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TIMOTHY F. ANDREWS
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DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, vs. NERI MARIA BLANCO-CUEVAS, ID# 1569727, Defendant.	Case No. C-26-397578-1 Dept. No. 26

AMENDED GUILTY PLEA AGREEMENT

I, NERI MARIA BLANCO-CUEVAS, hereby agree to plead guilty to: ONE (1) COUNT of **SUBMITTING FALSE CLAIMS: MEDICAID FRAUD**, a Category D Felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a) [NOC 56141]; and ONE (1) COUNT of **OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR UNLAWFUL PURPOSE**, a Category B Felony in violation of NRS 205.463(1) [NOC 50690], as more fully alleged in the Amended Criminal Information attached hereto as Exhibit 1.

My decision to plead guilty is based upon the plea agreement in this case, which is stipulated as follows:

1. As to SUBMITTING FALSE CLAIMS: MEDICAID FRAUD, the State and Defendant jointly recommend a sentence of Twelve (12) to Thirty-Six (36) Month in the Nevada Department of Corrections.

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Case Number: C-26-397578-1

2. As to OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR UNLAWFUL PURPOSE, the State and Defendant jointly recommend a sentence of Twelve (12) to Thirty-Six (36) Month in the Nevada Department of Corrections, with Count 2 running concurrent with Count 1.

3. Defendant agrees to pay restitution in the total amount of Three Hundred Eighty-One Thousand, Two Hundred Seventy Dollars and Seventy-Three Cents ($381,270.73), as follows:

a. Two Hundred Fifty-Three Thousand, Seven Hundred Ninety-Two Dollars and Twenty-Three Cents ($253,792.23) owed to Medicaid (made payable to the Nevada Attorney General's Office); and

b. One Hundred Twenty-Seven Thousand, Four Hundred Seventy-Eight Dollars and Fifty Cents ($127,478.50) owed to Medicare (made payable to the Nevada Attorney General's Office).

4. Defendant agrees to pay Three Hundred Thousand Dollars ($300,000.00) in enforcement costs to the Nevada Attorney General's Office, Medicaid Fraud Control Unit.

5. The State will agree not to pursue recovery of the $33,059,050.07 pursuant to NRS 422.580 (civil restitution, costs, and penalties).

6. The State agrees not to file or pursue charges against Defendant in *State v. Neri Maria Blanco-Cuevas* (Attorney General Matter Number 103726-064) arising from the claims for services dated July 25, 2025, and August 9, 2025, or the patient notes produced on May 11, 2026, and will not pursue civil penalties under NRS 422.580 for that conduct. Defendant agrees that this binds only the State of Nevada, Office of the Attorney General, and it does not affect federal agencies, the licensing board, program exclusion, or what the Court may consider at sentencing.

7. Defendant will agree to voluntarily surrender her license to practice medicine. The parties agreed to jointly recommend to the Medical Board that Defendant BLANCO-CUEVAS has her license to practice medicine revoked for at least three (3) years. This plea would be conditional and depends on the Medical Board revoking said license for a period of at least three (3) years. Defendant BLANCO-CUEVAS will not apply for reinstatement or otherwise challenge the revocation of her license, and she agrees not to apply for another license to practice medicine for at least three (3) years from the date the

Board revokes her license.

8. Defendant agrees to pay all fines and costs imposed by the Court.

9. The State agrees that all remaining counts against Defendant shall be dismissed when Defendant is adjudged guilty and sentenced.

10. Defendant agrees to waive any defects or infirmities as to the form of the charging document attached as Exhibit 1. Defendant understands that, pursuant to NRS 176.015(3), victims so desiring will be allowed to make impact statements.

Defendant understands and agrees that if Defendant fails to interview with the Department of Parole and Probation, fails to appear at any subsequent hearings in this case, or an independent judge or magistrate, by affidavit review or other satisfactory proof, confirms probable cause against Defendant for new criminal charges, including reckless driving or DUI, but excluding minor traffic violations, the State will have the unqualified right to argue for any legal sentence and term of confinement allowable for the crime(s) to which Defendant is pleading guilty, including the use of any prior convictions Defendant may have to increase Defendant's sentence as a habitual criminal to five (5) to twenty (20) years, life without the possibility of parole, life with the possibility of parole after ten (10) years, or a definite twenty-five (25) year term with the possibility of parole after ten (10) years. Otherwise, Defendant is entitled to receive the benefits of these negotiations as stated in the plea agreement.

