

**PRESS RELEASE**

# Three Sentenced to Prison for Laundering Medicare Fraud Proceeds

Thursday, May 21, 2026

**For Immediate Release**

Office of Public Affairs

Three Florida men were sentenced Tuesday to prison for their participation in a scheme to defraud Medicare and launder more than \$2.2 million in illicit health care fraud proceeds.

- Marco Scamarone, 34, of Tamarac, Florida, was sentenced to 70 months in prison.
- Jose Mendez, 34, of Coral Springs, Florida, was sentenced to 78 months in prison.
- Renee Vazquez, 33, of Tamarac, Florida, was sentenced to 60 months in prison.

According to court documents and statements made in court, the defendants owned and operated two fraudulent durable medical equipment (DME) companies: Braces and Orthotics LLC, located in the Eastern District of Virginia, and Stone Oak Durable Medical Equipment LLC, located in the Southern District of Florida. Between January 2022 and February 2023, the fraudulent DME companies submitted approximately \$6.9 million in fraudulent claims to Medicare for orthotic braces that were medically unnecessary and ineligible for Medicare reimbursement. The conspiracy involved illegal kickbacks and bribes paid to an offshore marketing company exchange for the referral of beneficiaries and fraudulent doctors' orders. The three men conspired to launder the proceeds of their fraud through a series of shell companies under their control or the control of their associates — ultimately laundering more than \$2.2 million in illicit funds for their own benefit and the benefit of their co-conspirators.

In December 2025, Scamarone, Mendez, and Vazquez pleaded guilty to conspiracy to commit money laundering. At sentencing, Scamarone and Mendez were ordered to pay \$2,217,840.35 in forfeiture and \$3,016,324.20 in restitution. Vazquez was ordered to pay \$1,723,773.18 in forfeiture and \$2,249,392.09 in restitution.

Assistant Attorney General Colin M. McDonald of the Justice Department's National Fraud Enforcement Division; U.S. Attorney Jason A. Reding Quiñones for the Southern

District of Florida; Acting Deputy Inspector General for Investigations Scott Lampert for the Department of Health and Human Services Office of the Inspector General (HHS-OIG); Special Agent in Charge Brett Skiles for the FBI Miami Office; and Inspector General Anthony P. D'Esposito for the U.S. Department of Labor Office of the Inspector General (DOL-OIG) made the announcement.

HHS-OIG, FBI, and DOL-OIG investigated the case.

Trial Attorney Claire Horrell of the Criminal Division's Fraud Section and Assistant U.S. Attorney Alexander Pogozelski for the Southern District of Florida prosecuted the case.

On April 7, the Department of Justice announced the creation of the 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.

The Fraud Section leads the Criminal Division's efforts to combat health care fraud through the Health Care Fraud Strike Force Program. Since March 2007, this program, currently comprised of nine strike forces operating in federal districts across the country, has charged more than 6,200 defendants who collectively billed federal health care programs and private insurers more than \$45 billion. In addition, the Centers for Medicare & Medicaid Services, working in conjunction with the Office of the Inspector General for the Department of Health and Human Services, are taking steps to hold providers accountable for their involvement in health care fraud schemes. More information can be found at [www.justice.gov/criminal-fraud/health-care-fraud-unit](http://www.justice.gov/criminal-fraud/health-care-fraud-unit).

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