



Medical fraud increases premiums, co-payments and taxes that cost businesses billions of dollars each year.

Travelers has developed one of the most sophisticated medical fraud investigative programs in the industry. Our highly trained professionals are dedicated to examining medical fraud cases using their investigative knowledge and expertise in forensics. Through continuous development and testing of new and innovative fraud identification systems, we work to detect fraud and abuse schemes and prevent them from happening in your business.

Using our emerging technological systems and investigative techniques, we investigated more than 1,000 medical providers in 2013, thereby reducing \$14.3 million in fraudulent or abusive medical payouts for the businesses we insure.

We have developed specialized initiatives that combat:

- Pain management abuse
- Hospital billing fraud
- Prescription narcotics fraud and abuse
- Chiropractic fraud
- Durable medical equipment fraud and abuse
- Fraudulent diagnostic testing and physical therapy treatment
- Workers Compensation fraud

Our Medical Investigation Unit is committed to protecting you and your employees from becoming victims of medical fraud schemes and abusive practices.

Medical fraud impacts everyone – even those within your business.

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The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

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