CONSEQUENCES OF THE PLEA

I understand that by pleading guilty I admit the facts that support all the elements of the offenses to which I now plead as set forth in the Amended Criminal Information on file herein. (Exhibit 1).

I understand that as a consequence of my plea of guilty to **SUBMITTING FALSE CLAIMS: MEDICAID FRAUD**, a Category D Felony, I may be punished by imprisonment in the state prison for a **MINIMUM** term of not less than **ONE (1) YEAR** and a **MAXIMUM** term of not more than **FOUR (4) YEARS**. In addition to any other penalty, the court may impose a fine of up to **FIVE THOUSAND DOLLARS ($5,000.00)**, unless a greater fine is authorized or required by statute.

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I understand that as a consequence of my plea of guilty to **OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR UNLAWFUL PURPOSE**, a Category B Felony, I may be punished in the state prison for a **MINIMUM** term of not less than **ONE (1) YEAR** and a **MAXIMUM** term of not more than **TWENTY (20) YEARS**. In addition to any other penalty, the court may impose a fine of up to **ONE HUNDRED THOUSAND DOLLARS ($100,000.00)**, unless a greater fine is authorized or required by statute.

I understand that the minimum term may not exceed 40% of the maximum term.

I understand that the law requires me to pay an Administrative Assessment Fee. I understand that, if appropriate, I may be ordered to make restitution to the victim of the offense(s) to which I am pleading guilty and to the victim of any related offense, which is being dismissed or not prosecuted pursuant to this agreement. I will also be ordered to reimburse the State of Nevada for any expenses related to my extradition, if any.

I understand that I am eligible for probation for the offenses to which I am pleading guilty. I understand that, except as otherwise provided by statute, the question of whether I receive probation is in the discretion of the sentencing judge.

I understand that if more than one sentence of imprisonment is imposed and I am eligible to serve the sentences concurrently, the sentencing judge has the discretion to order the sentences served concurrently or consecutively.

I also understand that information regarding charges not filed, dismissed charges, or charges to be dismissed pursuant to this agreement may be considered by the judge at sentencing.

I have not been promised or guaranteed any particular sentence by anyone. I know that my sentence is to be determined by the Court within the limits prescribed by statute. I understand that if my attorney or the State or both recommend any specific punishment to the Court, the Court is not obligated to accept the recommendation.

I understand that as a consequence of my plea of guilty, if I am not a citizen of the United States, I may, in addition to other consequences provided for by federal law, be removed, deported, excluded from entry into the United States or denied naturalization.

I understand as a consequence of my plea of guilty, I may, in addition to other consequences

provided by Federal and State law, be excluded from participating in the provision of health care goods and services in Medicare, Medicaid and other health care programs or facilities associated with any federal, state or local government.

I understand that I am subject to civil penalties pursuant to NRS 422.580, which include: (a) payment of an amount equal to three times the amount unlawfully obtained; (b) not less than $5,000 for each false claim, statement or representation; (c) an amount equal to three times the total of the reasonable expenses incurred by the State in enforcing provisions of NRS 422.580; and (d) payment of interest on the amount of the excess payment at the rate fixed pursuant to NRS 99.040 for the period from the date upon which payment was made to the date upon which repayment is made pursuant to the State Plan for Medicaid.

I understand that the Division of Parole and Probation may prepare a report for the sentencing judge prior to sentencing. This report will include matters relevant to the issue of sentencing, including my criminal history. This report may contain hearsay information regarding my background and criminal history. My attorney and I will each have the opportunity to comment on the information contained in the report at the time of sentencing. Unless the Deputy Attorney General has specifically agreed otherwise, the Deputy Attorney General may also comment on this report.

