

SUSPECTED FRAUDULENT CLAIM

Fraud Division
State of Georgia
Department of Insurance

(PLEASE TYPE)

2 MLK JR Drive, Suite 708, West Tower, Atlanta,
GA 30334
404-656-2060

Form FB-1, Rev. 12/96

(A)	FOR STATE FRAUD UNIT USE ONLY INDEX NO. _____ STATUS _____
THIS FORM SHOULD BE ACCOMPANIED BY THE FB-2 FORM	

(B) Date of Discovery: _____

(C) Claim Number: _____

(D) Name of Reporting Carrier: _____

(E) Address: _____ (F) City, State & Zip : _____

(G) Contact Person: _____ (H) Telephone: _____

(I) Describe Nature of Suspected Fraudulent Activity (Circle all that apply)

(J) Claimant May Have:

1. Faked Property Damage
2. Inflated Financial Loss
3. Faked/Exaggerated Injury
4. Staged Accident/Injury
5. Been Known to File Suspect Claims
6. Other (Explain) _____

(K) Medical Provider May Have:

13. Provided an Inaccurate/Incomplete History
14. Billed for Services Not Provided
15. Upcoding or Billing for Excessive Treatments
16. Unbundling
17. Received Compensation for Referral to Medical or Legal Providers
18. Hired or Paid Cappers to Recruit Clients
19. Other (Explain) _____

(L) Legal Provider May Have:

7. Hired or Paid Cappers/Chasers to Recruit Clients
8. Received Paid Compensation for Referral to Medical Provider
9. Charged Inconsistent with Services Provided
10. Been Known to Handle Suspect Claims
11. Never Seen Clients, Non-Legal Staff Handles Case
12. Other (Explain) _____

(M) Other Person or Entity May Have:

20. Fabricated Services
21. Charged Inconsistent with Services Provided
22. Provided an Inaccurate/Incomplete History
23. Operated Without a License
24. Received Paid Compensation for Referral to Medical or Other Legal Provider
25. Other (Explain) _____

(N) **Summary of Activities:** _____

(O) **What Information Has Been Developed to Confirm Your Suspicion? (Circle All That Apply)**

(If Information is Being Developed, Please Note Below)

- | | | |
|---------------------------|--------------------------|----------------------------------|
| 1. Witnesses | 5. Videos (Sub-Rosa) | 9. Multiple Claims for Same Loss |
| 2. Photographs | 6. Investigative Reports | 10. Depositions/Sworn Testimony |
| 3. Medical Reports | 7. Correspondence | 11. Claimant Lied Under Oath |
| 4. Conflicting Statements | 8. Falsified Documents | 12. Other |

(P) **Information Being Developed:** _____

(Q) **Is There Any Reason to Believe This Incident is Related to Other Fraudulent Activity? (Check One)** Yes No **If Yes, Explain:** _____

(R) **Have You Reported This Matter to Other Organizations? (Check All That Apply)** District Attorney in _____ County
 Other State Fraud Unit(s): _____ Other Law Enforcemer
 Index System NAIC NICB **Other:** _____

IT'S THE LAW

Official Code of Georgia, Title 33-1-16, is the code section for reporting insurance fraud to the Fraud Unit and other Law Enforcement Agencies. This Title also grants immunity for reporting suspected fraudulent insurance acts to the Fraud Unit or other Law Enforcement Agencies.

Please send the referral to: Georgia Department of Insurance-Fraud Unit
2 MLK JR Drive, Suite 708, West Tower, Atlanta, Georgia 30334.

You may also fax the referral to 404-657-9186, but please still mail the original to ensure receipt.

