

DFS Division of Insurance Fraud  
ACISS Tip Information T14-2025  
Entry Date: 02/18/2014 12:01

Report Information

Number: T14-2025  
Category: TIP  
Entry Date: 02/18/2014 12:01  
Complaint: FORM, WEB (DFS / ADMINISTRATIVE UNIT / DFS Division of Insurance Fraud)  
Brief Description: OCEAN VIEW HEALTH INC PIP/pro \*Duval  
Reporters Name: KUNZ,DAVID  
Reporters Business Phone: (386) 283-6102  
Reporters Address: 502 W GERMANTOWN PIKE, PLYMOUTH MEETING, PA 19462  
Occurred Date: 12/09/2013 00:00  
Source: The National Insurance Crime Bureau Referrals  
Class: DUVAL  
Type: PERSONAL INJURY PROTECTION FRAUD  
Sub-Type: BY PROVIDER  
Status: CLOSED - CASE INITIATED:  
Status Date: 02/19/2014 00:00  
Related Case: 14-216

Synopsis

Tip Number:: T14-2025  
Occurred County:: DUVAL  
Occurred Date::: 12/09/2013  
Fraud Type:: PIP Fraud

The insured driver was involved in an accident in Jacksonville on 12/9/2013 while driving an insured vehicle under a policy where the named insured is S [REDACTED] N [REDACTED], the insured driver's wife. Policy [REDACTED] Merastar Insurance Company. Original inception: 8/2/2000. The insured driver was occupying the middle vehicle in a three car rear end crash. The insured driver identified below is claiming injury from the accident and receiving routine treatment from a clinic in Jacksonville Beach, FL. Insured driver: A [REDACTED] N [REDACTED], 4418 Lacewing Court, Jacksonville, FL. [REDACTED] married, ss: [REDACTED] Upon a review of the billing, the claims rep noticed that the clinic, Ocean View Health, is billing for manual therapy techniques, CPT 97140 while the soap notes are showing treatment by an LMT with massage therapy circled (CPT 97124). Massage therapy is not a covered therapy under the new PIP statute. Upon further review, the LMT providing the services does not even have a valid license. Her license expired on 8/31/2013.

LMT: Cynthia Jane Perez, MA49443.

Ocean View Health 320 No First St., Suite 709, Jacksonville Beach, FL 32250  
David Kunz Kemper (Merastar) SIU  
Type: PAPP Coverage Type: COLL Loss Type: COLL Loss Description: TRAFFIC WAS STOPPED AT A RED LIGHT WHEN CV1 R/E  
IV Coming From NICB

Clinic in question:

FEIN: 59-3138572

386-283-6102 Policy

Reporting Individual Information

Victim/Witness Type:: SIU MEMBER  
Victim/Witness Name::  
Business Name:: KUNZ,DAVID  
Office Telephone:: 3862836102  
Cell:: 8772579994  
E-Mail Address:: DKUNZ@KEMPER.COM  
Mailing Address:: 502 W GERMANTOWN PIKE  
:

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**Synopsis - Continued**

PLYMOUTH MEETING, PA 19462

Preferred Contact Type::

Preferred Contact Time::

**Suspect - Person Believed to Have Committed Fraud**

Business Name::

Suspect Name:: ,

SSN::

DOB::

TaxID:

Car License Plate Number::

Plate State::

Car VIN::

Driver's License Number::

DL Issue State::

Fictitious Names, Alias, Married or Maiden::

Telephone::

Cell::

Mailing Address::

: ,

Claiming Injury?:

Suspect Involvement?:

**Second Suspect**

Business Name::

Suspect Name:: ,

SSN::

DOB::

TaxID:

Car License Plate Number::

Plate State::

Car VIN::

Driver's License Number::

DL Issue State::

Fictitious Names, Alias, Married or Maiden::

Telephone::

Cell::

Mailing Address::

: ,

Claiming Injury?:

