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# Family Finance

## How to prevent misuse of your health insurance policy

n India, there is rising awareness about the benefits of having a health insurance policy. Not only does it provide a financial cushion during any health exigency, but it also helps people availing it, have peace of mind by guaranteeing a dignified hospital experience. While this is the case in 99% of the stories, sometimes things go a bit awry, when nexuses compris ing of hospitals, professionals, officials and fraudulent individuals operate to dupe customers or convince them to be a part of the fraud through deceitful

Since there is a rise in such practices. as customers you need to be aware of the trends that these fraudsters deploy to take advantage of the benefits offered by an insurance product. Multiple practices have been developed by these fraudsters who can be a nexus of professionals - like lawyers, doctors, hospital staff and many times insurance agents and brokers. Here are a few fraudulent practices that you as customers can be ill-advised to take:

- 1. Admitting someone else under your health insurance policy
- Buying health insurance for your de-ceased relatives to gain monetary benefits 3. Non-disclosure of pre-existing dis-
- 4. Getting admitted into hospitals blacklisted by the insurance companies
- Getting over-charged for the same medical services since you have an insur-

ance policy Given the low awareness around insurance products and practices, people are often drawn into such malicious schemes. They are convinced, that the fraud will never be caught since insurers do not have any detection mechanisms in place. But given the influx of technology, insurers today have fraud triggers based on past claims experience that automatically point towards any suspicious claims case. This helps them to curtail the flow of public money, into the hands of such fraud-sters. Insurance firms also have intercompany platforms where they inform each other of fraud triggers from a particular region or hospital or third-party aggregator. Once caught, an FIR is filed against the entire nexus, and adequate action is taken against them in the courts of law.

It is hence of utmost importance to understand how to avoid falling prey to such situations, and if you come across



### Where can you find the information?

- Media
- ■Insurer's website
- Hospital TPA desk
- Government and Law Enforcement agencies
- Insurance Regulatory Development Authority-IRDA

  Third Party Administrators

  Corporate HR

#### How to report fraud?

- Call the insurance
- Lodge a complaint with the regulatory body
- Financial fraud report to the Law enforcement agency

any, what your course of action should be. Here is a brief checklist for you to understand your role in staying aware and curbing such fraudulent practices.

Health Insurance is a growing field of interest in India. Several professionals like doctors, lawyers and social activists fight for the rights of the individuals to help them secure dignified healthcare. Health insurers, liaise with hospitals, the Government and other agencies to bring this service to customers in the most seamless manner possible. Hence, as customers

### What you can do to avoid the Trap?

- Check if you have correct policy details by calling the insurance company
- Keep all your contact details like phone number and email ID updated in the policy
- If you get any SMS about the policy and it does not pertain to you, call the insurer and inform immediately
- Identify the nearest network hospital from the insurers list.
- Carry your insurance card with you all the times.
- Declare your existing policies & preexisting diseases
- Make sure your family is aware of the policies you have

and responsible citizens, we need to be aware of not only the benefits of having a health insurance policy but also of the social good it brings to society. Hence, awareness and a strong alliance between you and your insurance company, are the two means through which you can strengthen this social security tool agains the weakening forces of fraudulent individuals and institutions. (The writer is Head – Investigation and

Loss Mitigation, Bajaj Allianz General Insurance)