

## Red Flag Scorecard - Worker's Compensation

<b>Claimant</b>		
<b>Date</b>		
<b>Claim #</b>		
CLAIMANT	1 Clmt did not report accident on the day of occurrence.	
	2 Clmt recently reprimanded for poor performance/attitude.	
	3 Clmt has a history of prior worker's comp claims.	
	4 Number of recent claims from group of EE's who are friends/relatives.	
	5 Clmt failed to tell coworkers of accident on day of occurrence.	
	6 Coworkers state injury is not legitimate; no one is aware of injury.	
	7 Clmt was a relatively new hire.	
	8 ISO inquiry reveals many prior claims, personal injury, property, etc.	
	9 Clmt able to work at another job but continued to receive med trmt.	
EMPLOYER	10 ER planning or in process of a plant shutdown.	
	11 ER was cutting back hours or laying people off.	
	12 ER notified clmt of his/her poor performance, tardiness, etc.	
	13 ER was not notified by employee when injury occurred.	
	14 ER cutting back hours or laying off employees.	
SURVEILLANCE	15 ER terminated employee.	
	16 Clmt working while collecting compensation	
	17 Video depicting clmt exceeding self reported limitations.	
	18 Video depicting significant physical activity.	
ATTORNEYS	19 Clmt is very elusive;unable to follow.	
	20 Representation letter received within a few days of the incident.	
	21 Attorney avoids CR and only contact is with paralegal/admin.	
	22 Attorney consistently deals with same medical providers.	
	23 Attorney consistently willing to compromise for low dollar amounts.	
MEDICAL OR MEDICAL/LEGAL	24 Attorney is single practitioner with offices in several cities.	
	25 Attorney directs medical, deciding which specialists clmt will see.	
	26 Mult. med/legal referrals as a clinic practice, regardless of injury.	
	27 Med reports appear to be photocopied with same info typed in.	
	28 Reports from Dr. on various WC claims read almost identically.	
	29 Medical bills indicate treatment on weekend or Dr.'s usual day off.	
MEDICAL PRACTITIONERS	30 Injuries are of subjective nature with no credible objective findings.	
	31 Pattern of similar cases involving same med practioners, attys, standard diagnosis	
	32 Was EE examined by individual who signed report?	
	33 Supportive devices billed but not provided to clmt.	
	34 Charges made for supportive devices at greatly inflated rates.	
	35 Med facility failed to keep clinical notes regarding clmt.	
	36 Do clinical notes support conclusions in med report?	
	37 Particular facility/practitioner always treats alleged injury for prolonged period	
	38 Do several facilities/practioners appear in file, all using same FEIN?	
	39 Rpts and/or TX generated from address where clmt denies ever being.	
	40 Pract/facility easily, consistently compromise bills for service.	
SOLICITATION	41 Interpreters used by pract/facility are employees of pract/facility	
	42 Several EE's from same ER have similar inj & use same Dr./Atty	
	43 First notice of claim comes from atty or med clinic	
	44 Clmt's med clinic provides first rpt of inj & lists atty on bottom of form.	
	45 Idea of filing WC claim was first mentioned by someone outside of work.	
	46 EE who is illegal alien told filing WC claim prevents deportation.	
	47 EE told by stranger to work place that ER is offering free physical.	
	48 EE recently laid off, approached outside unemp office re filing WC.	
SCORE		