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Fugitive Fraudster Herb Kimble Sentenced to 20 Years for International Healthcare Fraud Scheme

COLUMBIA, S.C. — Herbert Leon Kimble, 60, of Chicago, has been sentenced to 20 years in federal prison for conspiracy to defraud the United States and failure to appear. He was also ordered for forfeit more than $195 million in money and property, and he was ordered to pay the Medicare program more than $199 million in restitution.

Kimble helped orchestrate a nationwide fraud scheme that used offshore call centers and sham telemedicine companies to generate medically unnecessary prescriptions for orthotic braces. His operation recruited vulnerable Medicare beneficiaries through deceptive advertising and then sold their information with signed doctors' orders to DME companies in exchange for illegal kickbacks, disguised as legitimate business payments. The medical professionals involved rarely conducted real consultations and simply signed preselected brace orders to maximize Medicare reimbursement.

Acting as a central architect from the Philippines, Kimble coordinated the procurement of patients and prescriptions and supplied them to DME companies that collectively billed Medicare for hundreds of millions of dollars in fraudulent claims. In total, Kimble caused over $365 million in fraudulent claims to Medicare, of which Medicare reimbursed over $199 million. Kimble personally profited more than $195 million through the scheme. Among other things, he used proceeds to buy a luxury condo at the Shangri-La hotel in the Philippines.

Kimble originally pleaded guilty in 2019 to a broad conspiracy against the United States under 18 U.S.C. § 371. He later failed to appear for multiple court proceedings in 2024, prompting the issuance of a bench warrant. He was placed on FBI's Most Wanted Fraudsters list and days later, he was apprehended in the Philippines. He was returned to the United States, indicted on three counts of failure to appear, and he entered a new plea agreement encompassing both the original charges and the new indictment.

“Kimble targeted vulnerable Medicare beneficiaries, pocketed millions, and then fled the country rather than face justice," said Assistant Attorney General Colin M. McDonald of the Justice Department's National Fraud Enforcement Division. “Today’s sentence proves that fleeing overseas won’t spare healthcare fraudsters from the reach of the Department of Justice. We will follow them across continents and bring them back to face the consequences.”

“Kimble orchestrated one of the largest international healthcare fraud schemes in our nation’s history,” said U.S. Attorney Bryan Stirling for the District of South Carolina. “Today’s sentence underscores the seriousness of his crimes and reinforces the Department of Justice’s commitment to investigate and prosecute those who steal from American taxpayers.”

“This substantial sentence reflects the full force of justice being brought to bear against an FBI Most Wanted Fraudster, “said FBI Columbia Special Agent in Charge Anish Shukla. “It is law enforcement’s responsibility to ensure that federal programs serve the people they are designed to help—not become targets for criminal exploitation. The FBI, along with our law enforcement partners, will use every resource at our disposal to safeguard the integrity of these programs and hold accountable anyone who seeks to abuse them.”

“Healthcare fraud not only drains taxpayer dollars, but it also undermines trust in programs that millions of Americans rely on for essential care,” said Kelly Blackmon, Special Agent in Charge with the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG). “Kimble orchestrated a massive fraud scheme that exploited Medicare beneficiaries and generated hundreds of millions of dollars in false claims. Today’s sentence demonstrates that those who seek to profit from federal healthcare programs through fraud, deception, and kickbacks will be held accountable. HHS-OIG remains committed to working with our law enforcement partners to protect the integrity of federal healthcare programs and pursue those who attempt to exploit them.”

"Kimble’s case proves you cannot outrun justice. From orchestrating a billion-dollar healthcare fraud scheme to fleeing overseas to avoid sentencing, his actions showed a blatant disregard for the law,” said Assistant Special Agent in Charge Richard Gaskins, Charlotte Field Office, IRS Criminal Investigation. “The outcome today shows our commitment to pursuing fraudsters wherever they hide and holding them accountable for defrauding the American people. IRS-CI, along with our law enforcement partners and the U. S. Attorney’s Office, will continue to root out healthcare fraud, recover stolen taxpayer funds, and ensure individuals who undermine the integrity of our nation's healthcare system are held fully accountable for their crimes.”

United States District Judge Joseph F. Anderson Jr. sentenced Kimble to 240 months’ imprisonment, to be followed by a three-year term of court-ordered

supervision. There is no parole in the federal system. Kimble was also ordered to pay over $199 million in restitution to Medicare and to forfeit over $195 million in ill-gotten gains.

On April 7, the Department of Justice announced the creation of the National Fraud Enforcement Division ("Fraud Division"). The Fraud Division is laser-focused on investigating and prosecuting those who commit fraud against the American people. The Department's work to combat fraud supports President Trump's Task Force to Eliminate Fraud, a whole-of-government effort chaired by Vice President J.D. Vance to eliminate fraud, waste, and abuse within Federal benefit programs.

This case was investigated by the FBI, the Department of Health and Human Services Office of the Inspector General and IRS Criminal Investigation. Assistant U.S. Attorney Samantha Usher prosecuted the case.

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