authorized by the child's parent. Therefore, your Affiant has reason to believe and does believe that on or between February 18, 2014 and February 19, 2014, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 3: Medicaid Recipient [REDACTED]

Your Affiant conducted an interview with [REDACTED], [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] said when she took [REDACTED] to Dr. Sayoc for dental care, [REDACTED] would not hold still for x-rays. Dr. Sayoc said that to perform the work on [REDACTED]'s teeth, [REDACTED] would have to be completely sedated. Dr. Sayoc does not do sedation dentistry. He told [REDACTED] that [REDACTED] needed what she believed Dr. Sayoc called a "Pediadontist." [REDACTED] found Dr. Schneider and scheduled an appointment. According to Dr. Schneider's records, [REDACTED]. Dr. Schneider advised [REDACTED]. [REDACTED]. Dr. Schneider's office set and appointment for the next week for the procedures to be done.

According to Dr. Schneider's records, [REDACTED]. When [REDACTED] came out of the procedure, [REDACTED] said [REDACTED] did not have the [REDACTED]. He only had [REDACTED]. [REDACTED] told [REDACTED] in front of the assistant that he (Dr. Schneider) cut [REDACTED]'s tongue. The assistant rolled her eyes and said that the doctor did not cut [REDACTED]'s tongue, he hit it with the burr. [REDACTED] asked the assistant what is a burr. The assistant told [REDACTED] that is what they use to grind down the teeth to [REDACTED]. [REDACTED] was unaware that [REDACTED]. [REDACTED] that the teeth would have to be ground in preparation [REDACTED].

The assistant handed [REDACTED] a little bag with [REDACTED]. [REDACTED] said that Dr. Schneider did not tell her and she did not consent to [REDACTED]. [REDACTED] showed the assistant the bag and asked where [REDACTED] came from. The assistant replied, [REDACTED] and gave no further explanation. The assistant showed [REDACTED] where in [REDACTED]'s mouth [REDACTED].

² The American Academy of Pediatric Dentistry (AAPD) 2014-15 Clinical Practice Guideline on Informed Consent provides, in part, "Informed consent is the process of providing the patient or, in the case of a minor or incompetent adult, the parent with relevant information regarding diagnosis and treatment needs so that an educated decision regarding treatment can be made by the patient or parent. The American Dental Association (ADA) states that dentists are 'required to provide information to patients/parents about the dental health problems the dentist observes, the nature of any proposed treatment, the potential benefits and risks associated with that treatment, any alternatives to the treatment proposed, and the potential risks and benefits of alternative treatments, including no treatment.'"

██████████ said that ██████████ fell asleep on the way home and she was concerned that the procedure was performed before ██████████ took effect. ██████████ said she took ██████████ to Greenburg Dental on Wells Road in Orange Park. The dentist there took x-rays and said that one of the teeth ██████████ and she (the dentist) said that one of ██████████. The dentist told ██████████ that the only way to fix one of the ██████████. ██████████ said that ██████████ said Dr. Schneider wanted ██████████ to come back in a week later to have ██████████, but she did not take ██████████ back to Dr. Schneider.

Dr. Guelmann's notes regarding the services provided and claims made for ██████████ are the following:

██████████ no list of medications Poor ██████████ records

No progress notes

Treatment provided for ██████████ is incorrect. ██████████

MFCU's Medical Claims Summary Findings for ██████████

DSS claims data show that Dr. Schneider billed United Healthcare of Florida, Inc., a Managed Care Organization (MCO)³, for medical services provided to ██████████. ██████████'s medical claims information was obtained from United Healthcare of Florida, Inc. to confirm the pay disbursement to Dr. Schneider.

Recipient	From Date of Service	Claim Date	Claim First Entered FMMS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
██████████	04/22/2015	04/23/2015	05/01/2015	██████████	██████████	P- Paid	\$ 29.00	\$ 29.00
	04/22/2015	04/23/2015	05/01/2015			P- Paid	\$ 12.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015			P- Paid	\$ 9.00	\$ 0.00

³ An MCO is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations that accept a set per member per month (capitation) payment for these services.

	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 9.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 9.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 9.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 9.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 18.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 45.00	\$ 0.00
	04/22/2015	04/23/2015	05/01/2015		P- Paid	\$ 75.00	\$ 65.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 112.00	\$ 112.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 24.00	\$ 24.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 60.00	\$ 0.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 60.00	\$ 0.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 60.00	\$ 0.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 24.00	\$ 24.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 24.00	\$ 24.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 112.00	\$ 112.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 73.00	\$ 73.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 112.00	\$ 112.00

	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 73.00	\$ 73.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 112.00	\$ 112.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 112.00	\$ 112.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 73.00	\$ 73.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 112.00	\$ 112.00
	04/27/2015	05/12/2015	05/29/2015		P- Paid	\$ 24.00	\$ 24.00
Total						\$1,391.00	\$1,081.00

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider's failure to keep proper documentation in the records prior to and while providing services, and Dr. Schneider's failure to provide services that are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on or between April 22, 2015 and May 12, 2015, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 4: Medicaid Recipient

Your Affiant conducted an interview with [REDACTED], [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] said that [REDACTED]'s father took [REDACTED] to the appointment at Dr. Schneider's office, according to Dr. Schneider's records [REDACTED]. [REDACTED] said that a couple of days later she noticed that [REDACTED] and she and [REDACTED]'s father noticed that [REDACTED], which they were not aware that Dr. Schneider was going to perform. [REDACTED] stated, "The [REDACTED] it was like laid over, like a flat piece. [REDACTED] and I would think that it would be [REDACTED]. And it looked like it had been laid over [REDACTED], and it just didn't look right. Well, [REDACTED] kept, you know, bothering with [REDACTED] mouth, and within a couple of days that fell off, and to me it, it, something wasn't right. Um, [REDACTED] um we, we weren't sure why it was like that." According to Dr. Schneider's records [REDACTED].