**DEPARTMENT OF INSURANCE
FRAUD DIVISION**

Instructions & Definitions of Terms for FB-1
Suspected Fraudulent Claim Form

- (A) **"FOR STATE FRAUD UNIT USE ONLY"** - (This area used by State Fraud Unit personnel only).
- (B) **Date** - Date of discovery.
- (C) **Claim No.** - Carrier claim number.
- (D) **Name of Reporting Carrier** -
- (E) **Address** - Address of reporting insurance company.
- (F) **City/State/Zip Code** - City/State/Zip Code of reporting insurance/carrier.
- (G) **Contact Person** - Person(s) responsible for reporting claim and/or contact for further information on the claim.
- (H) **Telephone** - Area code and telephone number of contact person for the insurance company.
- (I) **Describe Nature of Suspected Fraudulent Activity** - Circle all letters that apply. (e.g., (J), (K), (L) and/or (M)).
- (J) **Claimant May Have** -
1. Faked property damage: e.g., damage to vehicle or residence or no damage.
 2. Inflated financial loss: e.g., business or individual claiming more than actual loss.
 3. Faked/exaggerated injury: e.g., stating an injury occurred when in fact, it did not.
Minor injury made to look like a major injury.
 4. Staged accident/injury: e.g., set-up accident to obtain funds illegally.
 5. Been known to file suspected claims: e.g., involvement in other suspicious or fraudulent claims.
 6. Other: Explain in detail. Use additional paper if necessary.
- (K) **Legal Provider May Have** -
7. Hired or paid/cappers/chasers to recruit clients: e.g., paying a person a fee to recruit clients.
 8. Received paid compensation for referral to medical provider: e.g., attorneys receiving payments for referrals to specific medical providers.
 9. Charges inconsistent with services provided: e.g., services were not rendered as agreed upon with clients or charges may be excessive.
 10. Been known to handle suspect claims: e.g., involvement with other suspected and/or fraudulent claims.
 11. Never seen clients, non-legal staff handles case: e.g., attorney's name on letterhead, office staff handles case, i.e., as legal administrator/legal assistant.
 12. Other: Explain in detail. Use additional paper if necessary.
- (L) **Medical Provider May Have** -
13. Provided an inaccurate/incomplete history: e.g., not providing complete and accurate information to an insurance company.
 14. Billed for services not provided: e.g., claiming treatment was rendered, when in fact it was not.
 15. Upcoding or billing for excessive treatments: e.g., billing for procedures at level higher than provided or billing for excessive or unnecessary treatments.
 16. Unbundling: e.g., billing separately for procedures generally considered as a group or package.
 17. Received compensation for referral to medical and/or legal providers: e.g., medical providers are receiving payments for referrals.
 18. Hired or paid cappers to recruit clients: e.g., paying an individual a fee to recruit clients.
 19. Other: Please explain in detail. Use additional paper if necessary.

(M) **Other Person or Entity May Have -**

20. Fabricated services: e.g., any person or provider who bills for services not rendered.
21. Charges inconsistent with services provided: e.g., billings not consistent with service.
22. Provided an inaccurate/incomplete history: e.g., not providing complete and accurate information to the insurance company.
23. Operated without a license: e.g., business or persons operating without a license.
24. Received paid compensation for referral to medical or legal provider: e.g., receiving a fee for referring persons to legal or medical providers.
25. Other: Explain in detail. Use additional paper if necessary.

(N) **Summary of Activities** - based on the items checked above, please give a detailed synopsis of the suspected fraudulent activity. Explain in Detail. Use additional paper if necessary.

(O) **What Information Has Been Developed To Confirm Your Suspicions?** - (circle all that apply) -

If information is being developed please note in item (P).

1. Witnesses
2. Photographs
3. Medical Reports
4. Conflicting Statements
5. Videos (Sub-Rosa)
6. Investigative Reports
7. Correspondence
8. Falsified Documents
9. Multiple claims for Same Loss
10. Deposition/Sworn Testimony
11. Claimant Lied Under Oath
12. Other: Explain in detail. Use additional paper if necessary.

(P) **Based on Item (N) and the items you have checked in (O), what information is being developed?** Explain in detail. Use additional paper if necessary.

(Q) **Do you have any reason to believe this incident is related to other fraudulent activity?**

Yes No (Check One)

If yes is checked, e.g., suspect involved in another insurance claim that may be similar to your loss, please provide the name, address, phone number, claim number and contact person of the other insurance company.

