

IN THE MATTER OF THE  
MARYLAND INSURANCE  
ADMINISTRATION

v.

ANGELIA MARIE WILLIAMS  
8 Kings Crossing Court, Apt. K  
Cockeysville, Maryland 21030

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CASE NO.: MIA-2024-03-015

Fraud Division File No.: R-2024-0421A

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**ORDER**

This Order is issued by the Maryland Insurance Administration (the “MIA”) against Angelia Marie Williams (“Respondent”) pursuant to §§ 2-108, 2-201, 2-204 and 2-405 of the Insurance Article, Md. Code Ann. (2017 Repl. Vol. & Supp.) (the “Insurance Article”) for the violations of the Insurance Article identified and described.<sup>1</sup>

**I. RELEVANT MATERIAL FACTS:**

1. On May 10, 2023, Respondent was a passenger in a vehicle insured by Progressive Select Insurance Company (“Progressive”), an authorized insurer, when it was involved in a motor vehicle accident. Respondent filed a claim under the Personal Injury Protection (“PIP”) provision of the Progressive policy.

2. On May 11, 2023, a Progressive representative sent Respondent an Authorization for Disclosure of Medical Information (“medical authorization”), as well as a PIP application. That same date, Respondent signed both the medical authorization and the PIP application, which each contained the following fraud warning:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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<sup>1</sup> Unless otherwise indicated, all statutory references in this Order are to the Insurance Article of the Maryland Code.

3. On July 18, 2023, Respondent submitted to Progressive an invoice ostensibly issued by Smarter Health Medical Center (“Smarter Health”), located in Laurel, Maryland. The invoice reflected that the Smarter Health phone number was 443-\*\*\*-0187, and that Respondent paid \$2,100.00 for treatment on the following dates:

<b>Treatment Date</b>	<b>Payment Amount</b>
May 30, 2023	\$750.00
June 6, 2023	\$450.00
June 15, 2023	\$450.00
June 21, 2023	\$450.00
Total	\$2,100.00

4. On July 19, 2023, Respondent submitted to Progressive a purported credit card statement, which reflected that her fiancé paid Smarter Health for her treatment, as follows:

<b>Payment Date</b>	<b>Payment Amount</b>
June 2, 2023	\$1,250.00
June 2, 2023	\$750.00
June 9, 2023	\$450.00
June 9, 2023	\$450.00
June 16, 2023	\$450.00
June 16, 2023	\$450.00
June 23, 2023	\$450.00
June 23, 2023	\$450.00
Total	\$4,700.00

5. A Progressive representative noticed that the credit card statement submitted by Respondent did not match the Smarter Health invoice submitted by Respondent. The Progressive representative performed a Google search of the phone number listed on the Smarter Health invoice, 443-\*\*\*-0187, and learned that the number was not linked to Smarter Health. In an effort to authenticate the Smarter Health invoice, the Progressive representative called Smarter Health at its legitimate phone number, and spoke with a representative, who reported that Smarter Health

had no treatment records under Respondent's name. Consequently, Progressive referred Respondent's claim to its Special Investigative Unit ("SIU") for further investigation.

6. On July 24, 2023, a Progressive investigator discovered that the phone number, 443-\*\*\*-0187, on the purported Smarter Health invoice was actually for a different business located in North Carolina.

7. In an effort to authenticate the purported Smarter Health invoice, a Progressive investigator emailed a copy of the invoice to Smarter Health. A Smarter Health representative examined the invoice and advised that Smarter Health did not issue the invoice.

8. Section 27-802(a)(1) states:

An authorized insurer, its employees, fund producers, or insurance producers, ... who in good faith has cause to believe that insurance fraud has been or is being committed shall report the suspected insurance fraud in writing to the Commissioner, the Fraud Division, or the appropriate federal, State, or local law enforcement authorities.

Progressive, having a good faith belief that Respondent committed insurance fraud, notified the MIA Fraud and Enforcement Division, which opened an investigation.

### ***The Administration's Investigation***

9. On February 20, 2024, in an effort to authenticate the purported Smarter Health invoice, an MIA investigator interviewed a representative for Smarter Health, who advised that Respondent was not treated at Smarter Health, and the phone number on the purported invoice was not a Smarter Health phone number.

