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Dr. Viral Dave

I/c Principal

KES' Shri. Jayantilal H. Patel Law College, Mumbai

Amitesh Publication & Company,

IQAC Co-ordinator

Dr. (Mrs.) Madhura Kalamkar I / C Principal Hindi Vidya Prechar Semiti's College of Law

Ramniranjan Jhunihunwala College Premises, Opp. Railway Stetion, Ghatkepar (W), Mumbai - 400086.



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Sr. No	Title & Author Name	Pg.
		No.
1	SOCIAL JUSTICE AND EMPOWERMENT	1-6
	Miithrra Mohan	
2	EMPOWERMENT THROUGH INCLUSION: THE ROLE	8
	OF SOCIAL JUSTICE IN DISABILITY RIGHTS Samragyee Biswas & Nayonika Sharma	7-12
3	GENDER JUSTICE AND LEGAL REFORMS:	13-21
	ADDRESSING DOMESTIC VIOLENCE AGAINST MEN	
	AND THE MISUSE OF SECTION 498A IPC/BNS S. 85	
	IN INDIA	
	Arunava Das & Monami Nandi	
4	HAS THE INDIAN JUDICIARY FAILED TO ESTABLISH	22-27
	GENDER-NEUTRAL LAWS TO PROTECT MEN FROM	
	VIOLENCE?	
	Ms. Rameshwari Rajdhar Dubey	
5	MARITAL RAPE -ACT OF DOMINANCE OVER	28-33
	CONSENT	
	Mr. Nitesh Kumar	
6	HEALTHCARE FRAUD AND FINANCIAL	34-42
	EXPLOITATION OF SENIOR CITIZENS	
	Dr. Madhura Kalamkar	
7	BALANCING JUSTICE: ADDRESSING THE MISUSE OF	43-49
	SECTION 498/BNS SECTION 85 WHILE PROTECTING	
	GENUINE VICTIMS	
	CS Karishma Pandey	
8	REDEFINING PROTECTION: THE LEGAL	50-57
8	REDEFINING PROTECTION: THE LEGAL FRAMEWORK FOR MALE VICTIMS OF DOMESTIC VIOLENCE IN INDIA Siddhi Singh & Anjali Sharma	5



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Dr. (Mrs.) Madhura Kalamkar 17 C Principal Hindi Vidya Prachar Skatili's College of Law

Ramniranjan Jhurihunow's College Premises, Opp. Rallway Sterlun, Grothopar (W), Mumbal - 400086.

6. HEALTHCARE FRAUD AND FINANCIAL EXPLOITATION OF SENIOR CITIZENS

Dr. Madhura Kalamkar

1/c Principal, Hindi Vidya Prachar Samiti's College of Law

Abstract

Elder financial exploitation can take many different forms, including online scams, power of attorney abuse, investment fraud, and misleading sales techniques. Unethical healthcare professionals, caretakers, financial advisors, and even family members are frequently the perpetrators. Seniors are more vulnerable to cybercrimes as a result of their growing reliance on digital financial transactions and telemedicine, which makes them prime targets for fraudulent schemes.

The goal of legal frameworks like the Consumer Protection Act (India), the Elder Justice Act (United States), and data privacy regulations is to protect elderly people from fraud. But because of underreporting, ignorance, and the complexity of these offenses, enforcement is still difficult. Important preventive actions include bolstering regulatory supervision, raising senior financial literacy, and promoting whistleblower protections.

The study examines the characteristics and consequences of healthcare fraud and elder financial exploitation, examining legislative frameworks and policy initiatives to address these problems. In order to improve protections for senior citizens, it highlights the necessity of multi-agency cooperation, technological advancements, and legislative changes. Stricter punishments for violators, enhanced reporting systems, and more public awareness initiatives to stop victimization are further suggestions. To protect the elderly's dignity, autonomy, and general quality of life, it is crucial to provide them with ethical healthcare services and financial stability.

Key words: phantom billing, false claims, billing fraud, elder financial abuse.

Introduction:

Elderly people's financial security and general well-being are seriously threatened by healthcare fraud and financial exploitation. Senior citizen's susceptibilities to fraud and exploitation have increased as the world's population ages and more people approach retirement age. In addition to causing significant financial losses, these crimes also cause victims to experience extreme psychological and emotional suffering. The intersection of healthcare fraud and elder financial exploitation necessitates a comprehensive understanding of the methods employed by fraudsters, the legal frameworks in place to combat these crimes, and the strategies required to protect senior citizens from such predatory activities.