Suspect Involvement?:

**Third Suspect**

Business Name::

Suspect Name:: ,

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**Synopsis - Continued**

SSN::

DOB::

TaxID:

Car License Plate Number::

Plate State::

Car VIN::

Driver's License Number::

DL Issue State::

Fictitious Names, Alias, Married or Maiden::

Telephone::

Cell::

Mailing Address::

::

Claiming Injury?:

Suspect Involvement?:

**Claim Information**

Have any payments been made on this claim::

Policy Number:: [REDACTED]

Claim Number:: A018162FL13

Date of Lost/Injury:: 12/09/2013

Date of Suspected Fraudulent Activity, if different than Date of Loss::

Total Amount Paid::

Total Claim or Loss Exposure?:

Was Initial Claim Recorded?:

Name of Adjuster::

Adjuster Contact Number::

Street Address of Location Loss::

::

County of Loss::

Claim Active:: N

Claim Denied:: N

**Insurance Carrier**

Insurance Carrier: KEMPER DIRECT INSURANCE CO

Carrier (Mailing Address):

Carrier (City):

Carrier (State):

Carrier (Zip):

**Nature of Suspected Fraudulent Activity**

Nature of Fraud:

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**Synopsis - Continued**

**Reported to Other Agency**

**NICB:**

**NICB Case Number:**

**Other State Fraud Unit:**

**Other State Fraud Unit Case Number: Y**

**Other Law Enforcement Agency:**

**Other Law Enforcement Agency Case Number: N**

**State Attorney's Office:**

**State Attorney's Office Case Number:**

**Other:**

**Other Case Number: DIF**

**Information Developed to Confirm Suspicion**

**Information Developed:**

**Insured Information**

**Business Name:**

**Business FEIN/License Number:**

Last Name: [REDACTED] N [REDACTED]

First Name: S [REDACTED]

Middle Name:

SSN:

DOB: [REDACTED]

Office Telephone:

Fax Telephone:

E-Mail Address:

Mailing Address: [REDACTED]

City: [REDACTED]

State: FL

ZIP Code: [REDACTED]

**Claimant Information**

**Business Name:**

**Business FEIN/License Number:**

Last Name or Unknown: [REDACTED] N [REDACTED]

First Name or Unknown: S [REDACTED]

Middle Name:

SSN:

DOB: [REDACTED]

Office Telephone:

Other Telephone:

Fax Telephone:

E-Mail Address:

Mailing Address: [REDACTED]

City: [REDACTED]

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**Synopsis - Continued**

State: FL  
ZIP Code: 32258

**DETAILED CLAIM INFORMATION FROM ISO CLAIMS:**

Match #: 1 Reason for Match: Policy/Claim#  
Record Type: Property/Casualty Claim ISO File Number: [REDACTED]  
Date of Loss: 12/09/2013 06:30  
Questionable Claim Submission provided by NICB QuestTECH  
Referral Reason: Billing for Services Not Rendered  
Inflated Billing  
Provider/Facility Improperly Licensed/ Incorporated  
Type of Policy: Personal Automobile  
Location of Loss: OLD ST AUGUSTINE RD  
MANDARIN, FL  
Loss Description: TRAFFIC WAS STOPPED AT A RED LIGHT WHEN CV1 R/E IV  
ISO Received: 12/10/2013  
Insurer Received: 12/10/2013  
Company: KEMPER DIRECT INSURANCE CO - (610) 276-3928  
Contact: MORGAN,JACKIE - (972) 690-5500  
Address: 502 W GERMANTOWN PIKE  
STE 900  
PLYMOUTH MEETING, PA 19462  
Claim Number: A018162FL13  
Policy Number: [REDACTED]  
Inception Date: 08/02/2013  
Expiration Date: 02/02/2014

**Involved Party: Both Claimant & Insured**

Name: [REDACTED] N [REDACTED] S [REDACTED]  
Address: [REDACTED]  
DOB: [REDACTED]  
Gender: Female

