

SUSPECTED FRAUD CLAIM

Fraud Division
State of Montana
Department of Insurance
840 Helena Ave.
Helena, MT 59601
YOUR NAME _____

FOR OFFICE USE ONLY
ID# _____

DATE OF DISCOVERY _____
TELEPHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

A. DESCRIBE NATURE OF SUSPECTED FRAUDULENT ACTIVITY (CIRCLE ALL THAT APPLY)

- 1. FAKED PROPERTY DAMAGE
2. INFLATED FINANCIAL LOSS
3. FAKED/EXAGGERATED INJURY
4. STAGED ACCIDENT/INJURY
5. BEEN KNOWN TO FILE SUSPECT CLAIMS
6. PROVIDED AN INACCURATE/INCOMPLETE HISTORY
7. BILLED FOR SERVICES NOT PROVIDED
8. BILLED FOR EXCESSIVE OR EXTENDED TREATMENTS
9. FABRICATED SERVICES
10. CHARGED INCONSISTENT WITH SERVICES PROVIDED
11. OTHER (EXPLAIN): _____

SUMMARY OF ACTIVITIES _____

B. WHAT INFORMATION HAS BEEN DEVELOPED TO CONFIRM YOUR SUSPICION? (CIRCLE ALL THAT APPLY) (IF INFORMATION IS BEING DEVELOPED, PLEASE NOTE BELOW)

- 1. WITNESSES
2. PHOTOGRAPHS
3. MEDICAL REPORTS
4. CONFLICTING STATEMENTS
5. VIDEOS
6. INVESTIGATIVE REPORTS
7. CORRESPONDENCE
8. FALSIFIED DOCUMENTS
9. MULTIPLE CLAIMS FOR SAME LOSS
10. DEPOSITIONS/SWORN TESTIMONY
11. CLAIMANT LIED UNDER OATH
12. OTHER (EXPLAIN): _____

INFORMATION BEING DEVELOPED: _____

C. DO YOU HAVE ANY REASON TO BELIEVE THIS INCIDENT IS RELATED TO OTHER FRAUDULENT ACTIVITY?

(CHECK ONE) YES NO IF YES, PLEASE DESCRIBE: _____

D. HAVE YOU REPORTED THIS MATTER TO OTHER ORGANIZATIONS? (CIRCLE ALL THAT APPLY)

- 1. COUNTY ATTORNEY'S OFFICE (COUNTY) _____
2. U.S. ATTORNEY'S OFFICE
3. OTHER LAW ENFORCEMENT
4. NICB
5. OTHER _____

E. IS THIS AN INSURANCE COMPANY REFERRAL? YES NO

IF KNOWN, INSURANCE COMPANY _____ CLAIM # _____

CONTACT PERSON _____ ADDRESS _____ CITY, STATE, ZIP _____ PHONE _____

F. SUSPECT

Last First MI. Date of Birth Social Security #
Street/Apartment # City State Zip Code Telephone #
V.I.N. Driver's License # State License Plate # State Professional License #

ALL INFORMATION WILL BE KEPT CONFIDENTIAL