Deliberately lying or misrepresenting medical services or insurance claims in order to obtain illegal financial benefits is known as healthcare fraud. It can be committed by a number of people working in the healthcare system, such as doctors, insurance companies, and scammers who pose as trustworthy providers. In addition to causing monetary losses, fraudulent activity in the healthcare industry jeopardizes patient safety and the integrity of healthcare systems.

Billing for services that were never rendered, carrying out needless medical procedures, fabricating patient diagnoses to support unnecessary treatments, and participating in kickback schemes are all examples of common healthcare fraud like overbilling, unbundling, double billing, billing for fictitious and non-covered services. In addition to driving up healthcare expenses, these dishonest practices put patients—especially the elderly—at risk for illness and financial hardship. Older people frequently struggle to identify fraudulent charges due to the intricacy of healthcare billing and insurance procedures, which makes them easy targets for abuse¹.

Objectives of the Research:

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1. To analyse national and international laws governing healthcare fraud and financial

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exploitation of senior citizens.

- 2. Evaluate the effectiveness of courts, regulatory bodies, and enforcement agencies in addressing fraud and exploitation cases involving senior citizens.
- 3. To investigate procedural and evidentiary challenges faced in prosecuting offenders and ensuring justice for affected senior citizens.
- 4. To understand how financial and healthcare security for senior citizens be promoted.

Research Question:

How do healthcare fraud schemes contribute to the financial exploitation of senior citizens, and what legal and regulatory measures can effectively prevent and address such exploitation?

Research Methodology:

The study is doctrinal research, analysing Statutes, Case Laws, Legal Principles and Scholarly writings related to healthcare fraud and financial exploitation of senior citizens. Provisions under Bharatiya Nyay Sanhita 2023, Consumer Protection Act 2019, Information Technology Act 2000, Maintenance and Welfare of Parents and Senior Citizens Act 2007 and U.S. Laws like the Elder Justice Act for comparative study are undertaken to examine legal provisions.

Literature Review:

Mishra's (2024)2 explores the connection between elder mistreatment and financial fraud, emphasizing the different forms of exploitation senior citizens face. Among the most prevalent scams are identity theft, deceptive investment schemes, and financial exploitation by caregivers. A significant challenge in addressing this issue is that many elderly victims refrain from reporting financial abuse due to feelings of shame or a lack of awareness about the fraud they have experienced. Langton et al. (2024)3 examines the role of emergency departments in identifying elder mistreatment, including financial exploitation. The study highlights those hospitals and financial institutions frequently fail to recognize signs of financial abuse in its early stages, allowing fraud to persist undetected. A major research gap lies in the absence of a standardized, unified reporting system that can effectively track cases of financial exploitation across healthcare and financial sectors. Addressing this issue requires further research into integrated monitoring frameworks and enhanced training for medical and financial professionals to detect and prevent elder financial abuse more effectively.

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¹ Ron Cresswell, J.D., CFE, Health care Fraud:5 common Billing Schemes, published on December 2018, Available at https://www.acfe.com/acfe-insights-blog/blog-detail?s=health-carefraud-5-common-billing-schemes.

² Mishra, A. J. (2024). Introduction: Elder Abuse and Crime. Handbook of Aging, Health and Public Policy. Springer. Available at https://link.springer.com/referenceworkentry/10.1007/978-981-16-1914-4 264-1.

³ Langton, L., Banks, D., Fann, M. M., & Woods, D. (2024). Improving the Identification of and Responses to Victims of Elder Mistreatment. RAND Corporation. https://www.rand.org/content/dam/rand/pubs/research_reports/RRA100/RRA108-

Types of Elderly Abuse:

Elderly abuse refers to any intentional or negligent act that causes harm or distress to an older adult, often committed by caregivers, family members, or institutions. The World Health Organization (WHO) defines elder abuse as:

"A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." (World Health Organization, 2022)⁶.

- 1. Physical Abuse Inflicting bodily harm through hitting, pushing, restraining, or improper medication administration.
- 2. Emotional/Psychological Abuse Verbal threats, intimidation, humiliation, or isolating the elderly from social interactions.
- 3. Financial Exploitation Unauthorized use of an elder's assets, investment fraud, power-of-attorney abuse, or pension scams.
- 4. Neglect and Abandonment Failing to provide basic needs like food, healthcare, or hygiene, leading to severe health risks.
- 5. Sexual Abuse Non-consensual touching, assault, or coercion involving elderly individuals.
- **6.** Healthcare Fraud and Abuse Overbilling, charging for unprovided services, or providing unnecessary medical treatments.

