

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

STATE OF FLORIDA                    )  
  )  
COUNTY OF MIAMI-DADE         )

**AFFIDAVIT IN SUPPORT OF ARREST WARRANT**

**BEFORE ME**, appeared Affiant Joyce Cohen Cavallo, Law Enforcement Investigator for the Medicaid Fraud Control Unit of the Office of the Attorney General, who first being duly sworn, deposes and states as follows:

I, Joyce Cohen Cavallo, have been employed as a Law Enforcement Investigator/ Senior Investigator with the Medicaid Fraud Control Unit, of the Office of the Attorney General, Department of Legal Affairs, State of Florida, since November 22, 1999. Prior to being with the Medicaid Fraud Control Unit, I was employed as a Public Assistance Specialist II, determining Medicaid recipient eligibility for the Department of Children and Families (DCF). In 1989, while still employed with DCF, I began working for Adult Services, the program responsible for adult abuse investigations and protective services. I was initially employed as a Human Services Counselor, and subsequently held the positions of Senior Human Services Supervisor, Protective Investigator Supervisor, and Program Operations Administrator. As such, I was responsible for directing and supervising protective investigations, staff, office procedure, and ensuring appropriate provision of services to victims of abuse, neglect, and exploitation. During my tenure with the Medicaid Fraud Control Unit, I have received specialized training and attended numerous seminars specifically related to health care fraud. I have investigated and/or participated in the investigation and/or arrest of numerous individuals for violating the Medicaid fraud laws of the State of Florida.

The Agency for Health Care Administration [hereinafter referred to as "AHCA"] is the State of Florida Agency that oversees the Medicaid Program to provide medical services for indigent recipients. Affiliated Computer Systems (ACS), formerly known as Consultec, is the fiscal agent for the State of Florida, and as such, administers program funds to the providers.

The Medicaid Fraud Control Unit [hereinafter referred to as "MFCU"] exists to investigate Medicaid fraud occurring in the State of Florida. The MFCU operates under the authority and supervision of the Office of the Attorney General, of the State of Florida. The MFCU may investigate any criminal violations discovered during the course of those investigations, pursuant to Florida Statute §16.59.

### **ALLEGATION**

This Affidavit details an investigation conducted by the MFCU. This investigation is predicated upon information received in a related MFCU investigation. Your Affiant received information from a Florida Department of Health Investigator stating an unlicensed individual was practicing dentistry at a facility, located at 3411 - 3413 NW 17 Avenue, Miami, Miami-Dade County, Florida. This individual was identified as Orlando Sotolongo.

### **THE INVESTIGATION**

Dr. Lorenzo Puentes owns a dental office, Puentes Dental Group, P.A., located at 2414 NW 7 Street, Suite 200, Miami, Florida. Dr. Puentes owns a second dental office, Puentes Dental Services, Inc., located at 3411 - 3413 NW 17 Avenue, Miami, Florida.

Your Affiant conducted a records check of the Florida Secretary of State records. The Division of Corporation records indicate Lorenzo Puentes, D.D.S., is the President, Director, and Registered Agent of Puentes Dental Group, P.A. Dr. Puentes is the *sole* corporate officer. Lorenzo Puentes, D.D.S., is also the President, Vice-President, Secretary, Treasurer, Director, and Registered Agent of Puentes Dental Services, Inc. Dr. Puentes is also the *sole* corporate officer.

Your Affiant conducted a records check of the Florida Department of Health database. Records indicate Dr. Puentes is a licensed Dentist since June 1, 1992.

Your Affiant conducted a records check of the Florida Department of Health database. Records indicate Orlando Sotolongo recently received a license as a Dental Radiographer, effective March 16, 2006. A records check of the names: Orlando Sotolongo and Orlando Sotolongo Guarton did not reveal any dental or any other professional licenses, other than Dental Radiographer, in the State of Florida.

