REASON FOR REPORT CATEGORY (Check all that apply)

_____ Application fraud
_____ Inflated loss/damages
_____ Faked or exaggerated injury/damages
_____ Forged/altered/falsified documents (e.g., receipts, invoices, medical reports)
_____ Fictitious loss/damages
_____ Phony or inflated thefts
_____ Multiple claims
_____ Involved in other suspicious claims/activity
_____ Staged or caused accident/injury
_____ Property theft from vehicle
_____ Unperformed auto repairs
_____ Vehicle theft
_____ Arson (home/business/vehicle) (Circle One)
_____ Water damage
_____ Double-dipping (compensated and working)
_____ Slip and fall
_____ Malingerers
_____ Premium avoidance
_____ Prior/fake injuries
_____ Injuries unrelated to work
_____ Inflated inventory
_____ Fraudulent death claim
_____ Murder-for-profit

_____ Agent fraud (e.g., pocketing premiums)
_____ Pocketing premiums
_____ Annuity fraud
_____ Issued forged ins. policies, certificates, binders, I.D. cards
_____ Possession of forged ins. policies, cert., binders, I.D.
_____ Worthless bond
_____ Prescription tampering/abuse
_____ Billing for services not provided
_____ Billing for unnecessary treatment
_____ Upcoding
_____ Unbundling
_____ Medical charges inconsistent with services provided
_____ Hired or paid cappers to recruit clients
_____ Received compensation for referral to medical provider/attorney
_____ Misrepresentation or changes to diagnosis (ICD-9), CPT Code, dates of service
_____ Durable medical equipment
_____ Lab scams
_____ Disability fraud
_____ Money laundering
_____ Kickbacks/bribery
_____ Ring/organized activity
_____ Other _____

Identify Other Agency or Entity Where You Have Filed a Report/Complaint

Name _____
Contact Person _____

_____
(Address) (State) (Zip) (Telephone) (Fax)

Other Insurance Companies Involved? ☐ Yes ☐ No ☐ Unknown
If you answered yes above, Name of Insurance Company _____
Contact Person _____

_____
(Address) (State) (Zip) (Telephone) (Fax)

DETAILED STATEMENT

Describe the facts, which led to the filing of this report. Please attempt to put in chronological order. Use additional paper if needed. Attach copies of all supporting documentation.