Cellular Phone: [REDACTED]  
\*\*\* More matches on this Phone outside this report \*\*\*  
Home Phone: [REDACTED]  
\*\*\* More matches on this Phone outside this report \*\*\*  
Coverage/Loss: Collision / Collision  
(Closed)  
Contact: WHITTINGTON,FELICIA - (800) 234-3606  
Vehicle Info: 2012 BMW 328i  
VIN: [REDACTED] (VIN Passed Edit)  
\*\*\* More matches on this VIN outside this report \*\*\*  
Lic Plate: [REDACTED]  
\*\*\* More matches on this Lic Plate outside this report \*\*\*

**Service Provider: Medical Clinic**  
Name: OCEAN VIEW HEALTH  
Address: 320 NO 1ST AVE

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**Synopsis - Continued**

SUITE 709  
JACKSONVILLE BEACH, FL 32250

Business Phone: (904) 270-2790  
Tax ID: 593138572 (Jacksonville, FL)  
Investigation Details: PARTY SUBJECT TO SIU INVESTIGATION  
-> CLAIM FOR THIS PARTY MEETS CRITERIA FOR FRAUD BUREAU  
REPORTING

Involved Party: Both Claimant & Insured

Name: N [REDACTED] A [REDACTED]

Address: [REDACTED]

DOB: [REDACTED]

Gender: Male

Injury/Damage: LOWER BACK, KNEE, RIGHT FOOT, NECK, BREATHING

Coverage/Loss: Pip / Pip  
(OPEN)

Contact: MORGAN,JACKIE - (972) 690-5500

Injury/Damage: LOWER BACK, KNEE, RIGHT FOOT, NECK, BREATHING

Coverage/Loss: Underinsured Motorist / Bodily Injury  
(Closed)

Contact: VARNEDOE,ROBIN - (877) 305-4165

SSN: [REDACTED] (SSN ISSUED FL/1971-1972)

\*\*\* More matches on this SSN outside this report \*\*\*

Cellular Phone: [REDACTED]

\*\*\* More matches on this Phone outside this report \*\*\*

Investigation Details: PARTY SUBJECT TO SIU INVESTIGATION

-> CLAIM FOR THIS PARTY MEETS CRITERIA FOR FRAUD BUREAU  
REPORTING

This submission was made based on suspicion for further investigation and  
should be corroborated by your independent investigation and should NOT, by  
itself, be the basis for a claim decision.

**Current Forward/Assignment**

Assigned To: Jones, Kevin (DFS / JACKSONVILLE AF SQUAD / DFS Division of Insurance Fraud)  
Department: DEPARTMENT OF FINANCIAL SERVICES  
Division: DIRECTOR OFFICE  
Region: NORTH REGION  
Squad: JACKSONVILLE AF SQUAD  
Assigned By: McCoy, Brian (DFS / JACKSONVILLE RF SQUAD / DFS Division of Insurance Fraud)  
Assignment Date/Time: 02/19/2014 09:08  
Priority: 5.0  
Response Due Date: 05/29/2014

**Followup Comments**

Case already open

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<b>Related Subjects</b>					
<u>Name</u>	<u>Type</u>	<u>Sex</u>	<u>Race</u>	<u>DOB</u>	<u>Relationship</u>
KEMPER DIRECT INSURANCE CO	BUSINESS	---	---	---	COMPLAINANT/VICTIM
N [REDACTED], A [REDACTED]	PERSON	FEMALE	BLACK	08/09/1957	SUBJECT
N [REDACTED] S [REDACTED]	PERSON	FEMALE	BLACK	09/26/1962	SUBJECT
OCEAN VIEW HEALTH, INC.	CLINIC	---	---	---	SUSPECT BUSINESS
Perez, Cynthia Jane	PERSON	FEMALE	HISPANIC	02/17/1969	SUBJECT