DOH Investigator Julio Colon also conducted a records check at the Department of Health. He confirmed Orlando Sotolongo [or Orlando Sotolongo Guarton] is not a licensed dentist in the State of Florida.

Your Affiant reviewed Department of Highway Safety and Motor Vehicles records. Your Affiant notes the following information:

Lorenzo Puentes:

- ▶ white/male
- ▶ age 67
- ▶ height 5'7"
- ▶ white and/or silver hair color

Orlando Sotolongo Guarton:

- ▶ white/male
- ▶ age 48
- ▶ height 6'1"
- ▶ black hair color

Your Affiant also conducted a records check of the Florida Medicaid Management Information Systems (FMMIS) Provider screen(s). FMMIS Medicaid Provider records indicate Lorenzo Puentes, D.D.S., became a State of Florida Medicaid provider on February 18, 2003. Dr. Puentes' subsequently added an additional provider number on February 10, 2005 for Puentes Dental Services, Inc., located at 3411 NW 17 Avenue, Miami, Florida.

Your Affiant downloaded Medicaid provider claims for Dr. Puentes, for the newly created Medicaid provider number location, for the facility located at 3411 NW 17 Avenue, Miami, Florida. A records check of provider claims revealed for the calendar year 2005, Dr. Puentes was paid \$20,340.50 in reimbursements from the Medicaid program. To date, your Affiant notes, Dr. Puentes has been paid approximately \$10,000.00 by the Medicaid program for claims in the calendar year 2006.

Your Affiant selected Medicaid recipients to interview to verify the claims submitted by Puentes Dental to the Medicaid program. Julio Colon, Medical Malpractice Investigator for the Florida Department of Health, was present for the interviews. Mr. Colon assisted with the translation from Spanish to English, as the Medicaid recipients primarily spoke Spanish. Your Affiant's fluency in Spanish is limited.

**1. MEDICAID RECIPIENT MS:**

On March 7, 2006, your Affiant interviewed Medicaid recipient, MS, at her residence. MS provided your Affiant with a sworn statement. MS stated she visited the dental facility, located at 3411-3413 NW 17 Avenue, Miami, Florida, on three (3) or four (4) occasions. She stated she had scheduled appointments. She reported having had a check-up, x-rays and two (2) extractions. MS reported the dentist wrote her a prescription for *Tetracycline* and [prescription-strength] *Motrin*.

MS further stated the dentist was named “Dr. Lorenzo.” She was introduced to the doctor by the facility receptionist. MS described the “dentist” as a tall, slim, Hispanic male, with a dark complexion, straight hair, and approximately 50 years old.

MS was shown a photographic line-up for identification purposes. The photographic line-up contained a photograph of an individual named “Orlando Sotolongo Guarton.” MS reviewed the line-up and stated Guarton’s picture “*looked like Lorenzo.*” She was subsequently shown a photographic line-up depicting the photograph of Dr. Lorenzo Puentes. She did not identify Dr. Puentes as “Dr. Lorenzo.”

Your Affiant conducted a records check of the Medicaid billing by Puentes Dental for MS. Your Affiant confirmed Puentes Dental billed and received payment by the Medicaid program for providing dental services to MS. Medicaid billing records confirm MS’s statement about the services rendered to her at Puentes Dental. Below is a breakdown of the Medicaid billing and services rendered to MS:

DATE OF SERVICE	PROCEDURE CODE DESCRIPTION	AMOUNT BILLED TO MEDICAID	AMOUNT PAID BY MEDICAID
07/14/2005	INTRAORAL-PERiapical-FIRST FILM	\$4.00	\$4.00
07/14/2005	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$8.00	\$8.00
07/14/2005	PANORAMIC FILM	\$30.00	\$30.00
07/25/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
07/25/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
08/22/2005	INCISION AND DRAINAGE OF ABSCESS-INTRAOR	\$47.00	\$47.00
08/22/2005	INTRAORAL-PERiapical-EACH ADDITIONAL FIL	\$3.00	\$3.00
08/22/2005	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$8.00	\$8.00
	<b>TOTALS</b>	<b>\$180.00</b>	<b>\$180.00</b>

