601 57th Street SE
Suite 2
Charleston, WV 25304

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Suspected Insurance Fraud Citizen Reporting Form

Suspect

Name (First, MI, Last)________________________________ Telephone ______________

Address ________________________________ Date of Birth ______________

City, State, Zip ________________________________ Social Security ______________

Prior Claims ☐ Yes ☐ No Date of Loss ______________

Involvement ☐ Insured ☐ 3rd Party ☐ Provider ☐ Witness

☐ Non-Suspect Attorney ☐ Chiropractor ☐ Medical Doctor

☐ Law Enforcement ☐ Other (specify) ____________________

Details of Suspected Fraud

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Name

Name (First, MI, Last) ________________________________ Telephone ______________

Address ____

City, State, Zip ____

Email ____

Signature ____ Date ______________