██████████ said that they took ██████████ to Pediatric Smiles because they had very limited options with the insurance they had at the time. She said that they held ██████████ down the best they could for the ██████████ and the dentist explained that ██████████

██████████ stated, "She (at the Pediatric Smiles office) told us ██████████

██████████ So she basically said everything she would have to redo."

██████████ reported the dentist was able to do the work (fix the work that Dr. Schneider had performed) and the only new thing that she had to do was ██████████. She was aware that was going to occur before ██████████ went in for the treatment because ██████████ that happened at Dr. Schneider's office. The dentist at Pediatric Smiles told ██████████ that ██████████

██████████ said ██████████ had only gone to Dr. Schneider a couple of times before for ██████████ and everything was fine. She then said, "We were never told that ██████████ teeth had such an issue." ██████████ added that she and ██████████'s father did not know that Dr. Schneider was doing all that work. Your Affiant asked ██████████ originally if she was aware that Dr. Schneider was going to ██████████

██████████ said she was not aware and she said she thinks they ended up ██████████. She was not sure ██████████

Dr. Guelmann's notes regarding the services provided and claims made for ██████████ are the following:

General consent for treatment signed.

⁴ According to the 2015 AAPD Coding & Insurance Manual:

D2391 resin-based composite – one surface, posterior

Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.

D2392 resin-based composite – two surfaces, posterior

MFCU's Medical Claims Summary Findings for [REDACTED]

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
[REDACTED]	01/16/2013	01/28/2013	01/28/2013	[REDACTED]	[REDACTED]	P - Paid	\$ 28.00	\$ 28.00
	01/16/2013	01/28/2013	01/28/2013			P - Paid	\$ 68.00	\$ 68.00
	01/16/2013	01/28/2013	01/28/2013			P - Paid	\$ 68.00	\$ 68.00
	01/16/2013	01/28/2013	01/28/2013			P - Paid	\$ 41.00	\$ 41.00
	01/16/2013	01/28/2013	01/28/2013			P - Paid	\$ 31.00	\$ 31.00
	01/16/2013	01/28/2013	01/28/2013			P - Paid	\$ 31.00	\$ 31.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 28.00	\$ 28.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 41.00	\$ 41.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 31.00	\$ 31.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 31.00	\$ 31.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 31.00	\$ 31.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 31.00	\$ 31.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 39.00	\$ 39.00
	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 39.00	\$ 39.00

	01/24/2013	02/07/2013	02/07/2013			P - Paid	\$ 39.00	\$ 39.00
Total							\$ 507.00	\$ 507.00

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider's failure to keep proper documentation in the records prior to and while providing services, and Dr. Schneider's failure to provide services that are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on or between January 16, 2013 and February 7, 2013, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 5: Medicaid Recipient

Your Affiant conducted an interview with [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] said the first time she took [REDACTED] to see Dr. Schneider was on December 6, 2012. Dr. Schneider wanted to [REDACTED] because [REDACTED] said when Dr. Schneider originally [REDACTED] and Medicaid would no longer pay [REDACTED] said she was informed by Dr. Schneider's office that she would have to pay to [REDACTED] told Dr. Schneider's office that she did not think that it was right to charge her to [REDACTED].

[REDACTED] said on April 25, 2014, she brought [REDACTED] to Dr. Schneider to get [REDACTED] Dr. Schneider and his assistant [REDACTED] but [REDACTED] would not cooperate. Dr. Schneider then [REDACTED] would not let him [REDACTED]. At that point, [REDACTED] and her sister, [REDACTED], were asked to leave the treatment room. Dr. Schneider and his assistant began restraining MM on the papoose board.

[REDACTED] said while she and her sister were in the waiting room, [REDACTED] started screaming very loud. [REDACTED] started crying and walked outside, and [REDACTED] walked out with her to comfort [REDACTED]. Once outside they could still hear [REDACTED] screaming. An unknown woman came outside and asked if that was her [REDACTED] that is screaming. [REDACTED] said that it was. The unknown woman told [REDACTED] and [REDACTED] that she heard Dr. Schneider tell [REDACTED] if [REDACTED] doesn't stop crying [REDACTED] would not see [REDACTED] mommy again.

At that time, [REDACTED] and [REDACTED] ran inside the office and started banging on the door. When the door was opened, [REDACTED] saw that the dental staff had [REDACTED] up and walking around. [REDACTED] was still crying and had blood on [REDACTED] face. [REDACTED] said, "Dr. Schneider said that [REDACTED]"

██████████ picked ██████████ up and as soon as she picked ██████████ up and started walking, ██████████ passed out on her shoulder. ██████████ said, "They did all that before she was ██████████." ██████████ was concerned and almost took ██████████ to the emergency room because ██████████ would not wake up. ██████████ said ██████████ was "completely out of it." ██████████ said that she was scared because she could not wake ██████████ up and did not know if it was because of the ██████████ or the anxiety because ██████████.

