

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)
12 to 16 Oct 2026	Nairobi	\$1,450
19 to 23 Oct 2026	Kampala	\$1,650
26 to 30 Oct 2026	Johannesburg	\$1,395

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

LTC Consultants

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