**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]1 a claim for allowance or payment.

 2. The claim was a [false] [fraudulent] [excessive] [multiple] [incomplete]1 claim for furnishing treatment, services or goods.

 3. The defendant knew the claim was a [false] [fraudulent] [excessive] [multiple] [incomplete]1 claim for furnishing treatment, services or goods.

 4. The defendant [presented] [caused to be presented]1 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.

 6. This happened in New Mexico on or about the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.2

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.]