Legal and Regulatory Provisions:

There are several legal frameworks in place to prevent elder financial exploitation and healthcare fraud. The Health Insurance Portability and Accountability Act (HIPAA), the Anti- Kickback Statute, and the False Claims Act are important laws in the US that combat fraud in the healthcare industry. To identify, look into, and stop healthcare fraud, government organizations like the Federal Trade Commission (FTC), the Department of Health and Human Services (HHS), and the Centres for Medicare & Medicaid Services (CMS) collaborate⁷.

Laws like the Elder Justice Act, the Older Americans Act, and state-specific regulations offer resources for reporting and resolving elder financial abuse cases. Governmental organizations and financial institutions are also taking more and more steps to spot questionable financial activity and shield senior citizens from scams.

A number of legislative and regulatory actions have been taken to stop healthcare fraud and the financial exploitation of elderly people. Laws like the Health Insurance Portability and Accountability Act (HIPAA), the False Claims Act, and the Anti-Kickback Statute aid in the detection, examination, and prosecution of healthcare fraud in the US. Potential offenders are discouraged by these laws, which impose harsh penalties on people and organizations involved in fraudulent activities. Elder financial exploitation is specifically addressed by the Elder Justice Act and the Older Americans Act, which strengthen legal protections for vulnerable seniors, require reporting of financial abuse, and provide resources for adult protective services. Financial institutions are also encouraged by the Senior Safe Act to spot and report any suspicious financial activity linked to elder abuse.

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Saish Whosalling

IQAC Co-ordinator

Dr. (Wrs.) Madhura Kalamkar

Hindi Vidya Prachar Samiti's College of Law Kamniranjan Jhunihumwala College Premises

⁶ Available at https://www.who.int/news-room/fact-sheets/detail/elder-abuse.

⁷ U.S. Department of Health and Human Services office of Inspector General, *Fraud & Abuse Laws*, Available at https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/.

Healthcare Fraud:

Healthcare fraud targeting seniors involves various deceptive practices that exploit elderly individuals and government healthcare programs. Medicare fraud schemes and Medicaid overbilling scams occur when healthcare providers submit false claims for reimbursement, often billing for services never rendered or charging for more expensive procedures (healthcare provider fraud). Senior medical identity theft involves stealing a senior's personal information to fraudulently obtain medical services or prescriptions. Unnecessary medical testing scams trick elderly patients into undergoing costly and unneeded tests to maximize billing, while fraudulent insurance claims involve false reports to insurance companies to gain payouts. Additionally, some fraudsters offer fake medical treatments targeting seniors, promising miracle cures or unproven therapies to exploit their health concerns. These scams not only lead to financial losses but also jeopardize the well-being of elderly patients by exposing them to unnecessary medical risks⁴.

Financial Exploitation of Senior Citizens:

Unauthorized or inappropriate use of an older adult's money, assets, or property for one's own benefit is known as financial exploitation of senior citizens. Because seniors may have cognitive impairments, lack financial literacy, or trust people who will take advantage of them, this kind of elder abuse is especially alarming. Family members, caregivers, con artists, and even professionals like financial advisors and attorneys can commit financial abuse.

Financial exploitation of senior citizens is frequently accomplished through identity theft, telemarketing fraud, fraudulent investment schemes, and abuse of power of attorney. Many elderly people are duped into paying money under the false pretence of winning a prize in lottery or sweepstakes scams, which promise financial rewards. Furthermore, elderly people are disproportionately targeted by dishonest charities and misleading advertising of pharmaceuticals or medical devices, which take advantage of their health issues to defraud them⁵.

Since many fraudulent schemes take advantage of the vulnerabilities associated with aging and healthcare dependence, healthcare fraud and the financial exploitation of seniors frequently intersect. Scammers might, for example, pretend to be Medicare representatives in order to get senior's personal information and use it to file false claims. Elderly patients may be persuaded to purchase ineffective treatments or undergo needless medical procedures by dishonest healthcare professionals, ultimately depleting their financial resources.

The dangers of fraud against senior citizens have increased in the digital age. The prevalence of fraudulent telemedicine services, phony health insurance websites, and online phishing scams has increased significantly. The growing dependence on technology, particularly during the COVID-19 pandemic, has made older people more vulnerable to cyber fraud, which is the theft and use of financial and personal data for illegal purposes.

