

UNIFORM SUSPECTED INSURANCE FRAUD REPORTING FORM

State of West Virginia
 Offices of the Insurance Commissioner
 Division of Insurance Fraud Investigation

For State Use Only
Case No. Status FYI

Reporting Person: _____ Insurance Company: _____ NAIC# _____

Mailing Address: _____ Phone Number: () _____

 Fax Number: () _____

 E-mail Address: _____

Detailed synopsis. Attach additional pages, if necessary.

Date of Loss/Injury: _____ Dates of Service: _____ to _____
 Address of Loss/Injury: _____ Description of Service: _____
 (City) (State) (Zip)

Claim #			Policy #		
Reserve Amount \$	Amount Paid \$	Date Paid	Procedure Code #'s: <input type="checkbox"/> CPT <input type="checkbox"/> CDT	Insurance Type	
Loss Amount \$	Settlement Amount \$	Date Paid	Civil Litigation Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PC <input type="checkbox"/> WC	<input type="checkbox"/> HC <input type="checkbox"/> Auto
				<input type="checkbox"/> Life	<input type="checkbox"/> Disability

Subject Information

Type:	Name (Last/Business):	(First):	(Middle):	Date of birth:	Age:	SSN:
Street Address (include P.O. Box and apartment # 's):		Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Fed. <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number:		Sex:		
		Maildrop <input type="checkbox"/> Other		M <input type="checkbox"/> F <input type="checkbox"/>		
City:	State:	Zip:	County:	Telephone No.: ()	Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus.	
Driver's License #:	State:	VIN:		Telephone No.: ()	Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus.	
Vehicle Year:	Make:	Model:	License Plate #:	Reported Injuries:		
Employer:		Address & Phone #:			Occupation:	
Additional Party Involved <input type="checkbox"/> See Additional Party Involved/AKA Information			Comments:			
AKA Information: <input type="checkbox"/> Information						

Case Details (check all that apply)

SIU Investigation Completed Yes No Date Completed: _____

Is there any reason to believe that this incident is related to other suspected fraudulent activity? Yes No

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

Identify Other Agency You Have Contacted Regarding This Referral

Agency Type: Other State Fraud Bureau / Law Enforcement / Other Insurance Company / Regulatory Agency / Other
 Agency: _____ Contact Person: _____
 (Address) _____ (City) _____ (State) _____ (Zip) _____
 Telephone () _____ Fax () _____ Case/Claim No. _____

Suspected Fraud Types (check all that apply)

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

Subject/Additional Party Types

CL Claimant	PH Pharmacist	TPA Third Party Administrator
IN Insured	CHI Chiropractor	FP False Provider
WT Witness	NP Nurse Practitioner	UP Unlicensed Provider
LC Lawyer for Claimant	LPN Licensed Practical Nurse	MN Other Medical Personnel
? Lawyer for Inured	PT Physical Therapist	MS Medical Specialist
? Insurer	PA Physician's Assistant	_____
SI Self-Insured	OP Optometrist	DS Dental Specialist
IY Insurance Company Employee	PO Podiatrist	_____
IB Agent/Broker	RD Radiologist	NS Nurse Specialist
IS Adjuster	MT Massage Therapist	_____
IR Appraiser	AMB Ambulance Service Employee	OT Other
BS Body Shop	DME DME Supplier	_____
SY Salvage Yard Owner/Employee	HHA Home Health Agency	
TY Tow Yard Owner/Employee	MR Laboratory	
MD Medical Doctor	MH Medical Clinic Hospital	
DO Doctor of Osteopathic Medicine	MZ Office Administrator	
DEN Dentist	BS Billing Services	

Under W.Va. Code § 33-41-5, The following individuals having knowledge or believing that a fraudulent insurance act or any other act or practice which may constitute a felony or misdemeanor under this section is being or has been committed shall send to the division a report or information pertinent to the knowledge or belief and additional relevant information that the commissioner or his employees or agents may require: A person engaged in the business of insurance having knowledge or a reasonable belief that fraud or another crime related to the business of insurance is being, will be or has been committed.

Under W.Va. Code § 33-41-6, In the absence of a materially incorrect statements made maliciously or fraudulently, a person shall not be subject to civil liability for libel, slander, or any other relevant tort by virtue of filing reports or furnishing other information required by this chapter or requested by the division or its authorized representative.

Chapter 33, Article 41 Code of W.Va: Insurance Fraud Prevention Act
 Fraud Division
 West Virginia Office of the Inspector General
 West Virginia Insurance Commission
 #1 Players Club
 Charleston, WV 25311
 (304) 558-5241
 (800) 779-6853

Additional Party Involved/AKA Information

Type:	Name (Last):	(First):	(Middle):	Date of birth:	Age:	SSN:
Street Address (include P.O. Box and apartment #'s)			Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other		Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Policy:	State:	Zip:	County:	Telephone No.: ()	Phone Type <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus	
Driver's License #:	State:	VIN:		Telephone No.: ()	Phone Type <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus	
Vehicle Year:	Make:	Model:		License Plate #:	Reported Injuries:	
Employer:	Address & Phone #:			Occupation:		

Involvement in referral:

Additional Party Involved/AKA Information

Type:	Name (Last):	(First):	(Middle):	Date of birth:	Age:	SSN:
Street Address (include P.O. Box and apartment #'s)			Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other		Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Involvement in referral: