

## HEALTH CARE FRAUDS

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### **ABSTRACT**

Fraud is defined not defined under Indian penal code 1870 but it is defined under Section 17 in The Indian Contract Act, 1872, as the action done with the intent to deceive or cheat is generally known as fraud. Moreover 'fraud' is joined with the term 'healthcare' which is associated with the professions who are designated to protect people from disease and give them healthy advice and treatment. Healthcare fraud are kind of white collar crimes which means knowingly deceiving people for any kind of benefit which can be monetary or non- monetary. The term fraud is often confused with the word 'abuse' which means taking undue advantage of one's position and getting extra benefit which he was not entitled.

There are different kinds of healthcare frauds such as kickback, impersonation, accepting fake documents, back dating, fake claims etc. however the major head dealt under healthcare frauds are medical frauds, insurance frauds, drug frauds etc. These Different frauds are explained under various provisions such as drug fraud is explained by its sub part under organ transplantation act.

Every provision deals differently with the fraud and have different penalty provisions. For making it more clarify, various case laws have been discussed which helps to analyze the situation and implication of enacted provision. Furthermore, the term 'fraud' is misused with term 'mistake', hence it realized the need for differentiating the both terms.

Before penalizing anyone for the offence, there is need for proper investigation which is done by The Federal Bureau of Investigation (FBI). FBI works with other agencies at federal as well as local level and on the basis of their investigation they draw a report and on the basis of that report, the final penalty is being imposed and the person will hold liable.

Countries apart from India are achieving their motive of controlling fraud by enacting laws in favor of their objective. Reference of law from foreign country seems helpful for aiming to our goals.

This paper would be incomplete if we will left the issue by discussing on its problem only and to make it complete we need to discuss its solution and recommendations. At last, various solutions are suggested by which we can avoid and prevent healthcare frauds.

**KEY WORDS:** Fraud, Healthcare fraud, medical frauds, insurance frauds, drug frauds, FBI.

## **HISTORY**

Present healthcare system regulations and policies are completely originated from the Bhole Committee Report, 1946 made by the Health Survey and Development Committee as the landmark report. This committee recognized the basic principle where it was laid that there should be less role of private healthcare and more public healthcare. Moreover, bringing equality in services for urban and rural areas where labors are placed under government expenditure for their health service. The objective behind this was to make the healthcare service independent of the socioeconomic condition of the person.

However this was affected by disadvantage of public sector which fails to cover wide range and provide quality service. As the resources and funds are limited with public healthcare institution hence they failed to provide best services and on the same cause, private healthcare institution preceded it. This was the reason that there are many private healthcare institution and people are attracted towards it rather than going with public healthcare institution.

After the report of 1946, National Health Policy of India<sup>1</sup> was formulated in 1983 which aimed to provide healthcare services to all and cover every possible area with the help of healthcare volunteer, establishing networks and facilities, to provide the basic healthcare services by the year 2000. The amendment was introduced in the year 2002, whose main agenda was to bring decentralization in the area of healthcare and increasing the role of private sector as to provide services at best. This amendment was effective as it introduces and encourages the use of ayurvedic, unani and other such medicines which are termed as non-allopathic form of medicines or homopathic medicine.

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<sup>1</sup>MOHFW National Health Policy. New Delhi Ministry of Health and Family Welfare, Govt. of India 1983.

India has a federal system and due to this health matter is controlled and regulated by both union and state government. At national level, there is The Union Ministry of Health & Family Welfare who is responsible for programs and plans at national level for improving and encouraging health services such as National AIDS Control Program and Revised National Tuberculosis Program. On the other hand, state oversees the activity at their state level like checking the sanitation facility, providing public service etc.

### **WHAT IS HEALTH CARE POLICIES**

Healthcare means services related to health which includes medicinal, treatment, diagnosis etc. this is professionalized service which is provided by only people having special knowledge and sometimes general public even have no knowledge if they are getting fair service by paying for best service.

Health system is not equally provided to all people or it can be understood by saying that it is twofold criteria where at one end there is rich population who don't bother to pay extra for little service and at another end it is rural area which has poor people who can't even afford basic health care.

'Health' is the matter under state list<sup>2</sup> where central can issue guidelines but at last it is state government which implements the suitable guidelines.

### **MEDICAL FRAUD:**

Health sector is the major trusted sector which is constituted by combining all the finest talent as it consists of the professionals who are experts in saving the life of others. These are the people who serve the society and get the most respect from the society irrespective of the monetary benefits they receive in exchange. Unfortunately the condition has been changed and the trusted professionals took disadvantage of the blind trust of the society by making more money and getting undue favors from the people who are in need.

