

Claim Analysis Group, LLC

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CAG Case Intake Form

Mail the completed form to

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:

- Background Insight Review
- Travel Claim Fraud Investigation
- SIU Deep Dive Investigation & Analysis

Desired Outcome (Optional)

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

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