I understand that if there are still monies owed at the conclusion of probation or upon release from incarceration, whichever is later, then I shall contact the Medicaid Fraud Control Unit (MFCU) to make payment arrangements for the money still owed. I understand that I shall contact the MFCU within thirty (30) days of the court case being closed to set up the payment arrangements. If I do not contact the MFCU to pay the balance owed or set up a payment plan, or I fail to make payments after the court case is closed, then as required under NRS 353C.195, the MFCU will send the matter to the State Controller's Office for debt collection proceedings.

WAIVER OF RIGHTS

By entering my plea of guilty, I understand that I am waiving and forever giving up the following rights and privileges:

1. The constitutional privilege against self-incrimination, including the right to refuse to testify at trial, in which event the prosecution would not be allowed to comment to the jury about my

refusal to testify.

2. The constitutional right to a speedy and public trial by an impartial jury, free of excessive pretrial publicity prejudicial to the defense, at which trial I would be entitled to the assistance of an attorney, either appointed or retained. At trial the State would bear the burden of proving beyond a reasonable doubt each element of the offenses charged.

3. The constitutional right to confront and cross-examine any witnesses who would testify against me.

4. The constitutional right to subpoena witnesses to testify on my behalf.

5. The constitutional right to testify in my own defense.

6. The right to appeal the conviction, with the assistance of an attorney, either appointed or retained unless the appeal is based upon reasonable constitutional jurisdictional or other grounds that challenge the legality of the proceedings and except as otherwise provided in subsection 3 of NRS 174.035.

VOLUNTARINESS OF PLEA

I have discussed the elements of all of the original charge(s) with my attorney, and I understand the nature of these charge(s) against me.

I understand that the State would have to prove each element of the charge against me at trial.

I have discussed with my attorney any possible defenses, defense strategies and circumstances which might be in my favor.

All of the foregoing elements, collateral consequences, rights, and waiver of rights have been thoroughly explained to me by my attorney.

I believe that pleading guilty and accepting this plea bargain is in my best interest and that a trial may be contrary to my best interest.

I am signing this agreement voluntarily, after consultation with my attorney, and I am not acting under duress, coercion, or by virtue of any promises of leniency, except for those set forth in this agreement.

I am not now under the influence of any intoxicating liquor, a controlled substance or other drug, which would in any manner impair my ability to comprehend or understand this agreement or the

proceedings surrounding my entry of this plea.

My attorney has answered all my questions regarding this guilty plea agreement and its consequences to my satisfaction and I am satisfied with the services provided by my attorney.

DATED this 27th day of October 2026.

NERI MARIA BLANCO-CUEVAS, Defendant

VERIFICATION OF COUNSEL

I have reviewed this matter, and I concur the disposition delineated above is a true and accurate representation as to the negotiations entered into and agreed to by myself on behalf of the State of Nevada with Defendant NERI MARIA BLANCO-CUEVAS and defense counsel.

AGREED to on this 27th day of October 2026.

AARON D. FORD
Attorney General

By: _____
Behnaz Salimian Molina (Nevada Bar No. 13752)
Senior Deputy Attorney General
Attorneys for the State of Nevada

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CERTIFICATE OF DEFENSE COUNSEL

I, the undersigned, as the attorney for NERI MARIA BLANCO-CUEVAS, the defendant named herein, and as an officer of the court hereby certify that:

1. I have fully explained to Defendant the allegations contained in the charges to which guilty plea is being entered.

2. I have advised Defendant of the penalties for each charge and the restitution that Defendant may be ordered to pay.

3. I have inquired of Defendant facts concerning Defendant's immigration status and explained to Defendant that if Defendant is not a United States citizen any criminal conviction will most likely result in serious negative immigration consequences including but not limited to:

    a. The removal from the United States through deportation;

    b. An inability to reenter the United States;

    c. The inability to gain United States citizenship or legal residency;

    d. An inability to renew and/or retain any legal residency status; and/or

    e. An indeterminate term of confinement with the United States Federal Government based on his/her conviction and immigration status.

    Moreover, I have explained that regardless of what Defendant may have been told by any attorney, no one can promise Defendant that this conviction will not result in negative immigration consequences and/or impact Defendant's ability to become a United States citizen and/or legal resident.

