Health Sector and Medical Scheme Claims Fraud Investigation

Fraud and Financial Audit

Course Overview

Health Sector and Medical Scheme Claims Fraud Investigation: a 5-day professional training course from LTC Consultants, delivered in-classroom across Africa...

What You Will Achieve

- Explain the core principles and current good practice in Health Sector and Medical Scheme Claims Fraud Investigation
- Apply practical tools and techniques for Health Sector and Medical Scheme Claims Fraud Investigation in your own organisation
- Analyse real-world scenarios and select the right approach with confidence
- Avoid the common pitfalls that undermine Health Sector and Medical Scheme Claims Fraud Investigation in practice
- Build a personal action plan to implement what you have learned

Who Should Attend

Finance managers, accountants, analysts, budget holders and professionals responsible for financial planning, control or reporting.

Course Outline

1. Foundations of Health Sector and Medical Scheme Claims Fraud Investigation: principles, terminology and context
2. The business case: why Health Sector and Medical Scheme Claims Fraud Investigation matters to performance
3. Core tools, frameworks and methods
4. Applying the tools: guided case study and exercises
5. Common pitfalls and how experienced practitioners avoid them
6. Working with stakeholders: communication and influence
7. Measuring results and continuous improvement
8. Personal action planning and course review

Upcoming Dates and Fees

DATES	VENUE	FEE (PER DELEGATE)
2 to 6 Nov 2026	Durban	**$1,650**
9 to 13 Nov 2026	Accra	**$1,395**
16 to 20 Nov 2026	Online	**$700**

23 to 27 Nov 2026	Lagos	**$1,395**
30 Nov to 4 Dec 2026	Pretoria	**$1,550**
7 to 11 Dec 2026	Harare	**$1,650**

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Every delegate receives a Certificate of Attendance. Group and in-house rates available on request.