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⁴ Health Care Fraud, Health care fraud can be committed by medical providers, patients, and others who intentionally decerve the health care system to receive illegal benefits or payments. Retrieved from https://www.fbi.gov/investigate/white-collar-crime/health-care-fraud

⁵ Cynthia L. Hutchins. Senior financial exploitation: Addressing a hidden three Machine Ralamkar https://www.bankofamerica.com/content/documents/security/senior_financial_exploitation.pdf

The Federal Trade Commission (FTC), the Consumer Financial Protection Bureau (CFPB), and the Centres for Medicare & Medicaid Services (CMS) are among the government organizations that collaborate to teach seniors how to spot fraudulent schemes and safeguard their assets8. Preventive steps include increased monitoring and auditing of healthcare providers to maintain ethical and transparent billing practices. To spot suspicious transactions, halt dubious transfers, and notify authorities of possible misuse, financial institutions have put fraud detection systems and elder fraud prevention initiatives into place. In order to guarantee that seniors receive appropriate medical care without incurring unnecessary costs, healthcare providers are also being urged to implement more stringent verification procedures.

Role of Judiciary:

In order to ensure justice, deterrence, and legal protection for vulnerable groups, the judiciary is essential in combating healthcare fraud and the financial exploitation of senior citizens. Fraudulent schemes targeting the elderly have become a major concern due to the growing complexity of the healthcare system and the aging population. Courts in many jurisdictions play a crucial role in interpreting and upholding legislation that prevents healthcare fraud and protects the financial interests of senior citizens.

Healthcare fraud is when individuals, insurance companies, or medical professionals engage in dishonest business practices that cause financial losses for patients, government healthcare programs, or insurance companies. Due to age-related cognitive decline, reliance on caregivers, and ignorance of their financial and healthcare rights, senior citizens are especially at risk. Fraudulent schemes include overcharging for prescription drugs, identity theft, Medicare/Medicaid fraud, unnecessary medical procedures, billing scams, and phony insurance policies. By bringing criminal charges against violators, directing reparations, and interpreting the law to protect victims, the judiciary upholds accountability.

Another rising issue is the financial exploitation of senior citizens, which is frequently carried out by family members, telemarketers, financial advisors, or caregivers. Elderly people suffer significant financial losses as a result of scams like forgeries, undue influence, fraudulent investment schemes, predatory lending, and abuses of power of attorney. Such exploitation can cause serious financial hardship because many seniors depend on fixed incomes or retirement savings. In these situations, judicial interventions include asset recovery, protective orders, civil and criminal proceedings, and penalizing dishonest actors.

Beyond making decisions, the judiciary also shapes legal precedents, influences policy choices, and fortifies consumer protection laws. In order to create more robust protections against fraud, courts have the power to interpret laws such as the General Data Protection Regulation (EU), the Consumer Protection Act (India), and the Elder Justice Act (USA). Courts have underlined in historic cases the necessity of strict regulatory oversight, the moral duties of healthcare and financial professionals, and consumer rights education. Governments are also compelled by judicial scrutiny to implement

compliance measures in healthcare facilities, financial institutions, and elder care services.

The judiciary is also essential to alternative dispute resolution processes like mediation and arbitration, which provide effective ways to settle cases involving elder financial abuse without drawnout legal proceedings. Access to justice is further improved by specialized tribunals and senior citizenspecific legal aid programs. Courts support senior citizen's dignity, autonomy, and security by respecting constitutional and human rights principles.

Bureau of Consumer Protection, Available at https://www.ftc.gov/about-ftc/bureaus-offices/bureauamitionsumer-protection. Page 38 EMAY, 2025. VOL 13/84

Dr. (Mrs.) Mad Dr. (Wirs.) Madhura Kalamkar

Hindi Vidya Prachar Samiti's College of Law Ramniranjan Jhunjhunwala College Premises,

International Perspective:

Governments and organizations worldwide have implemented various measures to address healthcare fraud and financial exploitation:

