



# Kyle M. Jones

Counsel

Litigation

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Kyle Michael Jones is a business-oriented litigator helping clients root out fraud, waste and abuse impacting their organizations, particularly in all phases of the insurance industry. His experience managing complex fraud litigation as a former prosecutor and defense counsel gives him unique insight on the best strategies to combat complex insurance fraud.

## Careful planning amplifies zealous advocacy

Kyle has a rare blend of experience investigating, prosecuting and defending allegations of complex financial frauds. This experience allows Kyle to collaborate seamlessly with diverse stakeholders — including special investigation units (SIUs), health care experts, finance and accounting experts, in-house counsel and government enforcement attorneys — to deliver bottom-line results for corporate clients. While the most cost-effective results often stem from early counsel on identifying and preventing fraud, waste and abuse, zealous litigation remains necessary to ensure corporate victims of fraud are justly compensated. Kyle has extensive experience in all phases of complex fraud investigation and litigation, including forensic collections of electronic data, data analytics and e-discovery, civil discovery in state and federal courts, and dispositive motions.

## Representative Experience

- Represent property and casualty insurer in *qui tam* action under the California Insurance Frauds Prevention Act against medical clinic, owners, physicians, and surgery centers. Involves corporate practice of medicine and performance of medical services pursuant to unlawful kickbacks and patient brokering.
- Represent property and casualty insurer in *qui tam* action under the California Insurance Frauds Prevention Act against physician, provider entity, and owner. Involves billing for services not rendered, improperly performed, and not medically necessary.
- Represented the People of the State of California in a variety of criminal cases pursuing felony charges against individuals charged

## Practices

- Health Care Litigation, Reimbursement and Regulation
- Insurance and Health Care Fraud Litigation
- Litigation
- Securities Enforcement Defense
- Securities Litigation
- White Collar and Internal Investigations

## Education

- JD, University of Southern California Gould School of Law
- AB, The University of Chicago

## Bar Admissions

- California
- District of Columbia

## Court Admissions

- US District Court, Central District of California

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with committing health care insurance fraud, including several cases focused on the drug treatment and sober living industry within California's "Rehab Riviera."\*

- Represented multinational conglomerate in international arbitration concerning the dissolution of multibillion-dollar joint venture.\*
- Represented financial services company in confidential arbitration against a broker-dealer regarding a dispute over custody of cryptocurrency and related assets available on electronic trading platform.\*
- Represented public company officers in derivative shareholder actions alleging breaches of fiduciary duty and PSLRA litigation.\*
- Represented auditing company and individual auditors in U.S. Securities and Exchange Commission investigations and enforcement litigation filed in federal court.\*
- Represented auditing company and individual auditors in private litigation filed in multiple state and federal jurisdictions alleging fraud- and negligence-based causes of action.\*
- Represented numerous individuals, investment advisers, and other financial services companies in investigations and enforcement actions undertaken by the U.S. Securities and Exchange Commission, the U.S. Department of Justice, FINRA, and various state agencies regulating securities and financial transactions.\*

\*Experience prior to Katten