

# Claim Analysis Group

*SIU Focused. Expertise Powered. Clarity Delivered.*

## Submission

Please email this completed form and any supporting documents to: [cases@claimanalysisgroup.com](mailto: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](http://www.claimanalysisgroup.com) | [cases@claimanalysisgroup.com](mailto:cases@claimanalysisgroup.com) | [support@claimanalysisgroup.com](mailto:support@claimanalysisgroup.com)