

College of Insurance
Insurance Institute of India, Mumbai
Classroom Training Session on Health Insurance : Medical
Management and Fraud Control(CT-HI:MM&FC)
Program ID – CPG41 - (From: 6th to 7th February, 2023)

Relevance of the Program:-

Health insurance is the fastest growing insurance segment and so is the Medical Management and fraud control. Medical case management is an overall process that facilitates recommended treatment plans to assure that appropriate medical care is provided. It requires the evaluation of a medical condition, developing and implementing a plan of care, coordinating medical resources.

The incidence of health care fraud remains at alarmingly high levels despite unprecedented attention in recent years from policymakers and law enforcement. Major scams appear to be artfully designed to circumvent routine controls and may remain invisible for long periods. When they are discovered, it seems often to be more by luck than judgment. The percentage of health insurance claims that are illegitimately processed—are a serious detriment not only to insurance companies but also to the customer which ultimately pays the price in terms of higher premium. The fraud can be perpetuated in multiple ways.

Program Objectives:-

- Understand the relevance of Medical Management
- Learn about various ways in which it helps in cost control
- Discuss about types of Frauds and how it is perpetuated.
- Learn ways of how medical fraud can be controlled.

Participant's Profile:-

The program is designed for participants at all levels from the Insurance Companies/ Brokers/TPAs.

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Course Coordinator:-

Ms. Madhavi Gurav– 022-26544296 Email: gurav@iii.org.in

Program Duration & Timing: -

2 days & from 10.00 a.m. to 04.30 p.m.

Course Fees:-

- **Participants requiring residential facilities: Total amount Required –Rs. 11800/- i.e. (Rs. 10000/- plus 9% CGST + 9% SGST).**

The fees cover tuition, course material, A/C single room accommodation in the Institute's campus and full boarding (bed tea/coffee, breakfast, lunch, light refreshments in the evening and dinner). All rooms are fully furnished with attached bathroom and Internet facility.

Rooms are reserved from 12.00 noon onwards the day prior to the commencement of the program. The participants can stay till 12.00 noon next day after the conclusion of the program.

- **Non-residential participants: Total amount Required –Rs. 8496/- i.e. (Rs. 7200/- plus 9% CGST + 9% SGST).**

The fees cover tuition, course material and day boarding (i.e. tea/coffee during tea breaks and lunch for actual days of training).

Payment Terms and Conditions:-

- 1) The payment should be received by the College of Insurance before the commencement of the program.
- 2) The confirmation of registration for the program will be subject to receipt of payment.

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3) Please see below details for Bank Transfer.

Name of the Beneficiary	Insurance Institute of India
Account No.	004010100143462
IFS Code	UTIB0000004
MICR Code	400211002
Swift Code	AXISINBB004
Name of Bank	Axis Bank Ltd
Address	Fort Branch, Universal Insurance Building, Ground Floor, Sir P M Road, Fort, Mumbai – 400001.

4) For online payment mode by following the below link

https://www.coi.org.in/COI_WebPortal/cmc/eventDetails?eventid=1622

Training Venue:-

Please follow below link / QR Code for Training Venue

<https://qrgo.page.link/qs2Qb>



Parking Facility:-

Public parking available at 5 minutes walking distance (Behind US Consulate).

Respond to:-

Ms. Tanuja S Jagavkar	college_insurance@iii.org.in	022-26544216
Ms S S Vaidya		022-26544266
Ms A P Dalvi		022-26544254
Mr P M Tare		022-26544251
Ms N B Bagde		022-26544234

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Nomination Form

- 1) Name: _____
- 2) Address: _____

- 3) Educational Qualification: _____
- 4) Date of Birth: _____
- 5) Position Held.: _____
- 6) Mobile No : _____
- 7) Telephone No. : _____
- 8) E-Mail: _____
- 9) Alternate E-Mail: _____
- 10) Sponsoring Organisation: _____

Please affix
your
photograph
here

11) Food preference: Vegetarian Non-Vegetarian

12) Accommodation Required: Yes No

13) Details of Fee Paid: Cheque / D.D. No. _____ dt. _____
Drawn on _____ Bank, for Rs. _____

Signature & seal of the authority
of the Sponsoring organisation

Signature of the Participant

*Name of Co-ordinator: _____

Mobile No: _____ Tel. No.: _____

Email-Id.: _____ Company Name: _____

***This column is mandatory for those participants who are sponsored by company.**