Reporting Fraud

If you suspect medical fraud activities and/or are prescribed unnecessary treatment, contact your insurance company or NICB immediately.

Anyone with information concerning insurance fraud can report it anonymously.

- **Call 800.TEL.NICB** (800.835.6422)
- **Submit a form online** at www.nicb.org/reportfraud

Headquartered in Des Plaines, Ill., the NICB is the nation's leading not-for-profit organization exclusively dedicated to preventing, detecting and defeating insurance fraud and vehicle crime through data analytics, investigations, learning and development, government affairs and public affairs. The NICB is supported by more than 1,300 property-casualty insurance companies and self-insured organizations.

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How To Prevent Fraud

The National Insurance Crime Bureau (NICB) recommends you consider these tips to avoid medical fraud schemes:

• If you’re involved in an accident, be cautious of attorneys or people who allege to be insurance representatives and immediately solicit you for treatment at a medical facility. In some states, it is illegal for an attorney to approach victims at an accident site.

• Check your doctor’s and/or attorney’s credentials. Before seeking medical treatment or legal counsel, contact your state medical license board or bar association for information on physicians and attorneys.

• Watch for referrals. Attorneys involved in medical mill operations often insist that an accident victim seek medical treatment from a specific doctor.

• Don’t be talked into an injury. Be cautious if your doctor prescribes unnecessary treatment for minor injuries. Seek a second medical opinion.

• Talk to your insurance company. Maintain and provide records of your office visits and medical treatments to your claims representative, who can compare them to medical bills to uncover potential discrepancies and avoid unnecessary payments to dishonest medical providers.

Medical fraud is a significant contributor to our nation’s insurance fraud problem and threatens our health care system.

Crooked physicians, attorneys, and patients commit insurance fraud by submitting false and exaggerated medical claims to insurance companies. We all pay the price for these crimes, and that’s a bitter pill for us to swallow.

Fraudsters will commit crimes that involve clinics that pay patients to participate in staged accidents and submit false medical claims to insurers; then health care providers falsely bill patients for services never rendered.

On the surface, it may look like a medical clinic that legitimately treats patients.

Common Medical Mill Forms

Fraudulent Physician — The fabricated doctor will fake his or her credentials, the bills, and the office itself. These offices contain little or no medical supplies and rarely prescribe actual treatments.

Double-Dipping Doctor — While this type of medical mill provides health care services, treatment methods are frequently excessive, redundant, or unnecessary. Patients are overcharged for services or billed for treatments never rendered. The doctor submits the bogus treatment claims to insurers for payment.

Inflated Billing — The most common type of medical mill is a health care provider who purposely miscodes diagnoses and inflates bills to get more insurance money.

Unscrupulous legal providers can also become involved by sending patients to corrupt doctors or knowingly representing accident victims who file false and padded insurance claims.

Some health care facilities are just fronts for a growing wave of medical fraud crimes. Organized criminal enterprises committing fraudulent health care billing are called medical mills.