██████████ said they agreed to have the two upper incisors extracted. During the procedure Dr. Schneider pulled all four front upper teeth without Christina M's knowledge or consent.

Dr. Guelmann's notes regarding the services provided and claims made for ██████████ are the following:

General consent present

Very poor records

No ██████████ records.

Inadequate ██████████ records.

Patient had ██████████

██████████ which could have been iustified for ██████████. Instead, Dr. Schneider

██████████ poorly done.

No adequate ██████████

During a conversation with Dr. Guelmann, your Affiant learned that the type and amount of sedation that Dr. Schneider was using on the children was very mild and would not be strong enough for a child three years old or older. The dosage of the drug used to sedate the child was not recorded on several records. Another concern that Dr. Guelmann had was there was not a medical history for the patient on the sedation records.

MFCU's Medical Claims Summary Findings for ██████████

DSS claims data show that Dr. Schneider billed Sunshine State Health Plan, Inc., an MCO, for medical services provided to ██████████. ██████████'s medical claims information was obtained from Sunshine State Health Plan, Inc. to confirm the pay disbursement to Dr. Schneider.

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
██████████	04/25/2014	07/31/2014	08/01/2014	██████████	██████████	P - Paid	\$ 101.07	\$ 101.07
██████████	04/25/2014	07/31/2014	08/01/2014	██████████	██████████	P - Paid	\$ 74.32	\$ 74.32

	04/25/2014	07/31/2014	08/01/2014		P - Paid	\$ 40.13	\$ 40.13
	04/25/2014	07/31/2014	08/01/2014		P - Paid	\$ 40.13	\$ 40.13
	04/25/2014	07/31/2014	08/01/2014		P - Paid	\$ 40.13	\$ 40.13
	04/25/2014	07/31/2014	08/01/2014		P - Paid	\$ 40.13	\$ 40.13
	04/25/2014	07/31/2014	08/01/2014		P - Paid	\$ 59.45	\$ 59.45
Total						\$ 395.36	\$ 395.36

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider's failure to keep proper documentation in the records prior to and while providing services, and Dr. Schneider's failure to provide services that are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on or between April 25, 2014 and July 31, 2014, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 6: Medicaid Recipient

Your Affiant conducted an interview with [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] advised your Affiant she took [REDACTED] to Dr. Schneider's office because [REDACTED] had slipped on a ladder and chipped a front tooth. According to Dr. Schneider's records, [REDACTED] After the oral examination, Dr. Schneider advised [REDACTED]

According to Dr. Schneider's records [REDACTED] [REDACTED] showed your Affiant pictures of [REDACTED] after the procedure was done. [REDACTED]'s lips were swollen and bruised. [REDACTED] then noticed that [REDACTED] [REDACTED] told your Affiant she had to take [REDACTED] to the emergency room because [REDACTED]'s left cheek was swollen so badly that [REDACTED] left eye was swelling shut. The doctor [REDACTED] and told [REDACTED] to take [REDACTED] to a dentist.

█████ told your Affiant that prior to going to Dr. Blake, she took █████ back to Dr. Schneider's office to █████ and the assistant would █████ █████.

General consent present

for treatment performed (lack of periapical radiographs). Inadequate

MFCU's Medical Claims Summary Findings for ██████████

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	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 101.07	\$ 101.07
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 101.07	\$ 101.07
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 101.07	\$ 101.07
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 101.07	\$ 101.07
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 101.07	\$ 101.07
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34

	08/19/2013	08/22/2013	08/22/2013		P - Paid	\$ 126.34	\$ 126.34
Total						\$2,592.16	\$ 2,592.16

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider's failure to keep proper documentation in the records prior to and while providing services, and Dr. Schneider's failure to provide services that are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on or between August 19, 2013 and August 22, 2013, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 7: Medicaid Recipient

Your Affiant conducted an interview with [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] said she took [REDACTED] to Dr. Schneider after being referred there by a dentist in the St. Johns County Department of Health Dental Clinic to have [REDACTED]. The dentist from the Department of Health recommended that it would be best if [REDACTED]. [REDACTED] said that they checked several places, including the University of Florida Dental Clinic, but settled on Dr. Schneider since his office was the closest and had the first available appointment.

[REDACTED] called Dr. Schneider's office and scheduled a consultation. According to Dr. Schneider's records, [REDACTED]. While there, [REDACTED]. Afterwards, the assistant told [REDACTED] that [REDACTED] explained that [REDACTED] has been [REDACTED]. [REDACTED] said that she knew the [REDACTED] but she was not expecting it to happen on that day. The assistant told [REDACTED], "It has to be done today." [REDACTED] said Dr. Schneider came into the room for two minutes and said, [REDACTED] asked the assistant what was going to happen, the assistant told her that [REDACTED] and [REDACTED] were going to go back to the waiting room, [REDACTED].

[REDACTED] said she was overwhelmed and she wanted time to go home and think about things a little more. She said that when she and [REDACTED] went to the lobby, the assistant came out and [REDACTED]. [REDACTED] and [REDACTED] sat in the lobby for about an hour and the assistant came out and noticed [REDACTED] was wide eyed and

not getting sleepy. The assistant said, "The baby is still not even affected by what we had already given him."