4. All pleas of guilty offered by Defendant pursuant to this agreement are consistent with all the facts known to me, and are made with my advice to Defendant and are in the best interest of Defendant:

5. To the best of my knowledge and belief Defendant:

    a. Is competent and understands the charges and the consequences of pleading guilty as provided in this agreement;

    b. Executed this agreement and will enter all guilty pleas pursuant hereto voluntarily; and

    c. Was not under the influence of intoxicating liquor, a controlled substance, or other drug at the time I consulted with the Defendant as certified in paragraph 1 and 2 above, or at the time of execution of this agreement.

DATED this _____ day of _____ 2026.

Crane M. Pomerantz Digitally signed by: Crane M. Pomerantz
DN: CN = Crane M. Pomerantz email = c_pomerantz@yahoo.com C = US
Date: 2026.10.27 16:03:58 -07'00'

Crane Pomerantz, Esq.
Attorney for Defendant Neri Maria Blanco-Cuevas

From: Pomerantz, Crane
To: Behnaz Salimian Molina
Subject: Re: State v. Blanco-Cuevas, C-26-397578-1 - Verification of Agreement to Sign Electronically
Date: Wednesday, October 28, 2026 6:33:04 AM
Attachments: image001.jpg

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Behnaz-

I am confirming both.

Best,
Crane

Sent from my iPhone

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>
> EXTERNAL EMAIL: The sender (BMolina@ag.nv.gov) is external to Clark Hill. Exercise caution with links, attachments, or replies if this message is unexpected.
>
> Good evening Crane,
>
> Please confirm that the electronic signature on the attached agreement is yours and that you authorize me to file the agreement bearing it. I will attach this email exchange to the filing and get it filed promptly.
>
> Thank you,
>
> **Behnaz Salimian Molina**
> Senior Deputy Attorney General
> Medicaid Fraud Control Unit
> Office of the Nevada Attorney General
> 5175 South Durango Drive
> Las Vegas, Nevada 89113
> (702) 486-3126 (direct)
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BMolina@ag.nv.gov

<image001.jpg>

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EXHIBIT 1

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DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, vs. NERI MARIA BLANCO-CUEVAS, ID# 1569727, Defendant.	Case No. C-26-397578-1 Dept. No. 26

AMENDED CRIMINAL INFORMATION

The State of Nevada, by and through legal counsel, AARON D. Ford, Nevada Attorney General, and BEHNAZ SALIMIAN MOLINA, Senior Deputy Attorney General, informs this Honorable Court that NERI MARIA BLANCO-CUEVAS, the defendant above named, has committed the offenses of: one (1) count of **SUBMITTING FALSE CLAIMS: MEDICAID FRAUD**, a Category D Felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a) [NOC 56141]; and one (1) amended count of **OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR UNLAWFUL PURPOSE**, a Category B Felony in violation of NRS 205.463(1) [NOC 50690], in Clark County, Nevada.

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Case Number: C-26-397578-1

Defendant committed said offenses against the State of Nevada, Nevada Health Authority – Nevada Medicaid (Medicaid) in the following manner:

Introductory Allegations

1. From on or about September 1, 2004, forward, Defendant NERI MARIA BLANCO-CUEVAS ("BLANCO-CUEVAS") maintained an agreement with Medicaid to be a provider of services or goods. Under the agreement with Medicaid, BLANCO-CUEVAS is considered a Provider Type 20, which is a Physician, M.D. and Osteopath, D.O. At all times pertinent to these allegations, BLANCO-CUEVAS was the 100% owner, agent, and/or representative of Neri M. Blanco M.D., Inc. BLANCO-CUEVAS was an enrolled provider with Nevada Medicaid's Fee For Service (FFS) and several of Medicaid's Managed Care Entity (MCE) contractors: Silver Summit HealthPlan (Silver Summit), Healthcare Plan of Nevada (HPN), Molina Healthcare of Nevada (Molina), and Anthem. Further, BLANCO-CUEVAS was enrolled with Medicare to provide services to Medicare beneficiaries.