- 1. Legislative Frameworks: Robust legislative frameworks play a crucial role in curbing fraudulent activities. For instance, the U.S. Department of Justice's Health Care Fraud Unit employs a Strike Force Model for efficiently prosecuting health care fraud and illegal prescription cases across the United States. Similarly, the U.K.'s Financial Conduct Authority (FCA) has implemented regulations to oversee and regulate financial markets, aiming to protect consumers and enhance market integrity. In Australia, the Elder Abuse Action Plan has been established to address and prevent the abuse of older individuals, including financial exploitation.
- 2. Technology and All in Fraud Detection: Advanced Al-driven detection systems enhance fraud prevention by identifying suspicious patterns in financial transactions and healthcare claims. These technologies enable the analysis of large datasets to detect anomalies that may indicate fraudulent activities.
- 3. Public Awareness Campaigns: Governments and NGOs educate seniors on common scams through workshops and outreach programs. For example, the Consumer Financial Protection Bureau (CFPB) has created guides to help prevent elder financial abuse, aiming to protect older consumers from financial harm and assist them in making sound financial decisions.
- 4. Stronger Banking Regulations: Financial institutions have strengthened verification processes to prevent unauthorized access to seniors' accounts. The Financial Crimes Enforcement Network (FinCEN) has issued advisories urging financial institutions to detect, prevent, and report suspicious financial transactions related to elder financial exploitation.
- 5. International Cooperation: Organizations like INTERPOL collaborate to track and dismantle cross-border fraudulent operations. INTERPOL coordinates transnational law enforcement efforts and supports multi-agency task forces to improve cooperation between police, customs, regulatory bodies, and the private sector. Additionally, the Transnational Elder Fraud Strike Force investigates and prosecutes individuals and organizations engaged in foreign-based fraud schemes that disproportionately affect American seniors9.

Analysis of Research Question:

How do healthcare fraud schemes contribute to the financial exploitation of senior citizens, and what legal and regulatory measures can effectively prevent and address such exploitation?

Elderly people's financial security and general well-being are seriously threatened by healthcare fraud and financial exploitation. Senior citizens' susceptibilities to fraud and exploitation have increased as the world's population ages and more people approach

https://www.consumerfinance.gov/.FCA (UK): https://www.fca.org.uk/

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Baisha Glusaller IQAC Co-ordinator

Dr. (Mrs.) Madhura Kalamkar 1 / C Principal

Hindi Vidya Prachar Samifi's College of Law Ramniranjan Jhunjhunwala College Premises, Opp. Railway Station, Ghatkopar (W), Mumbai - 400086.

⁹ INTERPOL, U.S. Department of Justice (DOJ), Financial Crimes Enforcement Network (FinCEN), Consumer Financial Protection Bureau (CFPB), and Financial Conduct Authority (FCA). (n.d.). Global Strategies to Combat Healthcare Fraud and Financial Exploitation of Seniors. Retrieved from: INTERPOL: https://www.interpol.int/.U.S. DOJ: https://www.justice.gov/criminalfraud/health-care-fraud-unit.FinCEN: https://www.fincen.gov/,CFPB:

Conclusion and Suggestions:

Elder financial exploitation and healthcare fraud are serious problems that need immediate attention. As the population ages, it is critical to enhance fraud detection systems, fortify legal frameworks, and teach seniors how to safeguard themselves against fraudulent schemes. Policymakers, medical professionals, financial institutions, caregivers, and the general public must work together to address these issues. Society can guarantee the financial stability and well-being of senior citizens, enabling them to age with dignity and independence, by cultivating a culture of alertness and putting strong protective measures in place.

Even with current legal safeguards, there are still a number of obstacles to preventing financial exploitation and healthcare fraud. Because of victims' embarrassment, ignorance, or fear of reprisals, many cases remain unreported. Furthermore, as fraudulent schemes become more complex, it becomes more challenging for law enforcement to effectively track down and prosecute offenders. Fraud detection and prevention are further complicated by the disjointed structure of financial institutions and the healthcare system. In order to effectively combat fraudulent activities, regulatory agencies frequently struggle with limited resources, and improved coordination among stakeholders including law enforcement, financial institutions, healthcare providers, and advocacy groups—is constantly needed.

It takes a multifaceted strategy that includes awareness-raising, legal actions, and technological safeguards to protect senior citizens from healthcare fraud and financial exploitation. Seniors can greatly lower their risk of becoming victims of fraud by being informed about common fraud schemes and given the tools to confirm financial transactions and healthcare providers.

Stricter oversight procedures, such as fraud detection systems and improved consumer protection measures, should be put in place by financial institutions and healthcare organizations. Families and caregivers are essential in keeping an eye on senior citizens' financial and medical activities in order to quickly identify any anomalies. Protective measures can also include advising seniors to consult with reliable experts before making financial decisions and to get second opinions on medical treatments. As former U.S. Senator Claire McCaskill stated, "Financial exploitation of seniors is a growing epidemic that requires immediate action to prevent lifelong savings from being stolen 10." Addressing these concerns is essential to preserving the dignity, security, and quality of life of older adults.