(R) **Have you reported this matter to other organizations?** (Check all that apply)

- District Attorney in _____ County
 - NICB
 - Other State Fraud Unit: _____
 - Other Law Enforcement: _____
 - Index System
 - NAIC
 - Other - Explain in detail. Use additional paper if necessary: _____
- _____
- _____

(1) DATE _____ (2) REPORT NO. _____

SUSPECTED FRAUDULENT CLAIM

FRAUD DIVISION

State of Georgia

Department of Insurance

2 MLK JR Drive, Suite 708, West Tower

Atlanta, GA 30334 404-656-2060

Form FB-2

FOR FRAUD USE ONLY	(3) CASE NO.	(4) COUNTY CODE	(5) FRAUD DIVISION INDEX NO.
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The data on this form will be used for automated file searches and processing. Clarity and accuracy are essential to the success of the system. Your cooperation will be greatly appreciated

(6) NAME OF INSURER	(7) INSURER ID NUMBER	(8) RESERVE AMOUNT	(9) AMOUNT PAID
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(10) CLAIM NUMBER	(11) DATE OF LOSS/INJURY MONTH DAY YEAR	(12) LOCATION OF LOSS/INJURY (PRINT "SAME" IF INSURED ADDRESS)
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(13) TYPE OF CLAIM. ENTER APPLICABLE CODE FROM FORM FB-2, PAGE 4.


✓		
S U S P E C T		<p>Note: In the box to the left of each name, enter the code that best describes the person or business. Make a check mark if they are a suspect (See Form FB-2 Page 4 for codes).</p>

		NAME OF INSURED/EMPLOYER (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
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A		ADDRESS/APARTMENT NO.					
		CITY	STATE	ZIP	TELEPHONE NO.	VIN NUMBER	
		DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.	

		NAME (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
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B		ADDRESS/APARTMENT NO.					
		CITY	STATE	ZIP	TELEPHONE NO.	VIN NUMBER	
		DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.	

		NAME (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
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C		ADDRESS/APARTMENT NO.					
		CITY	STATE	ZIP	TELEPHONE NO.	VIN NUMBER	
		DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.	

		NAME (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
D	ADDRESS/APARTMENT NO.						
	CITY	STATE	ZIP	TELEPHONE NO.		VIN NUMBER	
	DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.		
		NAME (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
E	ADDRESS/APARTMENT NO.						
	CITY	STATE	ZIP	TELEPHONE NO.		VIN NUMBER	
	DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.		
		NAME (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
F	ADDRESS/APARTMENT NO.						
	CITY	STATE	ZIP	TELEPHONE NO.		VIN NUMBER	
	DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.		
		NAME (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
G	ADDRESS/APARTMENT NO.						
	CITY	STATE	ZIP	TELEPHONE NO.		VIN NUMBER	
	DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.		
		NAME OF (LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
H	ADDRESS/APARTMENT NO.						
	CITY	STATE	ZIP	TELEPHONE NO.		VIN NUMBER	
	DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.		
		NAME(LAST)	FIRST	MI	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
I	ADDRESS/APARTMENT NO.						
	CITY	STATE	ZIP	TELEPHONE NO.		VIN NUMBER	
	DRIVER'S LICENSE NO.	STATE	LICENSE PLATE NO.	STATE	PROFESSIONAL LICENSE NO.		

**DEPARTMENT OF INSURANCE
FRAUD DIVISION**

**Instructions for the Suspected Fraudulent
Claims Sheet Form (FB-2)**

Item Numbers 1-5 to be used by State Fraud Unit personnel only

1. Date of Report
2. Report Number
3. Case Number
4. County of Occurrence
5. Fraud Division Index Number

6. Enter the name of the insurance/carrier company - (20 characters)
7. Enter insurance/carrier number assigned by the Department of Insurance.
(Certificate of Authority, not the NAIC company code identifier).
8. Enter reserve dollar amount established for the claim.
9. Enter amount paid on the claim. **(Partial/full amount paid to date.)**
10. Enter claim number. **(20 Characters)**
11. Enter date of loss. **(month/date/year) (20 characters)**
12. Enter location of loss/injury. **(29 characters) (Type "Same" if insured address)**
13. Enter type of claim. **(Enter applicable code from code sheet - choose one code only)**

Section A. State name of policyholder and all identifiers that relate to the insured. If the policyholder is a business entity, list the business name, address, etc., on this line. Owners of the business will be indicated in Sections B, C, etc.

Section B. Begin listing parties to the loss. Refer to the code sheet which defines parties to the loss, and the applicable codes. Use additional Sections as necessary.

Note: Certain fields on this sheet will allow only a specified number of characters or digits.