██████████ said ██████████ did not like what was going on and that ██████████ was uptight. ██████████ said that when the assistant came in and took ██████████ to the treatment room, ██████████ was crying. An hour and a half later, the assistant "Talía" came out and said, "██████████ had the ██████████ and you need to come back when ██████████'s two year old molars come in more, so that they can ██████████. Talía told her no, because they had ██████████."

██████████ said, "I didn't realize it right then how many ██████████, 'til I got outside." Once outside, ██████████ spit the gauze out and wanted a drink. ██████████ said, "I noticed that not only ██████████. Um, I inquired why those ██████████, you know, and it wasn't stopped and 'let me go talk to the parent, let them know there's a problem with ██████████. Maybe, you know, maybe I didn't see something, or maybe the first dentist did miss something,' you know, at least explain to me what's going on, nothing! Um, when I called to find out about ██████████, Talía, the Office Manager, decided to tell me that, 'Uh, ██████████' And I was like, 'well, what do you mean ██████████? Did the ██████████? Were the ██████████ you know, ██████████? What was the reason? [Talía said] 'The doctor said ██████████, "██████████."

██████████ said the second time ██████████ went to Dr. Schneider was when the ██████████. ██████████ said that she thought it was in February but she was not sure. She said it was a couple of months ██████████. According to Dr. Schneider's records, ██████████ stated ██████████ went in for ██████████. ██████████ also scheduled to have ██████████ two weeks later. As she was on the way home, Dr. Schneider's office staff called and said that they needed ██████████ back in the next day, April 15, 2015, to ██████████.

██████████ agreed and brought ██████████ back the next day. When they came to get ██████████ for treatment, ██████████ advised the staff member that ██████████ had not been given any of the sedation medication. The staff member told ██████████ that they don't do it the same way as they used to and they now give it to the child while in the treatment room.

While waiting for ██████████, ██████████ said, "All I could hear was ██████████ cry and I thought that I was the only one that could hear it." She said after 45 minutes of waiting in the lobby, she went up to the window to find out what the status. ██████████ said that it was supposed to be a 10-15 minute procedure, not 45 minutes. ██████████ said she went back up to the window and knocked on the window no one answered her knocks. She then opened the window to ask where ██████████ was. At that point, she saw ██████████ sitting on a shelf of a desk and the office staff was wiping blood off ██████████'s face. ██████████ was crying so much and so hard that ██████████ was gasping for air and was completely distraught. ██████████ told the office staff to give her ██████████ immediately. They passed ██████████ out the window to her.

█████ asked what was going on and why is there gauze in the front of █████'s mouth. An unknown staff member shut the window.

█████ said, "We exit. We get the baby to the car, I pull the gauze out, and I see all this wire meshing and I'm like, what in the hell?! This is in the front bottom of this baby's mouth. We went in for █████. What in the world happened to the bottom? And as I am looking in █████ mouth █████" █████ stated she tried to get answers about what happened but no explanations were given. Instead, she was directed to call the next day to talk to Talia, the office manager.

Dr. Guelmann's notes regarding the services provided and claims made for █████ are the following:

General consent signed

Consent for papoose board signed

Poor █████ records

No radiographs to justify

MFCU's Medical Claims Summary Findings for █████

DSS claims data show that Dr. Schneider billed WellCare of Florida, Inc., an MCO, for medical services provided to █████. Liberty Dental Plan of Florida handles the dental insurance claims for WellCare of Florida. █████'s dental claims information was obtained from WellCare of Florida, Inc. to confirm the pay disbursement to Dr. Schneider.

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
█████	12/31/2014	03/19/2015	03/19/2015	█████	█████	Denied	\$ 59.45	\$ 0.00
	12/31/2014	03/19/2015	03/19/2015			Denied	\$ 40.13	\$ 0.00
	12/31/2014	03/19/2015	03/19/2015			Denied	\$ 40.13	\$ 0.00
	12/31/2014	03/19/2015	03/19/2015			Denied	\$ 40.13	\$ 0.00
	12/31/2014	03/19/2015	03/19/2015			Denied	\$ 40.13	\$ 0.00
	12/31/2014	03/19/2015	03/19/2015			Denied	\$ 40.13	\$ 0.00

	12/31/2014	08/21/2015	08/21/2015		P - Paid	\$ 59.45	\$ 59.45
	12/31/2014	08/21/2015	08/21/2015		P -Paid	\$ 40.13	\$ 40.13
	12/31/2014	08/21/2015	08/21/2015		P -Paid	\$ 40.13	\$ 40.13
	12/31/2014	08/21/2015	08/21/2015		P - Paid	\$ 40.13	\$ 40.13
	12/31/2015	08/21/2015	08/21/2015		P - Paid	\$ 40.13	\$ 40.13
	04/15/2015	04/16/2015			Denied	\$ 150.00	\$ 0.00
	04/15/2015	04/16/2015			Denied	\$ 150.00	\$ 0.00
	04/15/2015	04/16/2015			Denied	\$ 150.00	\$ 0.00
	04/15/2015	04/16/2015			Denied	\$ 150.00	\$ 0.00
	04/15/2015	05/05/2015			P - Paid	\$ 41.62	\$ 41.62
	04/15/2015	05/05/2015			P - Paid	\$ 150.00	\$ 126.34
	04/15/2015	05/05/2015			P - Paid	\$ 150.00	\$ 126.34
	04/15/2015	05/05/2015			P - Paid	\$ 150.00	\$ 126.34
	04/15/2015	05/05/2015			P - Paid	\$ 150.00	\$ 126.34
Total						\$ 1,681.56	\$ 766.95

