

**Claim Analysis Group, LLC**

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CASE INTAKE FORM

EMAIL THE FORM TO: [CASES@CLAIMANALYSISGROUP.COM](mailto:CASES@CLAIMANALYSISGROUP.COM)

Company

Full Name

Title

Email

Phone (optional):

Preferred method of contact

Email

Phone

Loss Date

State / Jurisdiction

Line of Business

Claim number

Policy number

Reason for Review (check any that apply):

- Inconsistencies in documentation
- Timeline concerns
- Repeated or patterned indicators
- Volume or workload constraints
- Pre-payment or post-payment review
- Audit support

- Others

Type of Review Requested:

- Fraud Indicator Claim Review
- Travel Claim Fraud Review
- Claim Background Insight Review
- Claim Defensibility Review

Desired Outcome (Optional)

- Clarity inconsistencies
- Support claim decision
- Document investigative rationale
- Determine if escalation is warranted
- Review file defensibility

Briefly describe what prompted the review (Optional)

Disclaimer\*

- I understand this review is based on the information provided and may help determine whether additional verification or review is appropriate
- I confirm all submitted information is shared in accordance with applicable confidentiality and privacy requirements