



Workers' Compensation Fraud Indicators Broadspire

It is important to remember that indicators listed here are merely possible “red flags,” not actual evidence of fraud. Even the presence of several indicators, while suggestive of possible fraud, does not mean that fraud has definitely been committed. When you have several of these indicators present or a pattern begins to emerge, you should consult with your G4S Compliance & Investigation representative.



The Medical Treatment Provider

- A single medical provider with a high percentage of claimants with attorneys, especially if the same attorney.
- A specific provider prescribes unnecessary Durable Medical Equipment or supplies.
- Billing workers' compensation carrier and another insurer full charge for “same” services; payment is accepted from both.
- Consistent improper billing practices, such as unbundling, up-coding and/or double billing.
- Diagnosis inconsistent with treatment or pathology report conflicts with the diagnosis.
- Health care provider is known for suspicious treatment or the employer is suspicious about a particular health care provider.
- Medical providers steer claimants to attorneys and/or bills through an attorney.
- Medical records consist of “template” style reports or consist of “canned” notes.
- Medical records show different handwriting on same dates of service; gender is wrong or not noted.
- Medical records show different inks on same dates of service or the same ink and handwriting covering a lengthy period of time.
- Progress notes consistently reflect high degree of pain on each visit while stating “progressing as planned” or “good improvement.”
- Records provided are photocopies of originals.
- The claimant submits no transportation bills or is confirmed elsewhere on the same day that medical treatment is billed.
- The claimant writes unsolicited statements about how much better they are, but treatment continues and they don't return to work.
- The claimant receives unauthorized treatment with a questionable emergency.
- The insurer receives a demand from an attorney for referral to a specific medical provider.
- The medical bills show excessive early referrals for psychiatric testing when accident involved trauma only.
- The medical provider holds bills and submits them all at one time, especially if submitted through an attorney, indicating possible collusion.
- The medical provider is reluctant to communicate with the insurer but initiates calls to a claimant attorney.
- The medical provider refers claimants unnecessarily to specific medical specialists (may be kickback scheme in place).
- The medical provider repeatedly calls the patient back for treatment and keeps the “medicals” open.
- The medical reports show excessive referrals to specific providers, yet there is no apparent serious injury.
- The same medical provider always bills for extra time, extra body parts and/or special considerations.
- There are conflicting medical reports; i.e., independent medical examinations, emergency room reports vs. subsequent office visits, operative reports vs. anesthesia reports, pathology reports vs. consent forms; noteworthy inconsistent findings between providers.
- There are missing dates of service or there are non-sequential notes or lot numbers on invoices.
- Unexpected high costs (special supplies, home therapies, diagnostic testing) begin early for a minor injury, soft tissue and subjective findings.
- When medical records are requested, insurer is advised the records are lost, stolen or burned.

Claimant, Prior Claims History and Current Working Status

- A surveillance or “tip” reveals the totally disabled worker is currently employed elsewhere.
- After injury, the injured worker is never home or a spouse/relative who answers the phone says the injured worker “just stepped out.”
- Return calls to the claimant’s residence have strange or unexpected background noises, which indicate it may not be a residence.
- Review of the rehabilitation report describes the claimant as being muscular, well tanned, having callused hands and/or grease under nails.
- The claimant changes physicians when a release for work has been issued.
- The claimant demands quick settlement decisions of commitments or is consistently uncooperative.
- The claimant has a history of reporting subjective injuries.
- The claimant has several other family members also receiving workers’ compensation benefits or other benefits, such as unemployment.
- The claimant is unusually familiar with workers’ compensation claims handling procedures and laws.
- Workers’ compensation claims contain whiteout or are submitted as a photocopy.

Circumstances of the Accident

- Fellow workers hear rumors circulating that the accident was not legitimate.
- The accident is not promptly reported by the employee to a supervisor.
- The accident is unwitnessed or witnesses to the accident conflict with the applicant’s version or with one another.
- The accident occurs in an area where the injured employee would not normally be.
- The accident occurs just prior to a strike, job termination, layoff or near the end of the employee’s probationary period.
- The accident occurs late Friday afternoon or shortly after the employee reports to work on Monday.
- The claimant has leg/arm injuries at odd times, i.e. at lunch hour.
- The details of the accident are vague or contradictory, have inconsistencies or are generally not credible.
- The employer’s first report of injury contrasts with the description of the accident set forth in the medical history.
- The task that caused the accident isn’t the type the employee should be involved in such as an office worker lifting heavy objects on to a loading dock.

The Claimant’s Attorney

- The attorney lien or representation letter is dated the day of the reported accident.
- The claimant initially wants to settle with the insured but later retains an attorney and reports increased subjective complaints.
- The claimant’s attorney inquires about a settlement or buyout early in the life of the claim process.
- The claimant’s attorney is known for handling questionable claims.
- The claimant’s attorney threatens legal action unless a quick settlement is made.
- The same doctor/lawyer combination previously known to handle similar questionable injury claims.
- There are a high number of workers’ compensation applications from a specific firm.
- There is wholesale claim handling by law firms and multiple class action suits.
- There is a pattern of occupational type claims for “dying” industries, such as black lung disease or asbestosis.

Broadspire[®]
A CRAWFORD COMPANY

Securing Your World

www.g4s.us/investigations

Compliance & Investigations: 910 Paverstone Drive, Raleigh, NC 27615 United States Toll Free: (800) 927-0456 Fax: (800) 927-2239

Corporate Solutions: 3950 RCA Blvd, Ste. 5003 Palm Beach Gardens, Florida 33410 United States Toll Free: (800) 275-8318 Fax: (800) 275-8319

Western Region: 10390 Commerce Center Drive, Ste. C-100, Rancho Cucamonga, CA 91730 United States Toll Free: (888) 501-7017 Fax: (888) 836-4189

Canada: 50 McIntosh Drive, Suite 207 Markham, Ontario L3R 9T3 Canada Toll Free: (866) 860-7068 Fax: (416) 444-5841

Australia Headquarters: Level 3, 184 Bourke Road, Alexandria NSW 2015 Australia Phone: +61 2 9669 5633 Fax: +61 2 9669 5922

License Information: AZ License: 1003569 • CA License: PI-19994 • DC License: 0387 • FL License: A9100044 • GA License: PDC001083 • HI License: PDA621 • IL License: 117000920
IN License: PI20700059 • MI License: 3701205558 • MT License: 4815 • NV License: 1546 • Licensed by the New York State Department of State: 11000030490 • Licensed by the Private
Protective Services Board of the State of North Carolina: 1137 • OH License: 200921001467 • TX License: A08713 • UT License: P100177 • VA License: 11-1274 • WA License: 755