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider's failure to keep proper documentation in the records prior to and while providing services, and Dr. Schneider's failure to provide services that are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on or between December 31, 2013 and August 21, 2015. Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 8: Medicaid Recipient [REDACTED]

Your Affiant conducted an interview with [REDACTED] [REDACTED]'s former foster mother. In summary, the interview revealed the following:

[REDACTED] said in mid November 2014, [REDACTED] was in her care and she was told by [REDACTED] that one of [REDACTED]'s teeth was chipped. [REDACTED] contacted [REDACTED]'s [REDACTED] caseworker, [REDACTED]. She advised [REDACTED] that [REDACTED] had chipped a tooth and needed a dental appointment. [REDACTED] took [REDACTED] to the appointment with Dr. Schneider on November 25, 2014.

The dental assistant took x-rays of [REDACTED]'s teeth and showed [REDACTED] the x-rays. The assistant said she did an exam and that [REDACTED]'s permanent teeth were coming in. She told [REDACTED] that she could not find a chipped tooth, but it looked like [REDACTED] may grind [REDACTED] teeth at night and that was the only problem she saw with [REDACTED]'s teeth. A short time later, Dr. Schneider met with [REDACTED] and told [REDACTED]. [REDACTED]. The receptionist asked [REDACTED] if she wanted to make a six month check up appointment for [REDACTED] told the receptionist that [REDACTED] had a dentist.

Your Affiant asked [REDACTED] if Dr. Schneider or his staff told her that [REDACTED] had any cavities, [REDACTED] said, "No." Your Affiant asked, "Broken teeth?" [REDACTED] said, "No." Your Affiant asked, "So, it was basically a clean bill of health?" [REDACTED] said, "Yes, everything was fine."

On December 16, 2014, [REDACTED] from [REDACTED] called [REDACTED] and advised her that [REDACTED] would be picking [REDACTED] up from school on that day. [REDACTED] asked, "Why?" [REDACTED] told [REDACTED] that she was not sure why but she would let [REDACTED] know. Later that morning, [REDACTED] received an email from [REDACTED] explaining that [REDACTED] was going to see Dr. Schneider to [REDACTED]. The email advised that [REDACTED] would be [REDACTED] and [REDACTED] mother would be attending to provide consent.

Later that afternoon, [REDACTED]'s biological mother, called [REDACTED] to tell her that [REDACTED] and she wanted to know how [REDACTED] was doing. [REDACTED] asked [REDACTED]. Rachelle P said she did not know why [REDACTED] asked [REDACTED], "How did you not know that [REDACTED] was [REDACTED]." [REDACTED] said she thought that [REDACTED]

and she just had to be there to sign for [REDACTED]. [REDACTED] said she was very upset about what happened.

Dr. Guelmann's notes regarding the services provided and claims made for [REDACTED] are the following:

General consent for treatment obtained.

Consent for papoose board signed.

[REDACTED] unless requested by parent.

No medical reason for [REDACTED]

MFCU's Medical Claims Summary Findings for [REDACTED]

DSS claims data show that Dr. Schneider billed Sunshine State Health Plan, Inc., an MCO, for medical services provided to [REDACTED]. [REDACTED]'s medical claims information was obtained from Sunshine State Health Plan, Inc. to confirm the pay disbursement to Dr. Schneider.

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
[REDACTED]	12/16/2014	12/16/2014	12/19/2014	[REDACTED]	[REDACTED]	P - Paid	\$ 40.13	\$ 40.13
	12/16/2014	12/16/2014	12/19/2014			P - Paid	\$ 40.13	\$ 40.13
	12/16/2014	12/16/2014	12/19/2014			P - Paid	\$ 40.13	\$ 40.13
	12/16/2014	12/16/2014	12/19/2014			P - Paid	\$ 40.13	\$ 40.13
	12/16/2014	12/16/2014	12/19/2014			P - Paid	\$ 40.13	\$ 40.13
	12/16/2014	12/16/2014	12/19/2014			P - Paid	\$ 41.62	\$ 41.62
Total							\$ 202.14	\$ 202.14

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider providing services not medically necessary, and Dr. Schneider's failure to provide services that are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on about December 16, 2014, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Count 9: Medicaid Recipient [REDACTED]

Your Affiant conducted an interview with [REDACTED] and [REDACTED]. [REDACTED]'s parents. In summary, the interviews revealed the following:

[REDACTED] advised your Affiant that she took [REDACTED] to Dr. Schneider at the end of August 2014, for [REDACTED]. [REDACTED] said that the following Friday, an unknown employee from Dr. Schneider's office called and advised her that there was an open appointment for [REDACTED] to come in and [REDACTED]. Your Affiant asked [REDACTED] if [REDACTED] had problems with the [REDACTED]. [REDACTED] advised your Affiant that [REDACTED]

[REDACTED]'s parents wanted [REDACTED] and paid extra out of pocket for the [REDACTED]

According to Dr. Schneider's records, [REDACTED] said after a couple of hours, one of the staff got her and took her back to the examination room. She said that [REDACTED] was still in the "papoose" board and that [REDACTED] was in the room by [REDACTED] self. [REDACTED] noticed that one of the [REDACTED] and brought it to the dental assistant's attention. The assistant told her that the [REDACTED] noticed that [REDACTED]'s lips were swollen and there was blood on [REDACTED] upper lip. [REDACTED] said that she thought that was from [REDACTED] "fighting" when they were trying to do the work.

