

Senior Citizen Reports False Charge By Hospital

By Woodrow Wilcox

Madeline M. De Rosa is a sweet elderly lady who cares about doing the right thing.

Madeline De Rosa uses Medicare but does not abuse Medicare. She cares about her fellow taxpayers.

Recently, she visited a hospital in Chicago. During her visit, she asked the doctor and staff about having her toe nails cut. Medicare allows that service under certain guidelines. She wondered about getting the service while she was at the hospital in Chicago. She was told that the charge would be \$160 and that she would have to sign a waiver just in case Medicare refused to pay for it.

Madeline De Rosa thought that \$160 was too much for snipping toe nails. So, she refused to get the service and she refused to sign a waiver. She knew that she could get that service at her regular doctor's office in Indiana for much less money. So, she decided to save Medicare and taxpayers some money by waiting until she visited her regular doctor.

But, the hospital billed Medicare and her insurance company for the service that the hospital never provided. Madeline De Rosa noticed the FALSE CHARGE and visited our office to show the paperwork and get our help to report the FALSE CHARGE by the hospital. Madeline De Rosa did not want taxpayers paying for services that were never rendered.

So, Madeline De Rosa is a great senior citizen. She uses the Medicare system, but does not abuse it. She cares about herself and her fellow taxpayers. She is a very nice lady. Here is part of what Madeline De Rosa wrote in a letter to get the FALSE CHARGE removed.

"The staff of my insurance agent's office alerted me, and other clients, to be on the lookout for false claims and advance beneficiary notices. Because of the free educational material and assistance that my agent's office provides to senior citizens, I was sensitive to these issues and noticed the false claim on the Medicare Summary Notice."

Mistakes can happen and no one should be punished for an honest mistake. But, Medicare fraud is a serious problem which costs insurance companies and their clients millions of dollars every year. Anthem Blue Cross Blue Shield has a special fraud investigation unit that collects evidence and gives it to law enforcement officials for prosecution of doctors, hospitals, laboratories, and their officers and staff when patterns of fraudulent overbilling to Medicare appear. Anthem Blue Cross Blue Shield investigates thousands of overbilling reports every year just for Indiana, Kentucky, and Ohio.

Medicare overbilling and Medicare fraud are serious national problems. There are doctors, hospitals, clinics, and laboratories which increase revenue by deliberately billing Medicare for services that were not performed. A few years ago, a doctor in Chicago murdered a patient who was going to testify against him regarding Medicare fraud. The doctor was convicted of both murder and Medicare fraud.

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