- e.g.
- Last Name — 18 characters
 - First Name — 10 characters
 - Middle Initial — 1 character
 - DOB — 6 characters
 - Age — 2 characters
 - Social Security — 9 characters
 - Street/Apt. Address — 52 characters
 - City — 12 characters
 - State — 2 characters
 - Zip Code — 9 characters i.e., 12345-9999
 - Telephone Number — 10 characters
 - Vin Number — 17 characters
 - Drivers License/Tax ID Number — 22 Characters
 - State Area — Indicate state in which drivers license was issued — 2 characters
 - License Plate Number — list license plate — 7 characters
 - State — specify state in which license plate was issued
 - Professional license number — list medical/legal license — 15 characters

SUSPECTED FRAUDULENT CLAIM

Fraud Division

State of Georgia

2 MLK JR Drive, Suite 708, West Tower,
Atlanta, Georgia 30334 404-656-2060

CODE SHEET

Type of Claims:

AUTO INJURY
10—Doctor/Lawyer
11—Claimant/Insured Only
12—Auto Injury - Other
13—Staged Accident

LIFE
40—Life
41—Life - Other

FIRE
70—Small Business Fire
71—Organized Ring
72—Home
73—Fire - Other

AUTO PROPERTY
20—Fake Damages
21—Inflated Damages
22—Vehicle Theft
23—Vehicle Arson
24—Auto Property - Other
25—Property Theft From Vehicle

WORKERS' COMP. ONLY
50—Workers' Comp. Claimant
51—Insurance Employee Fraud
52—Legal Provider
53—Medical Provider
54—Pharmacy
55—Workers' Comp. - Other

THEFT
80—Burglary
81—Property Theft
82—Lost Baggage
83—Boat/Aircraft
84—Theft - Other
85—Damaged

MEDICAL/HEALTH
30—Slip & Fall
31—Medical/Health - Other
32—Inflated Billing
33—Disability
34—Food Contamination
35—Pharmacy

OTHER
60—Casualty/Property - Other

OTHER
90—Property - Other

Parties to the Loss Codes:

01—Claimant
02—Witness
03—Medical Clinic
04—Alias
05—Medical Doctor
06—Chiropractor
07—Attorney

08—Body Shop
09—Other (Specify)
10—Law Firm
11—Psychologist
12—Physical Therapist
13—Interpreter
14—Legal Administrator

15—Employer
16—Claims Adjuster
17—Osteopath
18—Physician's Assistant
19—Nurse Practitioner
20—Broker/Agent

Instructions and Definitions of Terms
For Code Sheet Form FB-2

Auto Injury

Code Number

- 10 Doctor/Lawyer:**
e.g., auto accident claim submitted. Doctor/Attorney involvement
- 11 Claimant/Insured Only:**
e.g., no doctor or attorney representation
- 12 Auto Injury Other:**
e.g., auto accident occurred, claimants alleging injury. Inflating minor injuries
- 13 Staged Accident:**
e.g., collision occurs, not true accident, planned or staged. i.e., paper accident/accident never occurred

Auto Property

Code Number

- 20 Faked Damages:**
e.g., claiming damages when no damages occurred
- 21 Inflated Damages:**
e.g., minor damage to vehicle/claim inflated
- 22 Vehicle Theft:**
e.g., partial or whole vehicle stolen
- 23 Vehicle Arson:**
e.g., vehicle stolen, recovered torched
- 24 Auto Property Other:**
e.g., vandalism of vehicle parts, i.e., T-top, rims, stereo, tires
- 25 Property Theft From Vehicle:**
e.g., personal property stolen from vehicle

Medical/Health

Code Number

- 30 Slip and Fall:**
e.g., staged slip & fall - witnessed/unwitnessed
- 31 Medical/Health Other:**
e.g., foreign object in food or drink
- 32 Inflated Billing:**
e.g., excessive charges for services rendered or not rendered
- 33 Disability:**
e.g., unable to work due to injury
- 34 Food Contamination:**
e.g., food poisoning
- 35 Pharmacy:**
e.g., excessive billings from pharmacy to insurance company

Life

Code Number

- 40 Life - A**
e.g., death never occurred; insured discovered living
- 40 Life - B**
e.g., injured dies; beneficiary not entitled to collect benefits
- 41 Life - Other**
e.g., forged policy

