UNIFORM SUSPECTED INSURANCE FRAUD REPORTING

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 58333 (2-2008)

Clear Fields

Name of Insurance Company			NAIC Number
Name of Person Reporting			Telephone Number
Address	City	State	Zip Code
E-Mail Address			Fax Number
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 Code	
Claim Number			Policy Number
Reserve Amount	Amount Paid	Date Paid	Procedure Code Numbers ☐ CPT ☐ CDT
Loss Amount	Settlement Amount	Date Paid	Civil Litigation Pending ☐ Yes ☐ No

Insurance Type
☐ PC ☐ HC ☐ Life ☐ WC ☐ Auto ☐ Disability

SUBJECT INFORMATION

Type	Name	Gender ☐ Male ☐ Female	Date of Birth	Age

Address	City	State	Zip Code
Address Type ☐ Residential ☐ Business ☐ Maildrop ☐ Other	Telephone Number ☐ Home ☐ Cell ☐ Business	Telephone Number ☐ Home ☐ Cell ☐ Business	
County	Social Security Number	Federal ID Number ☐ TIN ☐ EIN	
Vehicle Year / Make	Model	License Plate Number	
VIN	Driver's License Number	State	
Reported Injuries			

Employer	Occupation	Telephone Number
Address	City / State / Zip Code	
☐ Additional Party Involved ☐ AKA Information **See Additional Party Involved/AKA Information**	Comments	

CASE DETAILS

Check all that apply

- ☐ Statements (Witness/Insured/Subject)
  - ☐ Sworn ☐ Recorded
- ☐ Proof of Loss
- ☐ Continuance of Disability Forms
- ☐ Medical Records
- ☐ Other
- ☐ EUO/Deposition
- ☐ Copies of Receipts
- ☐ Expert Report
- ☐ Videos/Photos
- ☐ Claim Information
- ☐ Other
- ☐ Law Enforcement/Other Agency Reports
- ☐ Claim History Extracts
- ☐ IME Reports
- ☐ Investigative Reports
- ☐ External Database Results
- ☐ Other

Has an SIU investigation been completed? ☐ Yes ☐ No	Date Completed	Is there any reason to believe that this incident is related to other suspected fraudulent activity? ☐ Yes ☐ No

OTHER AGENCY YOU HAVE CONTACTED REGARDING THIS REFERRAL

Agency Type ☐ Other State Fraud Bureau ☐ Other Insurance Company ☐ Other ☐ Law Enforcement ☐ Regulatory Agency			Case/Claim Number
Agency			Fax Number
Contact Person			Telephone Number
Address	City	State	Zip Code

SUSPECTED FRAUD TYPES

Check all that apply

- ☐ Arson
  - ☐ Home ☐ Vehicle ☐ Business
- ☐ Fictitious Loss ☐ Damages
- ☐ Fictitious Theft
  - ☐ Vehicle ☐ Property
- ☐ Inflated Inventory
- ☐ Inflated Loss ☐ Damages
- ☐ Inflated Theft
  - ☐ Vehicle ☐ Property
- ☐ Double-dipping
- ☐ Exaggerated Injuries
- ☐ Injuried not Related to Work
- ☐ Malingerers
- ☐ Misappropriated Vehicle Salvage
- ☐ Premium Avoidance
- ☐ Prior Injuries
- ☐ Slip and Fall
- ☐ Staged Injury/Accident at Work
- ☐ Staged Collisions
- ☐ Paper Accidents
- ☐ Other _____
- ☐ Agent Fraud
- ☐ Application Fraud
- ☐ Billing for Services/Products Not Provided
- ☐ Failure to Disclose Multiple Insurance Companies
- ☐ False Claims
- ☐ Illegal Solicitation (cappers)
- ☐ Issued Fraudulant Insurance Policies, Certificates, Binders, ID Cards
- ☐ Misrepresentation of Services/ Products Provided
- ☐ Kickbacks/Bribery
- ☐ Money Laundering
- ☐ Multiple Claims
- ☐ Possessions/Sold Fraudulent Insurance Policies, Certificates, Binders, ID Cards
- ☐ Questioned Documents
  - ☐ Altered ☐ Falsified
  - ☐ Forged ☐ Duplicated
- ☐ Received Compensation for Referral to Health Care Provider or Attorney
- ☐ Ring/Organized Activity Type
- ☐ Duplicate Billing for Same Service
- ☐ Forged Prescriptions
- ☐ Fraudulent Death Claims
- ☐ Over-Utilization of Services
- ☐ Prescription Abuse/Doctor Shopping
- ☐ Prescriptions Issed for Non-medical Purposes
- ☐ Unbundling
- ☐ Upcoding
- ☐ Misrepresented Non-covered Services as Covered
- ☐ Changing Dates of Service, CPT/CDT/Diagnostic Codes
- ☐ Charges Inconsistent with Services Provided
- ☐ Products Billed are Inconsistent with the Products
- ☐ Using Unqualified/Unlicensed Persons to Perform Billable Services
- ☐ Other _____

SUBJECT/ADDITIONAL PARTY TYPES

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

ADDITIONAL PARTY INVOLVED/AKA INFORMATION

Type	Name	Gender ☐ Male ☐ Female	Date of Birth	Age
Address	City	State	Zip Code	
Address Type ☐ Residential ☐ Business ☐ Maildrop ☐ Other	Telephone Number ☐ Home ☐ Cell ☐ Business	Telephone Number ☐ Home ☐ Cell ☐ Business		
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Vehicle Year / Make	Model	License Plate Number		
VIN	Driver's License Number	State		
Reported Injuries				
Employer	Occupation	Telephone Number		
Address	City	State	Zip Code	
Involvement in Referral				

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N.D.C.C. 26.1-02.1-04 provides immunity from certain criminal and civil actions for persons who report insurance fraud without malice.

N.D.C.C. 26.1-02.1-07 provides that reports of insurance fraud are confidential.