A further review of Medicaid billing records confirm prescriptions for *Tetracycline*, 250 mg. capsule, and *Ibuprofen* (a generic for *Motion*), 800 mg. tablet, were filled at Walgreens Pharmacy. The prescriptions were written on prescription pads labeled “Puentes Dental Services, Inc.” The prescription is signed by “Lorenzo Puentes, D.D.S.”

**2. MEDICAID RECIPIENT LP:**

On March 7, 2006, your Affiant also interviewed Medicaid recipient, LP, at his residence. LP provided your Affiant with a sworn statement. Zoila Guerra, was present for the interview, who indicated LP had a degree of mental disability and she advocates on his behalf. LP stated he had some cavities in his mouth and visited a walk-in dental clinic.

Your Affiant displayed a photograph of the dental office, Puentes Dental, located within Primary Medical Care, located at 3411-13 NW 17 Avenue, Miami, Florida. LP identified the photograph as the dental office he visited. He stated that he did not recall how many times he visited the office, but initially it had just been a walk-in visit, without an appointment. LP reported the dentist removed all of his teeth and he was given upper and lower dentures. Your Affiant notes it was evident from observing LP that he had no teeth in his mouth, nor was he wearing the dentures. He showed your Affiant the upper and lower dentures and stated he did not wear them because they hurt him.

LP described the dentist as a white, Hispanic male. LP was shown a photographic line-up for identification purposes. The photographic line-up contained a photograph of an individual named "Orlando Sotolongo Guarton." LP reviewed the line-up and identified Guarton's photograph as the "dentist" he saw at the clinic. He was subsequently shown a photographic line-up depicting the photograph of Dr. Lorenzo Puentes. He did not identify Dr. Puentes as the "dentist."

Your Affiant conducted a records check of the Medicaid billing by Puentes Dental for LP. Your Affiant confirmed Puentes Dental billed and received payment by the Medicaid program for providing dental services to LP. Medicaid billing records confirm LP's statement about the services rendered to him at Puentes Dental. Below is a breakdown of the Medicaid billing and services rendered to LP:

DATE OF SERVICE	PROCEDURE CODE DESCRIPTION	AMOUNT BILLED TO MEDICAID	AMOUNT PAID BY MEDICAID
02/14/2005	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	\$3.00	\$3.00
02/14/2005	INTRAORAL-PERIAPICAL-FIRST FILM	\$4.00	\$4.00
02/14/2005	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$8.00	\$8.00
05/06/2005	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
05/06/2005	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
05/06/2005	INTRAORAL-PERIAPICAL-FIRST FILM	\$4.00	\$4.00
05/06/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
05/06/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
06/18/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
07/18/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
08/16/2005	COMPLETE DENTURE - MANDIBULAR	\$310.00	\$294.50
08/16/2005	COMPLETE DENTURE - MAXILLARY	\$310.00	\$294.50
	<b>TOTALS</b>	<b>\$853.00</b>	<b>\$822.00</b>

**3. MEDICAID RECIPIENT FT:**

On March 13, 2006, your Affiant interviewed Medicaid recipient, FT, at his residence. FT provided your Affiant with a sworn statement. FT stated he saw the clinic while walking by. FT reported he had been to the clinic around June or July of 2005. He stated he visited the clinic approximately four (4) times. He did not have a regularly scheduled appointment. FT further stated that while at the clinic, he had an exam, x-rays, four (4) teeth extracted, and surgery for an ‘abscess’ tooth.

FT described the dentist as a Cuban, Hispanic male, who was tall, approximately 45-50 years of age. He did not recall the name of the dentist and did not receive any prescriptions.