In white collar crime there is mere financial loss but medical fraud is completely opposite to that and it not only causes physically injury to victims but also some financial loss. The doctors who have the domination position, generally dominates the patient and earn more money from them irrespective of the level of services.

Earlier this area was neglected as the patients who are in need, generally focused on recovery but now the medical fraud which is committed by various healthcare institutions, facilitators or providers are challenged and people are getting aware about the same.

Recently in 2021, the incident took place in Uttar Pradesh where due to the negligence of the doctor, 21 people got infected with HIV as the doctor use the syringe contaminated with HIV, to the other people.

Insurance companies are the one who are highly affected by this fraud as today, everyone has their medical insurance and it is the insurance companies who have to pay all the expenses for the patient.

Assessment was done by the Affordable Care Act (ACA) and it was reported that between the 2016 to 2021, the rate of growth of healthcare fraud is almost 6.2% per annum.

It was highlighted that people who represent themselves as doctors are not even qualified up to the secondary level of education and they have the fake identity for earning money from the people. It was reported by the world health organization that approximately 31.4% of the Indian doctors who claim themselves as allopathic doctors, don't even have the school passing certificate. Moreover 57.3% of the doctors, dot have the real doctor degree. People now purchase the degree and set up their clinic with that fake degree. This is an clear indication that fraud is committed on the innocent people in broad daylight and no one is stopping them.

There is need of the hour to stop these frauds and to take appropriate step for the same. The awareness must be arose in the general public as they are the ones who are the victims of this crime. Apart from the victim, there is duty on the government also to enact proper rules and regulations to protect the interest of the society and the public at large. Under the article 38 of the Indian constitution<sup>3</sup> which state the directive principle of state, established that state has the duty

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<sup>3</sup>Constitution of India 1949.

of protect the interest of the society by maintaining the social and economic level and ensure that there would be no inequality against them. by mentioning the economic, it is clear that the state has the duty to interfere in the service of the doctor as it is the part of the economic.

Opportunistic looks for every possible chance to loot the public and there are various factors which contribute in the fraud. These are:

- Finding location for setting up the fake hospital or clinic is much easy and accessible for everyone.
- People find no difficulty in getting the fake boards and hoardings.
- With money, these people even save the legal formalities. In other words, by bribery they even purchase the people for themselves.
- People nowadays are so desperate for their treatment that they don't even notice the high bills and incorrect diagnosis.
- People usually consider the extra or additional tests/ medicines as for their health care concern which in reality is mistake on the side of the fake doctor.
- As the insurance claim is very common and people generally worry less about the bill of their treatment which makes the hospital to charge extra and unnecessary. This kind of crime is also committed by pharmacists as he gave medicine at extra cost and than share the profit with the doctor who recommends that medicine.
- The protection can be provided by upgrading the technology like biometric registration, security systems and having the public domain at easy accessible level.

There are various ways by which the healthcare frauds can be prevented and for that state and the general public needs to join their hands together. There are some suggestions by which it can prevented like:

- Take advice from that doctor only who has biometric identity and before visiting any doctor check and verify their degree with all the copies.
- Do not believe on any source on which they uploaded their degree but verify it on the authenticated website only. There are various sites which are government verified and approved sites. The patient must be aware about those sites and take his decision responsibly.

- If any patient has any doubt regarding the authentic of the doctor than he has the liberty to confirm the details of the doctor from his university or the college.
- The government should take step to aware the patient about the fake doctors and current news regarding the frauds, so that all other patients get aware about the same.
- Government hospital should be updated in every district so that patient can go there without any second thought and the government should have the complete responsibility regarding the authenticity of the doctors present there.

### **HEALTH CARE FRAUD AS VERY GRAVE OFFENCE<sup>4</sup>:**

Similarly like the other industries, fraud is also present in healthcare sector but there is some difference between the fraud at the industry level and at the healthcare sector. There are various factors which make the health care frauds more powerful like insurance company pays of the money and many extra bills goes unnoticed etc.

