

Case Intake Form

Submission:

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

Turnaround: standard 1–4 business days (expedite upon request).

Requested Service (select one or more):

SIU Deep Dive Investigation & Analysis Travel Claim Fraud Investigation 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

Confidential: SIU investigative analysis for claims and SIU operations.

No system access required.

www.claimanalysisgroup.com | cases@claimanalysisgroup.com | contact@claimanalysisgroup.com

Claim Analysis Group, LLC
11811 North Freeway, Suite 222
Houston, TX 77060
Email form to: cases@claimanalysisgroup.com

Prior losses or overlapping claims

Suspicious provider / clinic pattern

No witnesses / unverifiable details

Online indicators contradict account

Requested Focus / Notes:

Special Instructions:

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