2. At all times pertinent to these allegations, BLANCO-CUEVAS maintained business and/or practice locations at the following addresses, both of which are in Clark County: (1) 4275 Burnham Avenue, Suite 240, Las Vegas, Nevada 89119; and (2) 4441 South Eastern Avenue, Las Vegas, Nevada 89119. At all times pertinent to these allegations, BLANCO-CUEVAS'S business and/or practice locations were where: (1) BLANCO-CUEVAS purportedly provided services to Medicaid recipients and Medicare beneficiaries; (2) claims with Medicaid recipient and Medicare beneficiary information were submitted to Medicaid and Medicare for payment for services purportedly provided by BLANCO-CUEVAS; (3) records for services purportedly provided to Medicaid recipients and Medicare beneficiaries by BLANCO-CUEVAS were allegedly maintained; and/or (4) BLANCO-CUEVAS directed or caused the submission of claims to Medicaid and Medicare for payment.

3. The business license for Neri M. Blanco, M.D., Inc., showed a formation date of January 30, 2006, and the status as active. BLANCO-CUEVAS was named as president, secretary, treasurer, and director of the business. BLANCO-CUEVAS was listed as the

registered agent. BLANCO-CUEVAS was authorized to act on behalf of her business, Neri M. Blanco, M.D., Inc., and had the requisite authority and/or responsibility pursuant to NRS 422.530.

4. Records from Wells Fargo Bank, N.A. (Wells Fargo) list BLANCO-CUEVAS as the Primary Joint Owner of the bank account (account number ending in #7287) into which money was deposited as a result of BLANCO-CUEVAS'S submission of claims for services she purportedly provided to Medicaid recipients and Medicare beneficiaries. BLANCO-CUEVAS had full authority to make deposits, withdrawals, and changes to the Wells Fargo bank account ending in in #7287.

5. From on or about February 1, 2019, through on or about December 31, 2023, Defendant BLANCO-CUEVAS, pursuant to a continuing course of conduct, made and/or caused false claims to be made to Medicaid, Medicaid's MCEs, and Medicare for payment under the Medicaid numbers and Medicare numbers of several Medicaid recipients and Medicare beneficiaries for services purportedly provided by BLANCO-CUEVAS. Through these claims, BLANCO-CUEVAS represented that BLANCO-CUEVAS provided certain medical services on dates when BLANCO-CUEVAS was in another country and, therefore, unable to provide said services as indicated on the claims. BLANCO-CUEVAS acted through the actions of her company, Neri M. Blanco, M.D., Inc., and BLANCO-CUEVAS intended, at least in part, that her actions benefited Neri M. Blanco, M.D., Inc. As a result of the submission of said claims, Medicaid, Medicaid's MCEs, and Medicare made payments to BLANCO-CUEVAS through her company, Neri M. Blanco, M.D., Inc.

6. Further, pursuant to the Medicaid Services Manual, BLANCO-CUEVAS is required to maintain appropriate records to support the claims submitted to Medicaid and Medicaid's MCEs for payment. In response to the Nevada Attorney General's Office, Medicaid Fraud Control Unit's request for records, on March 28, 2024, BLANCO-CUEVAS provided documents that were insufficient to support the claims for services BLANCO-CUEVAS submitted to Medicaid for payment and/or were inconsistent with the evidence obtained in the investigation.

7. As a result of BLANCO-CUEVAS'S actions regarding submission of false claims to Medicaid and/or Medicare, from on or about February 1, 2019, through on or about December 31, 2023, Defendant BLANCO-CUEVAS received a total of more than $100,000 from Medicaid as well as more than $100,000 from Medicare. Said funds were deposited electronically into BLANCO-CUEVAS'S Wells Fargo bank account ending in #7287 or BLANCO-CUEVAS was paid directly via check. In addition to the payments obtained from Medicaid and/or Medicare, BLANCO-CUEVAS also attempted to obtain $100,000 or more from Medicaid and/or Medicare. Payment on these claims, however, was ultimately denied.

COUNT 1
SUBMITTING FALSE CLAIMS: MEDICAID FRAUD
Category D Felony – NRS 422.540(1)(a) and NRS 422.540(2)(a)

8. Paragraphs 1-7 above and the allegations contained in Count 2 are hereby realleged and incorporated herein by reference as if fully set forth in this count and described in detail below.