#### **❖ Common type of Medicare frauds:**

Medical frauds have the areas like wrong diagnosis or the charging for service which was never rendered. Apart from this, there are many other ways too by which fraud has been committed in health care, these are:

- **Upcoding:** this is the major and the most common type of medical fraud, where the amount stated in bill is extra ordinary and the price is charged for services/ treatment which was not even provided. This fraud can be inferred by the actual position of the patient and the diagnosis stated in the bill.
- **Misrepresentation:** This type of fraud has been committed when there are some inner services provided by the doctor, for which the patient is not generally aware. For example in any kind of cosmetic, doctor usually charges for service which are not even rendered like in cosmetic surgery they do surgery for nose only but they end up charging for whole

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<sup>4</sup><https://www.outsource2india.com/Healthcare/articles/healthcare-fraud-abuse-needs-attention.asp>

face. Their main objective is to thug the insurance company and get paid even or the treatment which they never treated.

- **Unbundling:** This means that separating the whole treatment in various parts with the intent to charge differently with different treatment so as the bill looks lengthy and the total amount of the bill would be more. Charging every small step from admitting into the hospital to drinking water there, it can cost huge to the patient and then this burden will be transferred to the insurance company at last.
- **Doing unnecessary treatment:** it is also possible that doctor gives them unnecessary treatment just for charging them for more. For example doctor advised various tests to the patients and medicines which were not even necessary for his health.
- **Medical identity threats:** fake doctors get fake degree and innocent people who don't check or verify the degree believes on it and became victim of their fraud. It may also happen that the name of the person gets stolen by any other person and he personates himself as doctor. These have the bad financial fraud impacts.
- **Health care criminal group:** the counting of fraudsters is increasing at alarming rate. Currently it has been noticed, the law agencies or health insurers have seen crimes from illegal drug trafficking shifting to safer option which is the fraud against the innocent patients and the private health insurers and its companies.

There are various private and public establishments such as national health care anti fraud association which is nonprofit organization, these establishments' focuses on prevention of fraud and prevent the health care institution to harm the innocent patients. These establishments create awareness among the public and the private sector and encourage them to take step against the fraud by examining, identifying and protecting the medical fraud. They try to combine the efforts of the private insurance payers as well the innocent patients. Businesses should indulge themselves in registering their business and other related activities with the entire legal document so that the person will be ensure about its legality before getting indulged into that.

It is noted that impact of financial is just a part of the health care fraud and it has other faces also. This fraud impacts the human face at large level and they are the ones who suffered the most. Humans get affected as they get indulged into unnecessary medical practices and have to follow a lengthy procedure which takes a lot of time, even if it was not necessary. Many genuine

patients are explicated by these criminals only for the sake of money. Due to these factors, we have noticed the deficiency in the high federal budgets in healthcare costs as well the downfall in the sustainable growth. Healthcare fraud is considered as the huge problem at the state as well as national problem and there is burden on the government to have control on this.

### **MEDICINAL CRIME UNDER IPC 1860**

The crime done by the doctors doesn't go unnoticed but they are punished under various act, like their actions can be called as cheating and hence made it punishable under *section 420* of Indian Penal Code 1860. Moreover the term fraud which is defined under *section 25*, is also punishable under IPC.

Indian penal code defines cheating under *section 420*. It states that any action which is done to fraud or deceive the other person for getting something or altering, than that action would be termed as cheating which is punishable under *section 417* of the Indian penal code. By this definition, it can be inferred that the practice by the doctors where they report false sickness or unnecessary medicines for getting more money, their action will completely fit under the definition of cheating under IPC.

In case *ShriBhagwanSamardha v. State of Andhra Pradesh*<sup>5</sup>, the apex court held that when someone requests somebody for treating their illness and when on the other side they accepted the request on the consideration of money but failed to give results than that would be fraudulent representation which will be punishable under *section 420 IPC* and punishable with imprisonment which can go up to 7 years.

Medical fraud has been committed by using false certificates or false authority which the person never intended to give this kind of fraud can be punishable under *section 471* of the Indian penal code which states punishment for forgery. Forgery has been defined under *section 463* of Indian penal code, as the documents or electronic records<sup>6</sup> which are falsely created or altered with the intention of deceiving, causing damage or claim title from the innocent person. For example,

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<sup>5</sup>AIR 1999 SC 2332

<sup>6</sup> After the 2000 IT act



when the person shows his false medical certificate which was made with the intent of fraud or claiming title which they ever had, that will be termed as forgery and will be punishable under Indian penal code.

### **IS MEDICAL PROFESSION SERVICE OR BUSINESS:**

Fraud has been committed because the professionals view it as the business and not the service. If they would view their services as the service for the society and they never charge over there bill or additional treatment even if it was not required.

