

Red Flags of Workers' Compensation Claims Fraud

Generally, if you find clusters of "red flags" connected with a claim, the claim should be examined with care to determine if the claimant has lied about any material fact connected with the claim.

Common Red Flags

1. Suspicious Account of Accident
 - No specific date, time, and place of injury or injury details are sketchy in claim report
 - Claimant's description of accident has inconsistencies or is not believable
 - Discrepancies between claimant's version and witnesses' accounts or medical reports
 - Injury is not witnessed
 - Rumors that accident is illegitimate
 - Accident happens in an area where the claimant does not work
2. Claimant Behavior
 - Difficult to contact during working hours, answering machine screens calls, or post office box is residential address
 - Hires an attorney shortly after the accident
3. Employment History
 - Claimant is new on the job
 - Injury is reported after a serious problem on the job (i.e. disciplinary action, demotion, passed over for promotion, termination)
 - Claimant complains about job, supervisor, or company
 - Injury occurs prior to anticipated layoff, termination, strike, etc. or after claimant has excessive, unexplained time off
4. Personal History
 - Claimant has taken out a private disability policy just prior to injury
 - Claimant is having financial difficulties or domestic problems at time of claim
5. Suspicious Timing of Claim
 - Injury reported to have happened early Monday or on day of return from vacation

- Untimely delay in reporting injury
 - Injury is seasonal (before seasonal layoff)
6. Suspicious Nature and Extent of Injury
 - Injury is not associated with claimant's job duties or activity at time of the accident
 - Injury involves soft tissue and cannot be objectively confirmed
 - Claimant refuses to return to work after being cleared for return by doctor
 - Employee has a history of reporting subjective injuries
 - Claimant engages in high-risk leisure activities

Medical Provider Fraud Red Flags:

1. Provider's reports appear identical for different patients with different conditions
2. Much higher health care costs than expected for the type of injury
3. Attorney and provider often work in pairs
4. Claimant has no recollection of services provided for medical bills
5. Provider bills for dates of services falling on weekends/holidays after the effective date of change of physician, or there are multiple claims for a single injured worker
6. Medical documentation does not support services billed

Reporting Fraud

Anyone who suspects fraud against NYSIF may report it confidentially by:

1. Contacting Fleury Risk Management at claims@fleuryrisk.com or 518-478-6314, ext. 103.
2. Reporting directly to NYSIF via their [website](#), calling their toll-free number at 1-877-WCNYSIF (877-926-9743), or by writing to: NYSIF DCI, P.O. Box 3395, Church Street Station, New York, NY 10007.