Your Affiant displayed a photograph of the dental office, Puentes Dental, located within Primary Medical Care, located at 3411-13 NW 17 Avenue, Miami, Florida. FT identified the photograph as the dental office he visited for treatment.

FT was also shown a photographic line-up for identification purposes. The photographic line-up contained a photograph of an individual named “Orlando Sotolongo Guarton.” FT reviewed the line-up and identified Guarton's photograph as the “dentist” who treated him. He was subsequently shown a photographic line-up depicting the photograph of Dr. Lorenzo Puentes. He did not identify Dr. Puentes as the “dentist” who treated him.

Your Affiant conducted a records check of the Medicaid billing by Puentes Dental for FT. Your Affiant confirmed Puentes Dental billed and received payment by the Medicaid program for providing dental services to FT. Medicaid billing records confirm FT’s statement about the services rendered to him at Puentes Dental. Below is a breakdown of the Medicaid billing and services rendered to FT:

<b>DATE OF SERVICE</b>	<b>PROCEDURE CODE DESCRIPTION</b>	<b>AMOUNT BILLED TO MEDICAID</b>	<b>AMOUNT PAID BY MEDICAID</b>
06/15/2005	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
06/15/2005	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
06/15/2005	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
06/15/2005	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FIL	\$3.00	\$3.00
06/15/2005	INTRAORAL-PERIAPICAL-FIRST FILM	\$4.00	\$4.00
06/15/2005	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$8.00	\$8.00
08/22/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
08/22/2005	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
09/19/2005	COMPLETE DENTURE - MAXILLARY	\$310.00	\$294.50
11/03/2005	ADJUST COMPLETE DENTURE - MANDIBULAR	\$14.00	\$13.30
	<b>TOTALS</b>	<b>\$500.00</b>	<b>\$483.80</b>

**4. MEDICAID RECIPIENT SP:**

On March 23, 2006, your Affiant interviewed Medicaid recipient, SP, at his residence. SP provided your Affiant with a sworn statement. SP stated had been to the dental facility on several occasions. SP further stated that while he was there they removed a tooth, and a filling, and took x-rays. SP reported the dentist wrote him a prescription for *Tetracycline* (two different prescriptions) and *Penicillin*. He produced one of the prescription bottles still containing medication and showed it to your Affiant.

SP described the dentist as a young, tall, Hispanic, white male. SP could not recall the dentist's name, but when he looked at his prescription bottle he remembered the dentist was "Lorenzo Puentes." SP also stated the dentist was also "a medical doctor and a lawyer."

SP explained to your Affiant he wanted fillings performed (on his teeth). However, he was told the fillings would cost a lot of money because the services were not covered by Medicaid. In a follow-up telephone conversation, MFCU Investigator Samuel Mercado contacted SP. SP clarified the statement regarding dental fees. SP stated the dentist told him it would be an \$80.00 charge for a dental cleaning and a \$70.00 charge for fillings since Medicaid would not cover these services.

Your Affiant displayed a photograph of the dental office, Puentes Dental, located within Primary Medical Care, located at 3411-13 NW 17 Avenue, Miami, Florida. SP identified the photograph as the dental office he visited for treatment.

SP was also shown a photographic line-up for identification purposes. The photographic line-up contained a photograph of an individual named "Orlando Sotolongo Guarton." SP reviewed the line-up and identified Guarton's photograph as the "dentist" who treated him. He was subsequently shown a photographic line-up depicting the photograph of Dr. Lorenzo Puentes. He did not identify Dr. Puentes as the "dentist" who treated him.

