## 14-4413. Medicaid fraud; presenting excessive, multiple or incomplete claim.

For you to find the defendant guilty of Medicaid fraud as charged in Count \_\_\_\_\_ the State must prove to your satisfaction beyond a reasonable doubt each of the following elements of the crime:

- 1. The defendant [presented] [caused to be presented]<sup>1</sup> a claim for allowance or payment.
- 2. The claim was a [false] [fraudulent] [excessive] [multiple] [incomplete]<sup>1</sup> claim for furnishing treatment, services or goods.
- 3. The defendant knew the claim was a [false] [fraudulent] [excessive] [multiple] [incomplete]<sup>1</sup> claim for furnishing treatment, services or goods.
- 4. The defendant [presented] [caused to be presented]<sup>1</sup> the claim for allowance or payment from a state or federally mandated managed health care plan.
- 5. The defendant intended the state or federally mandated managed health care plan to rely on the claim for the expenditure of public money.

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6.	This happened in N	lew Mexico or	or about the <sub>-</sub>	d	lay of
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## **USE NOTES**

- 1. Use only the applicable bracketed elements established by the evidence.
- 2. The applicable definition or definitions from UJI 14-4401 NMRA must be given after this instruction.

[Adopted by Supreme Court Order No. 14-8300-005, effective for all cases filed or pending on or after December 31, 2014.]