Tamara S told your Affiant that about four days later the [REDACTED] took [REDACTED] to Dr. Schneider's office to get the [REDACTED]. When she gave what she thought was the [REDACTED] to Dr. Schneider, he told [REDACTED] that [REDACTED]. She and Dr. Schneider got involved in a heated exchange and Dr. Schneider told her [REDACTED]. [REDACTED] left the office. When [REDACTED] got home, she found the correct [REDACTED] and told her husband that she refused to go back to Dr. Schneider's office.

[REDACTED] then told your Affiant that a couple of days later, he took [REDACTED] to Dr. Schneider's office and was allowed to go back to the examination room. He sat down and had [REDACTED] on his lap. When the "big nurse" (dental assistant) who works for Dr. Schneider came in, [REDACTED] gave her the [REDACTED] in a sandwich baggie. During interviews of several other parents, your Affiant learned that there was a "large, Black, female assistant" who worked for Dr. Schneider. Your Affiant asked [REDACTED] if the assistant was heavy set, Black lady, to which [REDACTED] said, "Yeah, yeah she came in and I

explained the situation, you know. Hey, my wife brought this, he was rude to her, she refused to come back. I'm bringing him back to get this fixed, and uh, she grabbed a hold of his tooth, and right there with him sitting in my lap, [REDACTED], just, no numbing, no nothing, just grabbed a hold and [REDACTED]" [REDACTED] interjected, "The whole [REDACTED]"

[REDACTED] said the dental assistant [REDACTED] [REDACTED] [REDACTED] said that he was stunned and it was shocking to him. [REDACTED] said [REDACTED] started screaming and yelling, and he had to get a paper towel to put on [REDACTED]'s gum to try and stop the bleeding because the dental staff was not doing anything and the dental assistant just walked out of the room. [REDACTED] said that the [REDACTED] could not be put back on because the [REDACTED]. According to Dr. Schneider's records, the [REDACTED]

Dr. Guelmann's notes regarding the services provided and claims made for [REDACTED] are the following:

General consent signed

[REDACTED]
[REDACTED] should not have been billed; [REDACTED]
[REDACTED] was treated aggressively (wrong treatment).
[REDACTED] was charged, but no [REDACTED] records in the chart.

MFCU's Medical Claims Summary Findings for [REDACTED]

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
[REDACTED]	08/01/2014	08/04/2014	08/04/2014	[REDACTED]	[REDACTED]	D - Denied	\$ 100.00	\$ 0.00
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 59.45	\$ 59.45
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 111.47	\$ 111.47
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 111.47	\$ 111.47
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 111.47	\$ 111.47
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 111.47	\$ 111.47
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 126.34	\$ 126.34
	08/01/2014	08/04/2014	08/04/2014			P - Paid	\$ 126.34	\$ 126.34

	08/01/2014	08/04/2014	08/04/2014		P - Paid	\$ 126.34	\$ 126.34
	08/01/2014	08/04/2014	08/04/2014		P - Paid	\$ 126.34	\$ 126.34
	08/27/2014	08/28/2014	08/28/2014		P - Paid	\$ 5.95	\$ 5.95
	08/27/2014	08/28/2014	08/28/2014		P - Paid	\$ 11.89	\$ 11.89
	08/29/2014	09/02/2014	09/02/2014		P - Paid	\$ 40.13	\$ 40.13
	08/29/2014	09/02/2014	09/02/2014		P - Paid	\$ 25.27	\$ 25.27
Total						\$ 1,193.93	\$ 1,093.93

During the August 1, 2014 and August 27, 2014 office visits, Dr. Schneider failed to provide services that are of a quality comparable to those furnished to the general public by his peers and failed to keep proper documentation in the records prior to and while providing services. According to the child's parent, services were not provided on August 27, 2014. Finally, Dr. Schneider submitted claims as the rendering provider for services provided on August 29, 2014, however, according to the child's parent, Dr. Schneider was not the rendering provider and those services were not provided.

Thus, your Affiant has reason to believe and does believe that on or between August 1, 2014 and August 4, 2014, and/or on or between August 27, 2014 and September 2, 2014, Dr. Schneider made or caused to be made false statements or representations of a material fact, by commission or omission, in claims submitted and made, or made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(1)-(2), Florida Statutes.

Count 10: Medicaid Recipient [REDACTED]

According to Dr. Schneider's records Dr. Schneider performed [REDACTED]

Dr. Guelmann's notes regarding the services provided and claims made for [REDACTED] are the following:

General, not specific, consent for treatment present.

Consent for papoose board present.

Very poor documentation; confusing records; confusing submission of records to insurance company.

No correlation between treatment proposed and treatment performed;

No progress notes. [REDACTED] were performed with no periapical radiographs taken.