If we consider this as the business than this should be for the welfare of the people. Also as per the various acts, it is laid that the statue must perform for the welfare of the people at large and not for the purpose of mere profits. If any business which goes against the interest of the society and doesn't have concern regarding the welfare of the people than that business will be termed as the illegal or unwanted and it can be established that business would be restricted under the power given by the Indian constitution.

Article 19 which is the fundamental, right states the reasonable restriction under *clause (6)* by establishing that business which is not good for public at large, that would not have fundamental right under *article 19(1)(g)* and those business can be restricted.

As we are talking about the Indian constitution, different specific provisions are made punishable under various acts also. Such as petty offences are punishable under Indian penal code as we discussed before and apart from that there are other specific areas also which the result of the development is. These specific legislations are:

- **Drugs and cosmetics act, 1940:** the major object of this act is to regulate the sale, manufacturing and importing of the drugs within the territory of India. Before circulating any drug, these are property tested under the central drugs laboratory under section 6 and if any drug seems to be unsafe or damage to public than central government has the power under *section 10A* to stop the import of that unsafe drug. Expanding the scope of power of central government, under *section 26A of the 1940 act* they can even declare the stop o the manufacturing of such harmful drug. Hence it is established by this act that there is

control of the circulation of the drug and central government has much power to control the circulation of unsafe drugs.

- **The dentist act, 1948:** this act is very much specific to the field of dentist, regulates the function of dentist and prevents them to indulge into any kind of malpractices. The dentist needs to register his name and identity into the register of the state council before serving the society as his identity and eligibility will be verified. Section 41 of the same act states that if any dentist indulges into any malpractice or any act mentioned under *section 17* then he can be removed from the enrollment by the state council and will suffer the other consequences under *section 49* such as imprisonment for 6 months or fine up to rs. 500 and on subsequent action the fine will be up to rs. 1000. *Under section 48*, state council has the absolute power and their decision can't be challenged even in the court.
- **The drugs and magic remedies act, 1954:** this act prohibits the advertisement which shows the remedies which are of magical nature. Such as under *section 3* of the same act, the drugs are prohibited from advertisement which encourages the miscarriage, mitigation or such other diseases. It further states that whoever violates the direction, will be punished and gets imprisonment up to the 6 months and on the subsequent conviction, his conviction can go up to 1 year.
- **The medical termination and pregnancy act 1971:** the main reason of the act is to control the rate of abortion. Before the introduction of this specific act, the cases for miscarriage was punishable under *section 312 IPC* which is the general provision but now we do have specific provision regarding the same. This act clarifies the situation when the abortion will be crime. For instance, if the abortion has been done for the purpose of saving the life of the mother than that abortion will be legal. For terminating pregnancy in certain circumstances there are certain situations and procedure which need to be followed. There is no relevancy of consent of the parents in the act of termination if it is done with other purpose which is not permitted and even the parents can be punished under the same.
- **Transplantation of human organs 1994:** the major objective behind forming this act is to control the organ trade, where the person donates his organ for getting money or merely for the purpose of business. Organ transplantation is generally moral work but it

will be crime if it is done without the consent or if it is done with the intention of business. Many doctors are indulged in this crime as they have the easy access to the organs of the patients and report<sup>7</sup> states that many doctors have been arrested for the same.

In *2016 Thakur's case*<sup>8</sup>, the court observed that poor people are coerced for their organs as they the money for their organs. In this case one poor man was operated by the doctor with the intention of the business but the Mumbai police successfully prevented that transplantation. It can be said that this bans the commercial organ donation because there are instances where the middle man who is the donor works even going against his will only for the sake of money.

- **The Indian medical council act 1954:** this act is formed with the object of dealing with latest technology medicines which is the complete scientific matter. The Indian medical council and state medical councils have been set up for regulating the affairs at national as well as state level. They verify the person who gets the certificate from the university and checks if they are not committing any fraud. *Section 9* of this act states that any committee can be formed for the specific purpose which seems essential by regulating the affairs. By the authority of this section, it can be inferred that anti quackery committee can be formed for controlling the quackery.

### **OTHER KIND OF CRIMES**

- ❖ **Bribing of doctors:** it is a common practice where doctors suggests unnecessary lab test and get kickback or commission from it. In this current phase, doctors don't really prescribe the medicines on the basis of quality or price but they prescribe the medicine from the vendors who pay them more commission and that is the reason why doctor rarely pay attention towards the benefit of the patient. It is true that big pharmaceutical companies are bribing the doctors by offering them good expensive holiday packages, travelling concessions, food vouchers, shopping offers and other family benefits. Big

<sup>7</sup>Annie todd, (10 June 2019, 18:11) India: Doctor Arrested in Illegal Kidney Transplant Case, <https://www.occrp.org/en/daily/9908-india-doctor-arrested-in-illegal-kidney-transplant-case>.

