



Medical Identity Theft

How medical identity theft might be detected

Medical identity theft results from the fraudulent use of an individual's personal information, Social Security number, or health insurance information to obtain medical goods and/or services, money through insurance fraud, or insurance coverage for treatments. This may result in a number of problems for the victim which might include a collection account for a past due bill, medical insurance filing errors, or distorted medical records that could affect future medical treatment.

Medical identity theft is one of the more complicated and problematic types of identity theft that can occur. The reasons are mainly attributed to the lack of a central repository of medical history and the extensive privacy laws in relation to medical file disclosure. It is difficult to discover and the fraud may exist unresolved until uncovered through various methods.

Discovery: Ways an individual might discover medical identity theft

Some of the ways victims discovered their personal information was used by another person for medical purposes include:

- Receipt of an Explanation of Benefits statement from your health insurer listing services or treatments that were never provided to the insured.
- Receipt of a bill for services or equipment that was never provided to the insured.
- Collection account listed on a credit report that is the result of an unpaid medical bill not related to any valid services provided to the insured.
- Denial of health insurance or notice of premium increase based on a medical condition the applicant does not have.
- Inaccuracy found in medical record of the identity theft victim held by physician or hospital.
- Alert received from a healthcare provider, law enforcement agency, or an insurance company who has discovered the fraud.

Proactive steps: Early detection of medical identity theft

These steps may help detect signs of medical identity theft early and are instrumental in limiting the amount of damage done by an identity thief:

- Review your health insurance provider's Explanation of Benefits statement for any activity that is not correct.
- Obtain your "benefits request" each year from your insurance provider. This is a listing of benefits paid in your name by your health insurer. If you do not recognize a payment, follow up with the insurer or provider to learn more.
- Request your medical records if you have any suspicion of fraud. You have the right to request copies of records from any entity covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that maintains information or is suspected to have information about you. These organizations are subject to the HIPAA privacy rules and have an obligation to provide you with access to your medical records.
- Request an "accounting of disclosures" from health care providers and health insurers. This is a list of any entities that received personally identifiable health. These reports are available once every 12 months, free of charge.
- Consider pulling a Medical Information Bureau (MIB) report—although you may not have one. The MIB is "a membership corporation of insurance companies that maintains a confidential database of individually identifiable information significant to underwriting applications for life and health insurance." They will only have information on a person if that person has applied for individually underwritten life, health, disability income, long-term or critical illness insurance with a member insurer in the past seven years. Request the report by calling 1-866-692-6901.