

## How Does Insurance Fraud Impact You?

The FBI says insurance fraud costs everybody between \$400 and \$700 a year — it's just like somebody stealing from your bank account.

When insurance companies lose money because of fraud, they pass on those costs in terms of higher rates and premiums.

**FRAUD**

## What Can You Do To Help?

If you suspect someone is committing insurance fraud

**REPORT IT!**

Call: 1-800-835-6422

For more information on insurance fraud, visit [www.HelpStopFraud.org](http://www.HelpStopFraud.org)

Whether you have a general insurance question or want to file a complaint, you can get help at Consumers Services online at [www.insurance.pa.gov](http://www.insurance.pa.gov) or you can contact us at 1-877-881-6388.



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## Why Insurance Fraud Matters to You

Insurance fraud is not a victimless crime.

**IT COSTS US ALL.**



Insurance can save you from financial ruin when bad things happen — such as a car crash, fire, or serious health issue.

When claims are submitted, insurance companies utilize skilled investigators and advanced technology to detect fraud.

Despite this, fraud occasionally goes undetected, resulting in increased costs. Fraud makes insurance more expensive for everyone.

## What is Insurance Fraud?

Insurance fraud happens when someone knowingly lies to an insurance company to gain something of value.

In Pennsylvania, insurance fraud is a felony, punishable by up to 7 years in jail and fines up to \$15,000. It's also illegal to assist or conspire with someone else to commit insurance fraud.

## Insurance Fraud Examples:

- Submitting claims for injuries or damages that never happened, services never rendered, or equipment never delivered
- “Padding” or inflating actual claims to get a higher payment
- Staging an incident, such as a collision, fire or break-in – this type of fraud can be dangerous. People, including first responders, can be injured or killed as a result of, or responding to, the incident
- Faking or exaggerating an injury



- Fabricating receipts or bills requested by an insurer
- Using someone else's identity and/or insurance information to get health care services
- Giving false information, such as who was driving a vehicle or where an injury occurred
- Attempting to get a better insurance rate by giving a false address or not reporting that a property or car is used for business
- Medical providers falsifying a diagnosis to justify procedures, or performing unnecessary procedures for financial gain