<sup>8</sup>Manekarao, (Dec 14, 2017 · 02:30 pm )<https://scroll.in/pulse/861390/indias-laws-on-organ-transplants-to-little-to-protect-rights-of-organ-donors>

companies are getting successful in purchasing the doctor and doctor failed to serve the society.

- ❖ **Cheating by doctor on patients:** generally in government hospitals, doctor prescribed the medicines as per the requirement of the patients whereas in private they rarely pay attention to the benefit of the patient. It is very common nowadays that doctors are avoiding normal delivery of baby and they are preferring only caesarean delivery for earning more from the surgery and room rent for more days in addition to the more expensive medicines and treatment. *In case Manoj Pankaj Rai V. State Of Karnataka*<sup>9</sup>, here the wife of the plaintiff was suffering from the kidney ailment and doctor took her for the surgery without the permission of the family. The result of the surgery was negative where the wife of the plaintiff failed to survive and the plaintiff had to pay Rs. 8.25 lakh as the expense of the surgery. After the inspection it was found that the hospital didn't have the license for surgery of kidney. The court established that the hospital operated without the license and consent of the deceased. This was the clear scenario which showed that doctors indulge in every practice for making more money.

### **SOLUTIONS FOR FRAUD AND ABUSE**

It is difficult to differentiate between both the terms: fraud and abuse and for differentiating it we need to analyse more records and documents. For proving the fraud, there is a need to prove that actions were committed willfully, intentionally and voluntarily. For making the action as fraud, it must be committed over a number of patients over time. This means that an action which is in continuation and covered many patients that action will be fraud and the action which is limited to 1-2 patients, that will be abuse of the power. For example, the case happened in Florida where the fraud was continuing over six years in the hospitals which covered lakhs of patients as the hospital committed 3080 false procedures.

It can be established that it is difficult to stop the individuals who commit fraud but there are other ways by which the fraud can be detected which can be present or future. There are four solutions suggested for the same:

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<sup>9</sup>Ritesh Kumar Singh, (Thursday, 11 August 2016), <https://indiankanoon.org/doc/151735876/>

- Training and education:
- Computer assisted coding
- Monitoring of fraud and abuse
- Data mining and data modeling

**TRAINING AND EDUCATION:** the foremost condition is to learn coding so that the person can correctly identify the patient's condition after examining all the records and analyze the file. This analyzing of file will provide the quality care to patient as well help in detecting the fraud. There should be proper educational sessions for teaching this kind of coding where the students must be taught about the repercussions of the over coding so that they can avoid the same from the first instance. Under this training session the students will be taught about all the kind of documentary level and will learn the tricks for analyzing the same in shorter time period. For ensuring the right applicability of the same, the committees for staff coding and corporate will be formed who will set the standards and protocols which will include the standard abbreviations, documentation which are necessary for medical purpose. This committee will be constituted by following proper procedure which will consist of compliance officer, health information management staff, nurses, physicians, financial department and other essential staff.

In addition to the committee it is also necessary to have the external experts who will have the unbiased opinion on the guidelines and protocols.

**COMPUTER ASSISTED CODING:** it means that using computer software that will automatically generate the medical codes which are for review, validation and for any other documentation purpose by the medical practitioner. This coding system will help to track the records and reduce the frauds. Building the health system on sound technology is always a good idea. CAC is a good tool for promoting health services which are not providing fraudulently. It will be good tool for assisting the healthcare entities and further it provides the support and provide prompts documents for inspection.

**FEDERAL ENFORCEMENT OF FRAUD MONITORING:** one of the most effective method to control the fraud is by imposing penalties which are strict and difficult to avoid. It is the matter of 2007 in US where by the initiative of the government, 878 criminal fraud investigations were completed and approximately 434 fresh cases were filed. By making the action penalized, the government in 2008 collected almost 1.8 million from the offenders.

**DATA MINING AND DATA MODELING:** it is noted that in the act of fraud, several actors are involved who work together for long period of time. Fraud is very complicated transaction which can be traced from every single transaction. From the latest technology it is very difficult to detect such kind of fraud as the technology made easy to hide the transactions and make it appears fake. For detecting such kind of offence, help of the experts are required who have expertise hand on these resources and they can easily detect the same but the small cases are avoided for referring the experts because the fraud is of less value and mostly the case is doctors became greedy or they made mistake.