Your Affiant conducted a records check of the Medicaid billing by Puentes Dental for SP. Your Affiant confirmed Puentes Dental billed and received payment by the Medicaid program for providing dental services to SP. Below is a breakdown of the Medicaid billing and services rendered to SP:

DATE OF SERVICE	PROCEDURE CODE DESCRIPTION	AMOUNT BILLED TO MEDICAID	AMOUNT PAID BY MEDICAID
01/10/2006	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00

**5. MEDICAID RECIPIENT SA:**

On March 23, 2006, your Affiant interviewed Medicaid recipient, SA, at her residence. SA provided your Affiant with a sworn statement. SA stated had been to the dental facility on several occasions. SA further stated that she had x-rays, her blood pressure taken, a dental examination, and extractions. SA reported she did not recall the name of the dentist, but described him as a tall Hispanic, male, slim build, middle aged. She was given antibiotics, namely *Tetracycline*, which she was able to produce for your Affiant. The bottle indicated the prescribing doctor was Lorenzo Puentes. The pharmacy that filled prescription was La Ganga Pharmacy, located in Miami-Dade County, Florida.

Your Affiant displayed a photograph of the dental office, Puentes Dental, located within Primary Medical Care, located at 3411-13 NW 17 Avenue, Miami, Florida. SA identified the photograph as the dental office she visited for treatment.

SA was also shown a photographic line-up for identification purposes. The photographic line-up contained a photograph of an individual named “Orlando Sotolongo Guarton.” SA reviewed the line-up and could not identify Guarton's photograph. She was subsequently shown a photographic line-up depicting the photograph of Dr. Lorenzo Puentes. She did not identify Dr. Puentes as the “dentist” who treated him.

Your Affiant conducted a records check of the Medicaid billing by Puentes Dental for SA. Your Affiant confirmed Puentes Dental billed and received payment by the Medicaid program for providing dental services to SA. Medicaid billing records confirm SA’s statement about the services rendered to her at Puentes Dental Below is a breakdown of the Medicaid billing and services rendered to SA:

DATE OF SERVICE	PROCEDURE CODE DESCRIPTION	AMOUNT BILLED TO MEDICAID	AMOUNT PAID BY MEDICAID
01/24/2006	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
01/24/2006	LIMITED ORAL EVALUATION - PROBLEM FOCUSE	\$8.00	\$8.00
01/24/2006	PANORAMIC FILM	\$30.00	\$30.00
02/28/2006	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROO	\$27.00	\$27.00
02/28/2006	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
02/28/2006	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIR	\$40.00	\$40.00
	<b>TOTALS</b>	<b>\$172.00</b>	<b>\$172.00</b>

Your Affiant subsequently visited La Ganga Discount Pharmacy and obtained a computer printout of prescriptions issued by Dr. Lorenzo Puentes. The printout confirmed:

- ▶ a dispensed prescription to SP for *Tetracycline*, 250 mg. capsule;
- ▶ two (2) dispensed prescription to SA, each for *Tetracycline*, 250 mg. capsule.

Both prescriptions were written by “Lorenzo Puentes, D.D.S.

Based on the aforementioned information, your Affiant has probable cause to believe and does believe that beginning on or about February 1, 2005 and continuing through January 31, 2006, 2005: **Orlando Sotolongo Guarton**, did commit the following crime of: *Practicing Dentistry Without a License*, by practicing dentistry without an active license issued by the Florida Department of Health, pursuant to Chapter §466, in violation of Florida Statute §466.026(1)(a)(5 counts); and, Medicaid Fraud/False Claims, by knowingly making, causing to be made, or aiding and abetting in the making of any false statement or false representation of a material fact, by commission or omission, in any claim submitted to the Agency for Health Administration and/or its fiscal agent, to wit: Affiliated Computer Systems, formerly Consultec, in violation of Florida Statute §409.920(2)(a)(one count).

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AFFIANT

Joyce Cohen Cavallo, Law Enforcement Investigator  
Medicaid Fraud Control Unit

**SWORN TO** and **SUBSCRIBED** before me on this \_\_\_ day of \_\_\_\_\_, 2006.

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Circuit Court Judge  
Eleventh Judicial Circuit of Florida  
Miami-Dade County