FRAUD

Fraud presents a significant risk to Platinum Health and members. The dishonesty of a few individuals may negatively impact the scheme and distort the principles and trust that exists between the scheme and its stakeholders.

Fraud, for practical purposes, is defined as a dishonest, unethical, irregular, or illegal act or practice which is characterised by a deliberate intent at concealment of a matter of fact, whether by words, conduct, or false representation, which may result in a financial or non-financial loss to the scheme.

Examples of fraud by medical scheme members:

- Non-disclosure of pre-existing conditions to the scheme.
- Allowing your healthcare provider to charge for services they did not provide in order to receive cash.
- Borrowing your Platinum Health membership card to unregistered dependants, i.e., friends and family members.

Examples of fraud by healthcare professionals:

- Servicing non-members by using the details of registered members.
- Claiming for services not rendered.
- Over-servicing.
- Reckless billing methods.

Participating in acts such as listed above is punishable by law as per the Medical Schemes Act's provisions on medical schemes related to fraud. Participating in fraudulent activities may also lead to a member being terminated from the scheme and he/she will be held responsible for the loss due to such activities.

Fraud prevention and control is the responsibility of all Platinum Health members and service providers, so if you are aware of any fraudulent, corrupt or unethical practices involving Platinum Health, members, service providers or employees, please report this anonymously to KPMG

Fraud Hotline operated by KPMG
Hotline : 0800 115 354 toll-free from Telkom lines
Hotmail: hotline@kpmg.co.za

PLATINUM HEALTH