



### Evidence (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Claim History Extracts          | <input type="checkbox"/> External Database results              | <input type="checkbox"/> Medical Records  |
| <input type="checkbox"/> Claim Information               | <input type="checkbox"/> EUO / Deposition                       | <input type="checkbox"/> Proof of Loss  |
| <input type="checkbox"/> Continuance of Disability Forms | <input type="checkbox"/> IME Reports                            | <input type="checkbox"/> Statements (Witness / Insured / Subject)<br><input type="checkbox"/> Sworn <input type="checkbox"/> Recorded |
| <input type="checkbox"/> Copies of Receipts              | <input type="checkbox"/> Investigative Reports                  | <input type="checkbox"/> Videos / Photos  |
| <input type="checkbox"/> Death Certificate               | <input type="checkbox"/> Internet/Social Media Search Results   | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Expert Reports                  | <input type="checkbox"/> Law Enforcement / Other Agency Reports |   |

### Suspected Fraud Types (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arson<br><input type="checkbox"/> home <input type="checkbox"/> vehicle <input type="checkbox"/> business | <input type="checkbox"/> Agent fraud  | <input type="checkbox"/> Changing dates of service, CPT/CDT/diagnostic codes                |
| <input type="checkbox"/> Fictitious loss <input type="checkbox"/> damages <input type="checkbox"/>                                 | <input type="checkbox"/> Application/Eligibility fraud  | <input type="checkbox"/> Charges inconsistent with services, products, or supplies provided |
| <input type="checkbox"/> Fictitious theft<br><input type="checkbox"/> vehicle <input type="checkbox"/> property                    | <input type="checkbox"/> Billing for services/products not provided   | <input type="checkbox"/> Duplicate billing for same service                                 |
| <input type="checkbox"/> Inflated inventory  | <input type="checkbox"/> Failure to disclose multiple insurance companies   | <input type="checkbox"/> False/phantom provider   |
| <input type="checkbox"/> Inflated loss <input type="checkbox"/> damages <input type="checkbox"/>                                   | <input type="checkbox"/> False claims   | <input type="checkbox"/> Forged prescriptions   |
| <input type="checkbox"/> Inflated theft<br><input type="checkbox"/> vehicle <input type="checkbox"/> property                      | <input type="checkbox"/> Illegal solicitation (cappers)   | <input type="checkbox"/> Fraudulent death claims  |
| <input type="checkbox"/> Double-dipping  | <input type="checkbox"/> Issued, possessed, or sold fraudulent insurance policies, certificates, binders, or ID cards   | <input type="checkbox"/> Misrepresented non-covered services as covered                     |
| <input type="checkbox"/> Exaggerated injuries  | <input type="checkbox"/> Misrepresentation of services / products provided  | <input type="checkbox"/> Over-utilization of services                                       |
| <input type="checkbox"/> Injuries not related to work  | <input type="checkbox"/> Kickbacks/bribery  | <input type="checkbox"/> Prescription abuse / doctor shopping                               |
| <input type="checkbox"/> Malingerers   | <input type="checkbox"/> Money laundering   | <input type="checkbox"/> Prescriptions issued for non-medical purposes                      |
| <input type="checkbox"/> Misappropriated vehicle salvage   | <input type="checkbox"/> Multiple claims  | <input type="checkbox"/> Unbundling   |
| <input type="checkbox"/> Premium avoidance   | <input type="checkbox"/> Questioned documents<br><input type="checkbox"/> altered <input type="checkbox"/> forged <input type="checkbox"/> falsified<br><input type="checkbox"/> duplicated | <input type="checkbox"/> Upcoding   |
| <input type="checkbox"/> Prior injuries/damage/loss  | <input type="checkbox"/> Received compensation for referral to health care provider or attorney   | <input type="checkbox"/> Using unqualified/unlicensed persons to perform billable services  |
| <input type="checkbox"/> Slip and fall   | <input type="checkbox"/> Ring / organized activity  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Staged injury / accident at work  |   |   |
| <input type="checkbox"/> Staged vehicle collision  |   |   |
| <input type="checkbox"/> Paper accident  |   |   |
| <input type="checkbox"/> Other _____   |   |   |

### Detailed Synopsis

Attach additional pages, if necessary.

### Subject / Additional Party Types

#### GENERAL TYPES

- IS Adjuster
- IB Agent/Broker
- IR Appraiser
- BS Body Shop
- CL Claimant
- IY Insurance Company Employee
- IN Insured/Member
- INS Insurer
- LC Lawyer for Claimant
- LI Lawyer for Insured
- SY Salvage Yard Owner / Employee
- SI Self-Insured
- TY Tow Yard Owner / Employee
- WT Witness
- OT Other \_\_\_\_\_

#### MEDICAL TYPES

- AMB Ambulance Service/Employee
- BS Billing Service
- CHI Chiropractor
- DS Dental Specialist
- \_\_\_\_\_
- DEN Dentist
- DME DME Supplier
- DO Doctor of Osteopathic Medicine
- FC Facility
- FP False/Phantom Provider
- HHA Home Health Agency
- HS Hospital
- MR Laboratory
- LPN Licensed Practical Nurse
- MT Massage Therapist
- MH Medical Clinic/Outpatient Facility
- MD Medical Doctor
- MS Medical Specialist
- NP Nurse Practitioner
- NS Nurse Specialist
- MZ Office Administrator
- OPT Ophthalmologist
- OP Optometrist
- PH Pharmacist
- PT Physical Therapist
- PA Physician's Assistant
- PO Podiatrist
- PS Psychiatrist
- PY Psychologist
- RD Radiologist
- TH Therapist/Counselor
- TPA Third Party Administrator
- UP Unlicensed Provider
- MN Other Medical Personnel \_\_\_\_\_

This grey box is for each state to add unique statement or warnings for their reporting forms such as immunity language, special instructions, confidentiality disclaimer, etc.

**Additional Subject /Interested Party or AKA Information**

|   |                         |                             |             |                       |  |   |
|---|-------------------------|-----------------------------|-------------|-----------------------|--|---|
| <b>Type:</b>  | Name (Last / Business): | (First):                    | (Middle):   | Date of birth:        | Age:   | Sex:<br>M <input type="checkbox"/> F <input type="checkbox"/> |
| Street Address (include P.O. Box and apartment #'s):  |                         | Driver's License # & State: |             | SSN:<br>NPI:          | TIN:<br>EIN:   |   |
| City:   | State:                  | Zip:                        | County:     | Telephone No.:<br>( ) | Phone Type:<br><input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |   |
| Address Type:<br><input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other _____ |                         | E-Mail Address:             |             | Telephone No.:<br>( ) | Phone Type:<br><input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |   |
| VIN:  |                         | License Plate # & State:    | Vehicle Yr: | Make:                 | Model:   |   |
| Employer:   |                         | Address & Phone #:          |             |                       | Occupation:  |   |
| <b>Subject:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  |                         | Describe Involvement:       |             |                       |  |   |

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| City:   | State:                  | Zip:                        | County:     | Telephone No.:<br>( ) | Phone Type:<br><input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |   |
| Address Type:<br><input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other _____ |                         | E-Mail Address:             |             | Telephone No.:<br>( ) | Phone Type:<br><input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus. |   |
| VIN:  |                         | License Plate # & State:    | Vehicle Yr: | Make:                 | Model:   |   |
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| VIN:  |                         | License Plate # & State:    | Vehicle Yr: | Make:                 | Model:   |   |
| Employer:   |                         | Address & Phone #:          |             |                       | Occupation:  |   |
| <b>Subject:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>  |                         | Describe Involvement:       |             |                       |  |   |