## **II. VIOLATION(S):**

**10.** In addition to all relevant sections of the Insurance Article, the Administration relies on the following pertinent sections of the Insurance Article, which apply to acts and omissions of Respondent in the State:<sup>2</sup>

### **§ 27-403**

It is a fraudulent insurance act for a person:

(2) to present or cause to be presented to an insurer documentation or an oral or written statement made in support of a claim...with knowledge that the documentation or statement contains false or misleading information about a matter material to the claim[.]

### **§ 27-408**

(c)(1) In addition to any criminal penalties that may be imposed under this section, on a showing by clear and convincing evidence that a violation of this subtitle has occurred, the Commissioner may:

(i) impose an administrative penalty not exceeding \$25,000 for each act of insurance fraud; and...

(2) In determining the amount of an administrative penalty, the Commissioner shall consider:

(i) the nature, circumstances, extent, gravity, and number of violations;

(ii) the degree of culpability of the violator;

(iii) prior offenses and repeated violations of the violator; and

(iv) any other matter that the Commissioner considers appropriate and relevant.

**11.** By the conduct described herein, Respondent violated § 27-403(2). The fraudulent insurance act of submitting a false document in support of a claim is complete upon submitting the false document and is not dependent on payment being made. Respondent committed a violation

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<sup>2</sup> The failure to designate a particular provision in this proposed Order does not deprive the Commissioner of the right to rely on that provision.

of the Insurance Article when she submitted a false document to Progressive. As such, Respondent is subject to an administrative penalty pursuant to § 27-408(c) of the Insurance Article.

### **III. SANCTION:**

**12.** Insurance fraud is a serious violation, which harms consumers in that the losses suffered by insurance companies are passed on to consumers in the form of higher premiums. The Commissioner may investigate any complaint that alleges a fraudulent claim has been submitted to an insurer. §§ 2-201(d)(1) and 2-405.

**13.** Having considered the factors set forth in § 27-408(c)(2), the MIA has determined that \$1,500.00 is an appropriate against Respondent.

**14.** Administrative penalties shall be made payable to the Maryland Insurance Administration and shall identify the case by number (R-2024-0421A) and name (Angelia Marie Williams). Payment of the administrative penalty shall be sent to the attention of: Joseph E. Smith, Acting Associate Commissioner, Insurance Fraud and Enforcement Division, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202. Unpaid penalties will be referred to the Central Collections Unit for collection.

**15.** This Order does not preclude any potential or pending action by any other person, entity, or government authority regarding any conduct by Respondent, including the conduct that is the subject of this Order.

**WHEREFORE**, for the reasons set forth above, and subject to Respondent's right to request a hearing, it is this 22nd day of March 2024, **ORDERED** that:

Angelia Marie Williams shall pay an administrative penalty of One Thousand Five Hundred Dollars (\$1,500.00) within 30 days of the date of this Order.

KATHLEEN A. BIRRANE  
Insurance Commissioner

BY: signature on original  
JOSEPH E. SMITH  
Acting Associate Commissioner  
Insurance Fraud and Enforcement Division

### **RIGHT TO REQUEST A HEARING**

Pursuant to § 2-210 of the Insurance Article and Code of Maryland Regulations ("COMAR") 31.02.01.03, an aggrieved person may request a hearing on this Order. This request must be in writing and received by the Commissioner within thirty (30) days of the date of the letter accompanying this Order. However, pursuant to § 2-212 of the Article, the Order shall be stayed pending a hearing only if a demand for hearing is received by the Commissioner within ten (10) days after the Order is served. The written request for hearing must be addressed to the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202, Attn: Clerk, Hearing and Appeals Unit. The request shall include the following information: (1) the action or non-action of the Commissioner causing the person requesting the hearing to be aggrieved; (2) the facts related to the incident or incidents about which the person requests the Commissioner to act or not act; and (3) the ultimate relief requested. The failure to request a hearing timely or to appear at a scheduled hearing will result in a waiver of your rights to contest this Order and the Order shall be final on its effective date. Please note that if a hearing is requested on this initial Order, the Commissioner may affirm, modify, or nullify an action taken or impose any penalty or remedy authorized by the Insurance Article against the Respondent in a Final Order after hearing.