

Workers' Compensation Fraud Red Flag Checklist:

Claimant's Name: _____ Date of Injury: _____

Mark applicable red flag indicators. Describe red flag indicators on reverse.

NOTE: Red flags are indicators of the need for further investigation of a claim to determine its legitimacy. The applicability of one or even several "red flag" indicators is not necessarily indicative of the existence of workers' compensation fraud.

<input type="checkbox"/>	1. Unexplainable delay in reporting
<input type="checkbox"/>	2. No witnesses to the alleged injury-producing incident
<input type="checkbox"/>	3. Insufficient detail was provided surrounding the injury-producing incident
<input type="checkbox"/>	4. Alleged injury seems inconceivable considering the work which the claimant performs
<input type="checkbox"/>	5. Injury is not visible (e.g., soft tissue injury)
<input type="checkbox"/>	6. Degree of injury is not likely to result from alleged injury-producing incident
<input type="checkbox"/>	7. Allegations or rumors of fraud and/or the claimant has been observed working elsewhere
<input type="checkbox"/>	8. Incident was reported on a Monday morning (or after one or more days off work)
<input type="checkbox"/>	9. Claimant is a new employee
<input type="checkbox"/>	10. Claimant has no health insurance coverage
<input type="checkbox"/>	11. Claimant has used all available sick days and vacation days
<input type="checkbox"/>	12. Claimant is known to have personal financial problems
<input type="checkbox"/>	13. Claimant is physically active outside
<input type="checkbox"/>	14. Claimant has submitted workers compensation claims in the past
<input type="checkbox"/>	15. Inconsistencies revealed from the claimant's initial description of the injury-producing incident
<input type="checkbox"/>	16. Claimant is unusually familiar with the workers compensation system
<input type="checkbox"/>	17. Claimant is uncooperative and/or objects to administrative controls intended to address workers' compensation fraud
<input type="checkbox"/>	18. Claimant does not provide a street address for a residence
<input type="checkbox"/>	19. Employer is frequently unable to contact the claimant while off work due to an alleged injury
<input type="checkbox"/>	20. Claimant obtained legal representation soon after the alleged incident and/or has obtained legal counsel with a questionable reputation
<input type="checkbox"/>	21. Subsequent medical evaluations apparently contradict the initial evaluation
<input type="checkbox"/>	22. Employee has missed scheduled physician visits or rehabilitation appointments
<input type="checkbox"/>	23. Treatment being provided seems more extensive than the injury warrants
<input type="checkbox"/>	24. Claimant has changed medical providers more than once after the initial treatment