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Tracy Tucker is a partner with the law firm of Homan & Stone. He has tried in excess of 35 cases to verdict. Tracy has extensive experience in the areas of general insurance and SIU (Special Investigations Unit) defense. His practice includes handling defense general liability litigation, bad faith defense, products liability, conduct disputes, auto SIU (fraud), premises liability and examinations under oath in large loss, complex fraud litigation. Tracy has conducted numerous depositions, mediations, discovery motions, motions for summary judgment/adjudication and is a frequent presenter to organizations on effective SIU investigations.

THE ABC'S OF SIU

Written by: Tracy Tucker

Recently, an attorney acquaintance of mine asked me point blank whether or not his law firm was on any specific Special Investigation Unit (SIU) list. I explained to him that there is no "list" that I know of concerning individual "questionable" law firms. However, I did inform him that there are certain "suspicious loss indicators" that every insurance company investigates.



Below is a list of some of the ABC's regarding SIU claims:

A. The Plaintiff

First and foremost, an extensive investigation of a Plaintiff's background must be done to determine if this is an SIU claim. What does the Plaintiff's credit history look like? Has plaintiff filed other "suspicious" claims in the past?

B. Plaintiff's Counsel

Has this particular attorney presented "suspicious" claims in the past? Does the attorney have a "special relationship" with the medical facility in question? How long did plaintiff's counsel wait before presenting his "evidence" of the alleged claim?

C. Medical Provider

Is the medical provider in question known for handling "litigation only" patients? Are there numerous typographical errors in the computer generated narrative medical reports? Are the actual bills themselves three to five times higher than they would be if this were a non medical-legal claim? Obviously, if the "A's, B's and C's" are suspicious this might add up to an SIU claim. In final analysis, a good investigator only needs to see if the claim passes the SMELL test to see if it adds up to SIU.

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Allstate Wins Multi-Million Dollar Insurance Fraud Lawsuit

California Judgment Reinforces Efforts Against Systemic Fraudulent Claims

LOS ANGELES, Sept. 26, 2013 /PRNewswire/ -- Los Angeles County Superior Court has ruled in favor of Allstate Insurance Company and the State of California in a lawsuit topping \$7 million that ends fraudulent business and billing schemes by unlicensed medical and chiropractic personnel. In its lawsuit, Allstate alleged Maria Miranda, Frank Rivera and LA Healthcare Management, Inc. violated the state's Insurance Fraud Protection Act when they submitted to Allstate more than 390 chiropractic claims that were falsely generated by unlicensed and untrained personnel, or because the billed treatments did not reflect patients' physical needs. Judge William Fahey agreed with Allstate and ordered Miranda and Rivera to pay Allstate \$3.9 million in penalties, plus \$3.8 million in assessments and fees--a \$7.7 million judgment. "Submitting even one false insurance claim is more than just a bad idea--it's fraud, and insurance fraud is a crime," said Allstate's California Field Vice President Phil Telgenhoff. "Fraud drives up the cost we all pay for insurance by stealing millions of dollars from insurers. This cannot and will not be tolerated in California or anywhere." "Allstate will fight fraud to help protect our customers and keep insurance costs down," Telgenhoff said.

Read further at wsj.com

Web site: <http://www.allstate.com>

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