9. From on or about February 1, 2019, through on or about December 31, 2023, Defendant BLANCO-CUEVAS, pursuant to a scheme or continuing course of conduct and with the intent to defraud, made and/or caused false claims to be made to Medicaid for payment, as detailed below, when Defendant knew said claims were false, and which resulted in payment to Defendant, or an attempt to obtain payment, in an aggregate amount greater than or equal to $650, with submission of claims for each set of out-of-country travel dates, as follows:

Service Dates	Destination	Net Payment	Additional Charges Submitted But Denied	Place of Service
04/05/2019 to 04/20/2019	China	$2,160.60	$10,208.40	Office or Inpatient Hospital
07/18/2019 to 07/22/2019	Mexico	$438.72	$3,286.28	Office
11/25/2019 to 12/03/2019	France	$45,418.19	$171,536.81	Office or Inpatient Hospital
12/26/2019 to 01/04/2020	Dubai	$17,090.66	$107,051.34	Office

Service Dates	Destination	Net Payment	Additional Charges Submitted But Denied	Place of Service
09/15/2021 to 09/30/2021	England	$52,363.10	$229,291.90	Office or Inpatient Hospital
04/10/2022 to 04/17/2022	Tahiti	$5,138.23	$31,471.77	Office
06/02/2022 to 06/20/2022	Canada/ Germany	$5,283.59	$25,516.41	Office
12/16/2022 to 12/26/2022	Colombia	$2,322.66	$9,047.34	Office or Surgical Center
03/13/2023 to 03/18/2023	Iceland	$641.32	$5,908.68	Office
10/22/2023 to 11/04/2023	France	$6,892.38	$37,192.62	Office or Inpatient Hospital

All of which was committed in Clark County, Nevada, and constitutes a Category D Felony in violation of NRS 422.540(2)(a).

COUNT 2
OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF ANOTHER PERSON FOR UNLAWFUL PURPOSE
Category B Felony – NRS 205.463(1)

10. Paragraphs 1-7 above and the allegations contained in Count 1 are hereby realleged and incorporated herein by reference as if fully set forth in this count and described in detail below.

11. Defendant did knowingly and willfully obtain personal identifying information of another person, and with the intent to commit an unlawful act, used the personal identifying information for an unlawful purpose, to wit:

12. From on or about February 1, 2019, through on or about December 31, 2023, Defendant BLANCO-CUEVAS knowingly obtained the names, dates of birth, Medicaid account numbers, and/or additional personal identifying information of Medicaid recipients, as detailed below, and with the intent to commit an unlawful act, namely Medicaid fraud as detailed herein, used the personal identifying information of said Medicaid recipients in order to submit false Medicaid claims and to obtain reimbursement

from Medicaid for provision of services. The Medicaid recipients who Defendant alleged received these services denied receiving these services and/or BLANCO-CUEVAS could not have provided said services, as she was out of the country on the alleged dates of service. Defendant knew that such services were not actually provided. The Medicaid recipients whose personal identifying information Defendant BLANCO-CUEVAS obtained and used for an unlawful purpose, as set forth above, are as follows:

Medicaid Recipient	Medicaid ID #	Date of Birth
M.G.	000XXXXX166	02/XX/1944
R.B.	000XXXXX616	01/XX/1956
R.Q.[1]	486XXXXX003	09/XX/1959
M.R.[2]	000XXXXX371	05/XX/1943

All of which was committed in Clark County, Nevada, and constitutes a Category B Felony in violation of NRS 205.463(1).

All of which is contrary to form, force and effect of the statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Furthermore, complainant makes this declaration subject to the penalty of perjury.

DATED this **21st** day of **October** 2026.

AARON D. FORD
Attorney General

By: */s/ Behnaz Salimian Molina*
BEHNAZ SALIMIAN MOLINA (Bar. No. 13752)
Senior Deputy Attorney General

[1] R.Q. was both older and vulnerable during the alleged service dates.
[2] M.R. was both older and vulnerable during the alleged service dates.