MFCU's Medical Claims Summary Findings for [REDACTED]

DSS claims data show that Dr. Schneider billed Sunshine State Health Plan, Inc., an MCO, for medical services provided to [REDACTED]. [REDACTED]'s medical claims information was obtained from Sunshine State Health Plan, Inc. to confirm the pay disbursement to Dr. Schneider.

Recipient	From Date of Service	Claim Date	Claim First Entered FMMIS Date	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
[REDACTED]	04/07/2015	04/07/2015	04/20/2015	[REDACTED]	[REDACTED]	P - Paid	\$ 45.78	\$ 45.78
	04/07/2015	04/07/2015	05/04/2015			P-Paid	\$ 85.00	\$ 85.00
	04/07/2015	04/07/2015	04/20/2015			P - Paid	\$ 67.03	\$ 67.03
	04/07/2015	04/07/2015	04/20/2015			P - Paid	\$ 353.12	\$ 353.12
	04/07/2015	04/07/2015	04/20/2015			P - Paid	\$ 353.12	\$ 353.12
Total							\$ 550.93	\$ 550.93

The Medicaid handbooks establish record keeping requirements. According to this Medicaid recipient's medical records, Dr. Schneider failed to keep proper documentation in the records prior to and while providing services. Also, according to Dr. Guelmann's opinion, Dr. Schneider failed to provide services that are of a quality comparable to those furnished to the general public by his peers. Therefore, your Affiant has reason to believe and does believe that on or about April 7, 2015, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Counts 11 and 12: Medicaid Recipient [REDACTED]

Your Affiant conducted an interview with [REDACTED], [REDACTED]'s mother. In summary, the interview revealed the following:

[REDACTED] stated she took [REDACTED] to Dr. Schneider's office on December 6, 2014, for a cleaning and check up. She was told by a member of Dr. Schneider's staff that [REDACTED] did not have any [REDACTED] and that they would see [REDACTED] in six months. [REDACTED] said the next day, Dr. Schneider called [REDACTED] and advised her that [REDACTED]

██████████ said she took ██████████ to Dr. Schneider's office on Monday, December 9, 2014, and was told that it should only be about a 30 minute procedure. After three hours, ██████████ went to the window three times to obtain information about ██████████ and asked why it was taking so long. No one would tell her why the procedure was taking so long.

██████████ then advised your Affiant that an assistant came out and told ██████████ that there had been an incident and that ██████████ needed to come to the back. ██████████ went back to the office area, where she saw ██████████ hyperventilating, and had marks, scratches, and blood all over ██████████. ██████████ said that ██████████ could not speak to her. The assistant told her that ██████████ was on a "papoose" board and "We stepped out, came back, and ██████████ was face first on the floor." ██████████ said, "I tried to give them the benefit of the doubt because ██████████." She asked the staff member if ██████████. The staff member said that ██████████ did not ██████████. ██████████ asked if they (staff) were not in the room how did they know that ██████████ did not ██████████. The staff member responded that they have dealt with patients with ██████████ before. The staff member told her to take ██████████ to the emergency room. ██████████ had a large bruise on ██████████ forehead.

After ██████████ and ██████████ left the office, ██████████ said to ██████████, "Mommy, they're lying to you." ██████████ asked ██████████ what ██████████ meant and ██████████ responded, "That man doctor threw me, and that lady picked me up when I was on the board and she was laughing at me, and sat on me when he choked me and pulled my teeth." When ██████████ pulled the gauze out of ██████████ mouth ██████████ noticed how many teeth were ██████████ by Dr. Schneider. Your Affiant asked ██████████ if she had authorized Dr. Schneider to ██████████. ██████████ than the ██████████ that she was originally told was going to ██████████. ██████████ said that she did not know why Dr. Schneider ██████████ because there are ██████████ showing (in the x-ray of BF's mouth). Dr. Schneider's office filed a claim with Medicaid for ██████████.

Dr. Guelmann's notes regarding the services provided and claims made for ██████████ are the following:

General consent for signed.

Consent for papoose in the chart.

Poor ██████████ records.

██████████ No list of medications in chart

No indications or justifications for ██████████

Not clear what happened after ██████████ were performed.

Patient fell of the papoose board. Dr. Schneider should NOT have left the operatory when patient was still in papoose board.

Note mentioned that mother was asked to take the child to the ER.

2014-2015 American Academy of Pediatric Dentistry Guidelines page 196: "Patients placed on rigid stabilization board may overheat during the dental procedure and must never be unattended as the patient and the board may roll out of the chair."

MFCU's Medical Claims Summary Findings for [REDACTED]

DSS claims data show that Dr. Schneider billed Florida Department of Health Children's Medical Services, an MCO, for medical services provided to [REDACTED]'s medical claims information was obtained from Florida Department of Health Children's Medical Services to confirm the pay disbursement to Dr. Schneider.