Workers' Compensation

Code Number

- 50 Workers' Comp. Claimant:**
e.g., claimant has committed perjury or violated (insert appropriate code) for the purpose of collecting benefits (the entire claim or any part of the claim) or other violations of the law
- 51 Insurance Company Fraud:**
e.g., adjuster kickbacks, violations of (insert appropriate code), or other violations of the law
- 52 Legal Provider:**
e.g., use of cappers to obtain kickbacks for referrals or other violations of the law
- 53 Medical Provider**
e.g., use of cappers to obtain kickbacks for referrals, self-referrals or other violations of the law
- 54 Pharmacy:**
e.g., providing generic medication while charging for name brand drugs or other violations of the law
- 55 Workers' Comp. Other:**
e.g., employer premium fraud, fraud perpetrated by vendors other than legal or medical, i.e., vocational rehabilitation vendors, investigators or others

Other

Code Number

- 60 Casualty/Property Other:**
e.g., insured employee or adjuster embezzling from employer

Fire

Code Number

- 70 Small Business Fire:**
e.g., business fire possible arson
- 71 Organized Ring:**
e.g., organized group of individuals
- 72 Home/Residence:**
e.g., arson for profit
- 73 Fire - Other:**
e.g., fire to cover any suspicious activity

Theft

Code Number

- 80 Burglary:**
e.g., home or business burglary, items claimed stolen; inflating claim with additional items
- 81 Property Theft:**
e.g., personal property stolen outside residence or business
- 82 Lost Baggage:**
e.g., lost baggage/luggage; items not stolen, inflating claim with additional items
- 83 Boat/Aircraft:**
e.g., items were claimed stolen, later recovered
- 84 Theft - Other:**
Provide detailed explanation
- 85 Damaged:**
e.g., claiming personal property or other items taken/damaged

Other

Code Number

90 Property - Other:

e.g., water damage, broken water lines, earthquake and vandalism

Definitions of the Parties to the Loss:

1. **Claimant:** Person making the claim against the insured's policy
2. **Witness:** Person who has first person knowledge of the incident and is able to testify
3. **Medical Clinic:** Treating medical facility of parties involved in loss
4. **Alias:** Any additional names, social security numbers, driver's license numbers, and other identifiers that may be used by any of the parties in the loss
5. **Medical Doctor:** MD
6. **Chiropractor:** D.C.
7. **Attorney:** Attorney representing claimant(s) to the loss
8. **Body Shop:** Auto body repair shop used by parties to the loss
9. **Other:** Specify other applicable parties to the loss
10. **Law Firm:** The law firm representing the parties to the loss
11. **Psychologist:** Psychologist treating parties to the loss
12. **Physical Therapist:** Physical therapist treating parties to the loss
13. **Interpreter:** Language translator for parties to the loss
14. **Legal Administrator:** Provide legal assistance to the parties of the loss on behalf of the law firm
15. **Employer:** Policyholder for claimant/applicant
16. **Claims Adjuster:** Adjuster employed by insurance company
17. **Osteopath:** Specializing in somatic abnormalities for parties to the loss
18. **Physician's Ass't:** Medically trained physician's assistant
19. **Nurse Practitioner:** Medically trained physician's assistant
20. **Broker/Agent:** One who acts as an agent for others in negotiating contracts of insurance

General Definitions:

- A. **Suspicious Claim:** A suspicious claim is any claim that an insurance company has reason to believe, based upon the evidence, may contain one or more material misrepresentations.
- B. **Monetary Threshold:** The monetary amount of the claim should not be considered in the decision to refer to a state fraud bureau. A report should always be made if the claim is denied because of fraud.
- C. **Time Threshold:** Consideration should be given to the claim payment requirements of the "Unfair Claims Practices Act". Fraud bureau reporting should not be in conflict. Some insurers report immediately after denial while others wait 60 days. It would seem appropriate to report within 60 days after claim is considered to be suspicious.
- D. **Insurer Referral Source:** Referrals should be sent from the Special Investigative Unit (SIU), designated individual or authorized agent. This type of flexibility will accommodate companies with no SIU and who contract with an independent firm for services.
- E. **Reporting Stage:** The report should be made after an insurer has completed enough of the investigation, based upon the evidence presented to consider the claim to be potentially fraudulent. If the report is made before this stage, an insurer's liability exposure would be greatest.