Date modeling and data mining is very effective tool for detecting the fraud and this tool is mostly used for detecting the consumer fraud and provider fraud. These are the two kind of frauds which are often committed and they make millions of loss every year.

Automated data mining helps the organization to have the valuable insights and patterns for analyzing the fraud, if present in the organization. Moreover the statistical tools are used for study the pattern of fraud and covering it before happening of the loss.

### **THE FEDERAL BUREAU OF INVESTIGATION**

For investigating the offence there is specific investigating agency that is expert in this field and solely focuses on these kind of offence only. The objective of the agency is to complete the investigation with the expert knowledge and in short span of period by giving expert report at last. This agency has past experience in the field which will help in resolving the fresh cases.

FBI is the primary investigating agency for the healthcare fraud which has the jurisdiction over the federal as well private insurance programs and non insurance matters. FBI works with different department like state, local enforcement and centre of Medicare services, for making the work faster and simpler as they can give more realistic information to the agency on which they will work.

FBI field office includes the regulatory agencies, health enforcement agencies, prosecutors and other industry professional which will help in identifying the crime. With the aim of preventing the public, these offices has targeted the many clinics, pharmacies, medical equipment provider, health agencies and other sources through which fraud can be committed throughout the country. The offices analyze the transactions of these sources and keep an active eye on their movement.

This agency can be further divided into local and national investigation agency, depending on the level of fraud and facts of the case. The department of Justice/Department of Health and Human Services Health Care Fraud Prevention and Enforcement Action Team, which is also known as HEAT was enacted in 2007 and currently it is operating in seven cities through the country.

FBI cooperated with other department and other agencies, so as to help them in serving the civil and criminal action if anything is attached to the same. It generally focuses on hospitals and cooperation as they are the large unit who indulged in huge amount of fraud by engaging themselves in criminal activity against the government. After the investigation, all the illegal proceeds are seized so as to prevent them from unlawful benefit. Also depending on the facts of the case, if the matter is not very serious than after the seizure of the proceeds the civil settlement will come to end with forfeiture of the proceeding. After the conviction of the offender, FBI directs the regulatory agencies and state agencies for excluding the convicted person from participating in the future Medicare facilities or any health care services.

FBI focused its research on action of doctors where they even risk the life of patient for earning more from the patient and the statistics showed that 7 out of 10 tests are conducted unnecessary and 60% of the medicines suggested are useless for the health of patients. Even the doctor voluntarily delays the treatment of the patient for making his situation critical and to make more money by giving him critical treatment with more expensive tools and medicines.

There may be instance where the fraud is committed by doctor involuntarily or unknowingly and for protecting such innocent physicians, the inspector general from the department of health and human services has issued some recommendation which can help the physician. These recommendations are:

- By having the frequent internal monitoring of the functions and auditing through the performance.
- Implementing all the compliances carefully and practicing all the standards and protocols.
- Providing assistance to compliance officer for monitoring all the compliance.
- Conducting of training program on the standards and procedures.
- Responding on time and in required manner whenever asked by investigating authority.
- Disclosing the incidents to the government authorities.
- Developing good form of communication which includes open line of communication having open discussions at staff meeting and using community bulletin boards.
- Ensuring the public disciplinary standards.

### **CONCLUSION**

Health care fraud is a serious offence which has the punishment under both civil and criminal law. The only difference between both the kind of punishment is the nature of punishment which can be jail or fine.

This is unavoidable offence which can result in lengthy punishment in jail where a conviction for fraud can result into 10 year imprisonment for each offence or can also include fine. Moreover if during the course of that fraud, if there is any bodily injury to any patient who is the victim of fraud than the offender who is a doctor here will be imprisoned for the 20 years.

This is a high time where this kind of fraud needs to be stop as many people are losing their loved ones and also lot of money just because of the greed of the doctors. We have good technology which can be used in analyzing and preventing the fraud even before its happening.



There is specialized agency for investigating the health care fraud and giving more powers to that expertise agency is the need of the hour. As per the current statistics if this will keep increasing then the honest doctors will be covered from the fake ones and all the innocent patients will die because of disease or of the negligence of the doctor. All the documents of the patients as well as the doctors at the time of treatment must be verified thoroughly for preventing any kind of confusion and future hindrances.

There are much legislation which talk about the health care fraud but still there is some ambiguity in the same which need to be pointed and resolved.



**BRILLOPEDIA**