

Instructions for Uniform Suspected Insurance Fraud Reporting Form

The *Uniform Suspected Insurance Fraud Reporting Form* was adopted by the NAIC Antifraud Task Force on April 3, 2012. This form will replace the prior form adopted by the Antifraud Task Force. The purpose of the form is to provide a standardized reporting platform for use by the insurance industry. It is the hope of the task force that by changing the existing format, insurance fraud data will not only be easier to report but also easier to track.

These directions will provide a general explanation of the information that should be contained in each data field of the form. You will find that some data fields could have multiple entries, such as phone number, driver's license number, address, etc. The easiest way for the insurance fraud division to track the information is to complete the form as it relates to the person/business mentioned in the Subject section. If the subject has an alias with different dates of birth, etc., please complete this information in the Additional Subject / Interested Party or AKA Information section of the form so investigators can differentiate between which personal data is connected to each subject name.

The Form is also used in the NAIC's Online Fraud Reporting System (OFRS). This information may be submitted online. To determine if the jurisdictions accept OFRS, contact the NAIC. You must have an NAIC Company Code to submit through OFRS.

Reporting Person and Insurance Company Information	
State of _____	Fill in the name of the state that the referral should be sent to. If the referral should be sent to more than one state because of jurisdiction, please send a separate referral to each affected state and complete the "Identify Another Agency You Have Contacted Regarding This Referral" portion of the referral form to alert the state fraud agencies so that they may coordinate their investigations.
Reporting Person Information	Name of the person who is completing the referral. It is important to include all of the information in this section so the bureau can contact you for additional information or correspondence.
Insurance Company	Fill out the name of the insurance company that is the victim of the suspected fraud. Avoid using a "group" name.
NAIC #	The insurance company's 5-digit number issued by the National Association of Insurance Commissioners referred to as a "Company Code" or "CoCode." If you are an Alien insurer you will not have a CoCode. You may submit this form manually only. Contact the NAIC to obtain a CoCode if applicable
Mailing address	The mailing address of the person sending the referral
Phone number	Telephone number of the person sending the referral
Fax number	Fax number of the person sending the referral
E-mail address	E-mail address of the person sending the referral
Case Details	
This section of the referral relates to specific SIU case information to give the state fraud bureau about the standing of the SIU's case. Be sure to include pertinent information as it relates to pending civil litigation such as a trial date.	

Subject Information	
Type	Indicate the role the subject had in this referral. "Type" codes are on page 2 of the referral form. If you do not find a "type" that is appropriate, use OT for "other" and fill in a description of the role in the space provided below OT.
Name (Last/Business), (First), (Middle)	The subject's name, or the subject business name, if the subject is a business.
Date of Birth	Date of birth of the subject. You may list multiple dates of birth used by the subject on the "Additional Subject / Interested Party or AKA Information" section.
Age	Age of the subject
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	If unknown, do not complete the box.
Street Address (Include PO Box and apartments #'s), City, State, Zip, County	Address of the subject. You may list multiple addresses used by the subject on the "Additional Subject /Interested Party or AKA Information" section.
Address Type: Res./ Bus. Maildrop / Other	Indicate if the subject's address is a residence, business, mail drop, or other. type
Driver's License # & State	Subject's driver's license number and the State that the driver's license was issued in.
SSN	Social Security Number of the subject. You may list multiple SSNs used by the subject on the "Additional Subject /Interested Party or AKA Information" section.
NPI #	National Provider Identifier is a unique identifier assigned to healthcare providers that need to submit claims specified by HIPAA.
TIN EIN	Subject's Federal Tax Identification Number or Employer Identification Number
Telephone No.	The subject's telephone number. There are boxes to enter two phone numbers.
Phone Type <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus.	Check off the type of phone number, if known.
E-Mail Address	
VIN	The Vehicle Identification Number of the vehicle
License Plate # & State	The license plate number of the subject's vehicle
Vehicle Year	The year that the vehicle was manufactured
Make	The vehicle manufacturer or brand
Model	The specific type or style of vehicle
Employer	The name of the subject's employer
Address & Phone #	The address and phone number of the subject's employer
Occupation	The subject's job title and/or profession
Additional Subject/Party Involved?	Check off the box if other persons are involved with this referral as an additional subject, witness, co-conspirator, etc., and complete a section about them on the "Additional Subject /Interested Party or AKA Information" section on Page 3.
AKA Information?	Check off the box if the Subject is known by a different name. Please complete a section in the "Additional Subject /Interested Party or AKA Information" section on Page 3.
Reported Injuries	A general overview of the subject's injuries, if applicable
Comments	Any information that is relevant to the case, not covered on the form. Ex. NPN if the subject is an agent, or any other ID information and source.