Governmental and non-profit organizations must keep pushing for improved reporting procedures, more funding for programs that prevent elder abuse, and stronger legal protections. Campaigns to raise public awareness and partnerships between financial institutions and law enforcement can aid in the more effective detection and handling of fraudulent schemes.

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Page 41 Dr. (MysQ) 1/C Principal

Hindi Vidya Prachar Samiti's College of Law Ramniranjan Jhunthuswete College Premises, Opp. Railway Stetion, Ghatkopar (W), Mumbai - 400086.

¹⁰ McCaskill, C. (2018). Examining the Financial Abuse of Seniors: Congressional Hearing Before the U.S. Senate Special Committee on Aging. United States Government Publishing Office. Retrieved from https://www.aging.senate.gov

retirement age. In addition to causing significant financial losses, these crimes also cause victims to experience extreme psychological and emotional suffering. The relationship between elder financial exploitation and healthcare fraud demands a thorough grasp of the tactics used by scammers, the laws that are in place to prevent these crimes, and the tactics needed to shield senior citizens from these predatory practices.

When medical services or insurance claims are purposefully misrepresented in order to obtain illegal financial benefits, this is referred to as healthcare fraud. Several actors in the healthcare system, such as doctors, insurance companies, and scammers impersonating trustworthy providers, can commit it. Fraudulent activities in the healthcare industry jeopardize patient safety and the integrity of healthcare systems in addition to causing financial losses.

Unauthorized or inappropriate use of an older adult's money, assets, or property for one's own benefit is known as financial exploitation of senior citizens. Because seniors may have cognitive impairments, lack financial literacy, or trust people who will take advantage of them, this kind of elder abuse is especially alarming. Family members, caregivers, con artists, and even professionals like financial advisors and attorneys can commit financial abuse.

Financial exploitation of senior citizens is frequently accomplished through identity theft, telemarketing fraud, fraudulent investment schemes, and abuse of power of attorney. Many elderly people are duped into paying money under the false pretence of winning a prize in lottery or sweepstakes scams, which promise financial rewards. Furthermore, elderly people are disproportionately targeted by dishonest charities and misleading advertising of pharmaceuticals or medical devices, which take advantage of their health issues to defraud them.

By preying on their dependence on medical services, their faith in healthcare professionals, and their frequently inadequate understanding of insurance claims and billing procedures, healthcare fraud schemes greatly contribute to the financial exploitation of senior citizens. Due to their reliance on private insurance plans, Medicare, or Medicaid, many seniors are vulnerable to fraudulent billing practices like upcoding, phantom billing, and prescribing unnecessary treatments.

False billing for medical services or treatments that were never rendered is one of the most prevalent scams. Elderly people may get bills for operations they never had, which could result in financial losses and identity theft. In a similar vein, dishonest medical professionals may recommend costly but unnecessary drugs or equipment because they know that elderly patients are unlikely to challenge their advice. In addition to depleting seniors' financial resources, these dishonest practices put them at risk for negative health outcomes, like unwarranted reactions to treatments or procedures.

Fraudulent home healthcare services are another common scam. Under false pretences, scammers may provide in-home medical care, giving them access to seniors' financial information, personal information, and even tangible assets. Once trust has been built, criminals may trick elderly people into signing false documents that grant them access to property deeds or bank accounts. Victims of this kind of financial exploitation lose all of their savings and become more susceptible to future abuse.

Fraud detection and prevention are further complicated by the disjointed structure of financial institutions and the healthcare system. In order to effectively combat fraudulent activities, regulatory agencies frequently struggle with limited resources, and improved coordination among stakeholders—including law enforcement, financial institutions, healthcare providers, and advocacy groups—is constantly needed.

APRIL-MAY, 2025. VOL 13/84

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Page 40

Dr. (Mrs.) Machura Kalamkar

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APRIL-MAY, 2025. VOL 13/84

Saisha Chosalha

Page 42

Dr. (Mrs.) Madhura Kalamkar

I / C Principal

Hindi Vidya Prachar Samilis College of Law

Ramniranjan Jhunjbungeris Com & Premises, Opp. Railway Station, Ghatkopar Arth Mumbai - 400086.