

Claim Analysis Group

SIU Focused. Expertise Powered. Clarity Delivered.

Submission

Please email this completed form and any supporting documents to: cases@claimanalysisgroup.com

Turnaround: standard 1–5 business days (expedite upon request).

Requested Service (select one or more):

Case Review SIU Analysis Background Insight Review

Case Information

Claim Number (required):

Date of Loss:

Insured / Policyholder:

Claimant(s):

State / Jurisdiction:

Line of Business:

Submitting Party

Company:

Contact Name:

Title:

Email:

Phone (optional):

Brief Summary of Loss / Concern:

Observed Indicators (check any that apply):

- Inconsistent statements / narrative drift
- Late report / gap between loss and treatment
- Treatment pattern inconsistent with injury
- Billing anomalies / duplicate charges
- Prior losses or overlapping claims
- Suspicious provider / clinic pattern
- No witnesses / unverifiable details
- Online indicators contradict account

Confidential: Investigative support for claims/SIU operations. No system access required.

Requested Focus / Notes:

www.claimanalysisgroup.com | cases@claimanalysisgroup.com | support@claimanalysisgroup.com