

**report insurance fraud to:**

San Diego County District Attorney's Office  
Insurance Fraud Division  
330 W. Broadway, Suite 700  
San Diego, CA 92101  
(619) 531-3749 or (800) 315-7672  
SFCSanDiego@sdca.org

and/or

California Department of Insurance  
Fraud Division  
10021 Willow Creek Rd., #100  
San Diego, CA 92131  
(858) 693-7100 or (800) 927-4357

The District Attorney's Office will provide speakers to interested groups who wish to learn more about insurance fraud. You may also obtain additional copies of this pamphlet. Please call our office to make arrangements.

**DON'T DO IT.  
DON'T TOLERATE IT.  
REPORT IT.**

San Diego County District Attorney  
330 W. Broadway, San Diego, CA 92101



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**HEALTHCARE FRAUD**



**it costs more than you think**



**San Diego County  
District Attorney**

### *A Message from your District Attorney:*

*Healthcare fraud is a growing industry. The General Accounting Office estimates that healthcare fraud, waste and abuse may account for up to 10% of all healthcare expenditures, which now exceed \$2.7 trillion each year. This means \$80 billion may be lost in fraud, waste and abuse annually.*



*The San Diego County District Attorney's Disability Healthcare Insurance Fraud Unit focuses on prescription, healthcare and disability fraud. Our team of professionals works closely with the California Department of Insurance to improve public awareness, deter potential defrauders, and proactively investigate and prosecute fraud.*

*You can help prevent and stop fraud: report suspicious activity and if you are billed for services not provided, contact your insurance company immediately.*

*This brochure highlights fraud scams you may encounter in workers' compensation, auto insurance and healthcare fraud.*

*I urge you to help our community by reporting this fraud to the District Attorney's Office and the California Department of Insurance.*

**Summer Stephan**  
District Attorney,  
San Diego County

### **How Does the District Attorney Protect Against Healthcare Fraud?**

The District Attorney's Office maintains an Insurance Fraud Division, which is responsible for filing criminal and civil charges after an investigation establishes fraud. District Attorney Investigators can do independent investigations or work with the California Department of Insurance. Our office assigns a prosecutor who follows the case from the initial stage through to completion.

Founded in 2005, The Medical and Legal Insurance Fraud Task Force works closely with federal, state, and local law enforcement to investigate and prosecute medical and legal professionals engaged in insurance fraud.

### **What is Healthcare Insurance Fraud?**

Healthcare Fraud occurs when a medical or legal provider of a service lies to obtain payment or reimbursement they are not entitled to receive.

Healthcare Insurance Fraud can also occur when an individual, during a Workers' Compensation, automobile, disability, or other medical case, lies to obtain payment or reimbursement for injuries or care that did not occur.

### **What Kind of Healthcare Fraud is Prosecuted?**

**Billing Fraud** – Occurs when bills are inflated by a medical facility, doctor, chiropractor, laboratory, or when an insurance company is billed for a service or product that was not given.

**Tax Evasion** – Providers that intentionally do not report all of their income and payroll.

**Identity Theft** – Using someone else's identity to secure or pay for health care benefits.

**Disability** – False claims submitted against a temporary or permanent disability insurance policy or a claimant performing activities exceeding alleged physical limitations.

**Prescription Fraud** – A Pharmacist inflates bills or falsifies billing, or a person illegally obtains medical prescriptions and submits prescriptions for habitual need.

**Dental** – Dentist inflates bills, falsifies billing codes or performs unauthorized services.

**Cappers and Kickbacks** – Cases where patients are recruited and paid to undergo medical treatment, whether those procedures were actually performed or not.

**Surgery Center Fraud** – Any alleged fraudulent activity pertaining to outpatient surgery centers.



**Auto** – Claims made for damage or medical assistance which is fraudulent or inflated. This includes individuals who stage accidents and injuries in order to collect insurance payouts.

**Workers' Compensation** – Employers and employees who lie to get workers' compensation benefits, to reduce premiums or deny benefits to injured workers.

**Long Term Care** – Fraudulent invoices submitted regarding the type or amount of care provided.

### **What Are the Penalties for Healthcare Fraud Convictions?**

Healthcare Fraud is a felony, punishable by up to five years in prison, restitution, and up to \$150,000 in fines.