Claim/Incident Information (all financial information and dates of service are considered approximate)		
Claim #	Claim number of the suspected fraudulent claim. If there are additional claim numbers that relate to the same investigation, please complete an additional referral form to capture the information as it relates to each individual claim.	
Policy #	Policy number related to suspected fraud. If there is more than one policy number that relates to the investigation, please complete an additional referral form to capture the information as it relates to each individual policy.	
Insurance Company Case #	If applicable	
Insurance Type	Check off the type of insurance policy or policies that are related to the suspected fraud.	
	Property/ Casualty	includes homeowners, farm, general liability, commercial property, commercial liability, inland marine
	Disability	disability insurance, including credit disability
	Work Comp	
	Auto	personal auto, commercial auto
	Health	includes health, HMO's, dental, vision, Rx
	Life	life insurance (including credit life)
	Unknown Other	
Potential Loss Amount	This amount is considered approximate for fraud referral purposes.	
<input type="checkbox"/> Unknown. Please estimate: <input type="checkbox"/> \$1 - \$5,000 <input type="checkbox"/> \$5,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$75,000 <input type="checkbox"/> \$75,001 + <input type="checkbox"/> Unable to estimate	If you are unable to estimate the potential loss, please complete this section to the best of your ability. This is important information for fraud bureaus when considering criminal charges.	
Amount Paid \$ Date Paid	Dollar amount currently paid related to the fraud referral and the date the payment was made.	
Billed Amount \$	Amount billed to the insurance company	
Settlement Amount Date Paid	Dollar amount of any settlement paid related to the fraud referral. If applicable, complete parties to all settlements in the "Additional Parties" section.	
Reserve Amount	Dollar amount held in reserve related to the fraud referral	
Claim Status	Ex. denied, pending, open, claim withdrawn	
Dates of Service	The date(s) of the health-related services that were provided to the insured or patient that are in question.	
Description of Service	Description of medical, dental, or healthcare procedure	
Procedure Code Type <input type="checkbox"/> CPT <input type="checkbox"/> CDT		
Procedure Codes	Use the five- digit CPT Codes or the CDT codes for the medical or dental services related to the referral.	
Date of Loss / Injury	Enter the date that the loss, claim, or injury occurred	
Address of Loss	Address where the loss, claim, or injury occurred	

Identify Another Agency You Have Contacted Regarding This Referral

If you have contacted another agency regarding this referral, check off the type of agency and list the contact information. It is important for State Fraud Bureaus to coordinate investigations with other agencies to eliminate investigation duplicity.

Examples of other agencies are state licensing bureaus, HHS OIG, Medicaid Fraud Unit.

Evidence (check all that apply)

It is important to indicate all evidence gathered by the SIU so the fraud bureau can make an accurate assessment and prioritize the referral.

Suspected Fraud Types (check all that apply)

Check all boxes that apply to your referral. The first column relates mostly to Property/Casualty referrals. The second column relates mostly to Fraud Types that could be found in any line of insurance. The last column refers mostly to Health Care fraud referrals.

Detailed Synopsis

A report of the suspected insurance fraud. Please provide enough information to clearly indicate what the fraudulent activity is and any persons involved. Attach additional pages, if necessary. If you mention a person in this section, you should also provide more information about that person in either the "Subject Information" area or the "Additional Party Involved" area.

Subject / Additional Party Types

Use the abbreviations to indicate which role that the Subject and/or Additional Parties played in the investigation. You may use more than one type per person.

Additional Subject/Interested Party or AKA Information

Please use the directions in the Subject Information area to help you complete the Additional Parties section. This section was designed to assist investigators with identifying personal information that belongs to all parties of an investigation or the personal information associated with each alias used by a subject. **It is important to indicate if the additional party is a subject or not.**