

# ADOI

Arizona  
Department of Insurance

# FRAUD REFERRAL

Page \_\_\_\_ of \_\_\_\_  
\* See Instructions on Reverse Side

2910 N. 44<sup>th</sup> St. # 210  
Phoenix, AZ 85018  
602-364-2140  
FAX: 602-912-8419

SUBMITTED TO INITIATE INVESTIGATION

SUBMITTED FOR INFORMATION ONLY

**PLEASE REVIEW INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM**

Date of Preparation		Insurance Company Name				NAIC	
Insurance Company Address				City		State	ZIP Code
Contact Person Name			E-mail Address			Phone Number	
Policy Number			Claim Number			Date of Loss	
Reason for Suspicion Codes							
Has law enforcement received this information? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, complete ►			Law Enforcement Agency				
Law Enforcement Contact Person					Phone Number		
Why do you suspect fraud (reason for referral)?							
Location of Loss: Address				City		State	ZIP Code
Policy Type	Loss Type	Est. Claim Value		Was claim paid? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**INFORMATION FOR WORKERS' COMPENSATION OR HEALTH CARE PROVIDER REFERRAL** (otherwise, leave blank)

Health Care Provider			Tax ID Number		Phone Number		
Health Care Provider Address				City		State	ZIP Code
Is the health care provider the subject of this referral?					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Did the subject of this referral previously submit suspicious claims?					<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has any outside investigation or surveillance been conducted?					<input type="checkbox"/> YES <input type="checkbox"/> NO Video? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Outside Investigator Name			E-mail Address			Phone Number	

**CLAIMANT AND OTHER ROLE INFORMATION** - Please provide additional role information using Form 100

<b>#1</b>	Role	First Name		Middle Name	Last Name		Jr/Sr/III/etc.	
	Name of Business, DBA or Alias						Phone Number	
	Address				City		State ZIP Code	
	DOB	SSN		TIN(S)				
	Occupation				Driver License #		State	
	Vehicle ID Number (VIN)		Year	Make		Model	Style/Color	
	License Plate #		Year	State	Type			
	Reported Injuries, Disease, Illness or Condition							
	<b>ADOI USE ONLY</b>		ADOI Reviewer			Date		Control Number
			Case Assigned To			Date		Referral Disposition Code

<p style="text-align: center;"><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li>To expedite the referral process please fill out all necessary items as completely as possible.</li> <li>Use a separate form for each claim number and mail or fax to the address/phone listed below.</li> <li>Use as many forms as necessary for additional insured, claimants, doctors, attorneys, etc. And repeat the claim number on every form.</li> <li>Staple all related forms together.</li> </ul> <p>MAIL TO: ADOI - FRAUD UNIT 2910 N. 44<sup>TH</sup> ST., #210 PHOENIX, AZ 85018</p> <p>FAX TO: 602-912-8419</p>	<p style="text-align: center;"><b>POLICY TYPE CODES</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>PAUT</td><td>Personal Automobile - General</td></tr> <tr><td>PPAP</td><td>Personal Property - General</td></tr> <tr><td>PPHO</td><td>Personal Property -Homeowners</td></tr> <tr><td>COMP</td><td>Commercial - Multi Peril</td></tr> <tr><td>CCRM</td><td>Commercial Crime</td></tr> <tr><td>CAUT</td><td>Commercial Automobile</td></tr> <tr><td>CPRP</td><td>Commercial Property</td></tr> <tr><td>WORK</td><td>Worker's Compensation</td></tr> <tr><td>ACHE</td><td>Accident/Health/Disability</td></tr> <tr><td>LIFE</td><td>Life</td></tr> <tr><td>MAME</td><td>Major Medical</td></tr> <tr><td>HHMO</td><td>HMO</td></tr> <tr><td>ACON</td><td>Accident Only</td></tr> <tr><td>PRDG</td><td>Prescription Drug</td></tr> <tr><td>DEVI</td><td>Dental/Vision</td></tr> <tr><td>HCMS</td><td>Health Care/Medicare Supp.</td></tr> <tr><td>CASD</td><td>Cancer/Specified Disease</td></tr> <tr><td>MESH</td><td>Medical/Surgical Hospital</td></tr> <tr><td>OTHR</td><td>Other</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	PAUT	Personal Automobile - General	PPAP	Personal Property - General	PPHO	Personal Property -Homeowners	COMP	Commercial - Multi Peril	CCRM	Commercial Crime	CAUT	Commercial Automobile	CPRP	Commercial Property	WORK	Worker's Compensation	ACHE	Accident/Health/Disability	LIFE	Life	MAME	Major Medical	HHMO	HMO	ACON	Accident Only	PRDG	Prescription Drug	DEVI	Dental/Vision	HCMS	Health Care/Medicare Supp.	CASD	Cancer/Specified Disease	MESH	Medical/Surgical Hospital	OTHR	Other	<p style="text-align: center;"><b>ROLE CODES</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>CL</td><td>Claimant</td></tr> <tr><td>CI</td><td>Both Claimant &amp; 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<p style="text-align: center;"><b>LICENSE TYPE CODES</b></p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>PC</td><td>Passenger Car</td></tr> <tr><td>TK</td><td>Truck</td></tr> <tr><td>TL</td><td>Trailer</td></tr> <tr><td>MC</td><td>Motorcycle</td></tr> <tr><td>CO</td><td>Construction Equipment</td></tr> <tr><td>BU</td><td>Bus</td></tr> <tr><td>FM</td><td>Farm</td></tr> <tr><td>IP</td><td>International Plate</td></tr> <tr><td>IT</td><td>In Transit</td></tr> <tr><td>TR</td><td>Truck/Trailer</td></tr> <tr><td>ZZ</td><td>All Others (snowmobiles, ATVs, etc.)</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	PC	Passenger Car	TK	Truck	TL	Trailer	MC	Motorcycle	CO	Construction Equipment	BU	Bus	FM	Farm	IP	International Plate	IT	In Transit	TR	Truck/Trailer	ZZ	All Others (snowmobiles, ATVs, etc.)		<p><b>You can also submit this Referral through National Insurance Crime Bureau (NICB).</b></p> <p>If you are a member of NICB, you can cause the referrals you submit to them to be copied to the Arizona Department of Insurance Fraud Unit. NICB offers insurers the option of sending a copy of their referrals to the appropriate State Department of Insurance. Simply indicate in the box provided by NICB that you would like to have your referral copied to the Arizona Department of Insurance.</p>																																																																																																								
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# ADOI

Arizona  
Department of Insurance

# FRAUD REFERRAL

Page \_\_\_ of \_\_\_  
ADDENDUM: Additional Role Information

ADOI USE ONLY  
CONTROL NUMBER

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Date of Preparation		Insurance Company Name				NAIC
Policy Number			Claim Number		Date of Loss	
#	Role	First Name	Middle Name	Last Name	Jr/Sr/III/etc.	
Name of Business, DBA or Alias					Phone Number	
Address			City	State	ZIP Code	
DOB	SSN	TIN(S)				
Occupation			Driver License #	State		
Vehicle ID Number (VIN)	Year	Make	Model	Style/Color		
License Plate #	Year	State	Type			
Reported Injuries, Disease, Illness or Condition						
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