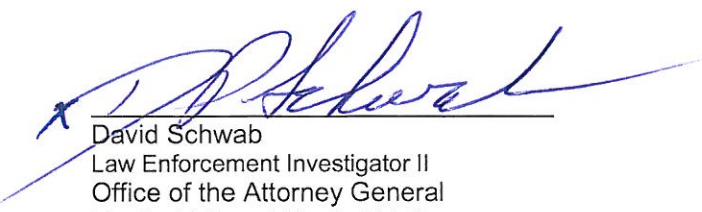
Recipient	From Date of Service	Claim Date*	Claim First Entered FMMIS Date*	Procedure Code & Desc	Tooth Number & Desc	Claim Detail Status & Desc	Sum of Detail Billed Amount	Sum of Detail Reimbursed Amount
[REDACTED]	12/09/2014	12/24/2014	12/24/2014	[REDACTED]	[REDACTED]	P - Paid	\$ 40.00	\$ 40.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
	12/09/2014	12/24/2014	12/24/2014			P - Paid	\$ 27.00	\$ 27.00
Total							\$ 256.00	\$ 256.00

*The Claim Date and Claims First Entered to FMMIS data were obtained during an MFCU DSS run. The remainder of the information was obtained by MFCU from Florida Department of Health, Children's Medical Services.

Due to Dr. Schneider's failure to obtain consent from the child's parent, Dr. Schneider's failure to properly supervise the child on the papoose board by leaving the child unattended, Dr. Schneider's failure to keep proper documentation in the records prior to and while providing services, and Dr. Schneider's failure to provide services that

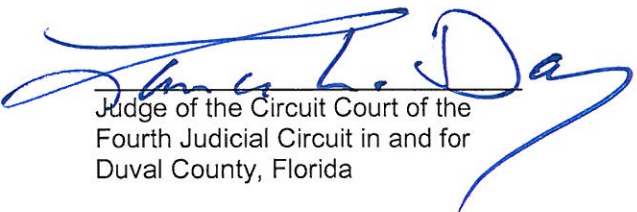
are of a quality comparable to those furnished to the general public by his peers, your Affiant has reason to believe and does believe that on or between December 9, 2014 and December 24, 2014, Dr. Schneider made or caused to be made claims for services that were not authorized to be reimbursed by the Medicaid program, in violation of section 409.920(2)(a)(2), Florida Statutes.

Based on the foregoing information obtained during the investigation Your Affiant believes and has reason to believe that Howard S. Schneider has committed eleven (11) counts of Medicaid Provider Fraud, in violation of Florida State Statutes 409.920(2)(a) and 409.920(2)(b).



David Schwab
Law Enforcement Investigator II
Office of the Attorney General
Medicaid Fraud Control Unit

Sworn to and subscribed before me this 12 day of November, 2015, by the aforementioned Affiant David Schwab, who is [☒] personally known to me or [☒] who has produced AG ID identification and who did take an oath.



Judge of the Circuit Court of the
Fourth Judicial Circuit in and for
Duval County, Florida

ARREST WARRANT

S.A. NO.: 15-AF-070661AD

Agency Case Number: MFC-15-003381

DIVISION: CR-A

ASST ST ATTY: Emmanuela Charles

JUDGE: Lance Day

IN THE NAME OF THE STATE OF FLORIDA
TO ALL INVESTIGATORS OF THE MEDICAID FRAUD CONTROL
UNIT, OPERATING UNDER THE AUTHORITY OF THE ATTORNEY
GENERAL,
TO ALL SINGULAR THE SHERIFFS OR DEPUTY SHERIFFS OF THE
STATE OF FLORIDA

WHEREAS, upon the sworn affidavit, complaint or other sworn testimony of Law Enforcement Investigator II David Schwab, the undersigned Judge of the Fourth Judicial Circuit of Florida, in and for Duval County, has found that there exists probable cause to believe that one **Howard Sheldon Schneider** did, between the **16th** day of **January 2013**, and the **21st** day of **August 2015**, in Duval County, Florida, commit the crimes of:

- Count 1 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 2 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 3 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 4 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 5 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 6 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 7 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 8 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

- Count 9 Medicaid Provider Fraud, contrary to the provisions of sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3)**

Count 10 Medicaid Provider Fraud, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes; (F3) and**

Count 11 Medicaid Provider Fraud, contrary to the provisions of **sections 409.920(2)(a) and 409.920(2)(b)(1), Florida Statutes. (F3)**

You are **HEREBY COMMANDED** to arrest **Howard Sheldon Schneider**, Last Known Address: [REDACTED] Race: **White**; Sex: **Male**; **DOB**: [REDACTED]; Ht: [REDACTED] Wt: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED] if he be found in your county, and safely keep him so you have his body before a Judge of the Duval County Circuit Court, at the **Courthouse in Jacksonville, FL** instantler, to be dealt with according to law. Appearance bond is fixed per count at:

1) \$ 75,003, 2) \$ 75,003, 3) \$ 75,003, 4) \$ 75,003,
5) \$ 75,003, 6) \$ 75,003, 7) \$ 75,003, 8) \$ 75,003,
9) \$ 75,003, 10) \$ 75,003, 11) \$ 75,003.

Special Conditions of bond 1) No Contact with Victim 2) Must turn in passport. - Mrs

Given under my hand and seal this 12 day of November, 2015


Judge of the 2 Circuit Court of
the Fourth Judicial Circuit in and for Duval
County, Florida

Extradition Code: C / Z / S / E / O / D (Circle One)

ASA Approval: 

Received this Arrest Warrant the _____ day of _____, 20____,
and executed it on the _____ day of _____, 20____, by arresting the
within named _____ and having him / her now before the
Court this _____ day of _____, 20____.

Arresting Officer: _____
Agency: _____
Duty Section: _____

JAIL DOCKET NO. _____