

## VCCCD CONTACT

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## QUESTIONABLE WORKERS' COMPENSATION INJURY (Completed by Supervisor or Manager – PLEASE PRINT)

Fron		Work Telephone:	Date:
	(Supervisor or Manager)		
Re:	(Employee Name)	Soc Sec/ID #:	Injury Date:
	(Employee Name)		
	ore this Workers' Compensation claim nan & Associates, to look into one or r		
	Injured worker is disgruntled, soon to retire, or facing imminent job termination or layoff Injured worker took unexplained or excessive time off prior to claimed injury. Injured worker takes more time off than the claimed injury seems to warrant. Injured worker is involved in seasonal or temporary work that is about to end. Injured worker is experiencing financial difficulties or domestic problems. Injured worker changes physician after being released to return to work. Injured worker has a history of reporting subjective injuries, i.e., soft tissue pain and emotional issues. Accident occurs late Friday afternoon or shortly after the employee reports to work on Monday. There are no witnesses to accident, or witnesses disagree on circumstances. The alleged injury relates to a pre-existing injury or health problem. Injured worker fails to report the injury in a timely manner to supervisor. Accident or type of injury is unusual for the injured worker's line of work. Lawyer's letter of representation or letter from medical clinic is first notice of claim. Several family members receive workers' compensation, unemployment, Social Security, welfare, etc. Injured worker's co-workers express opinion that injury is not legitimate. Injuries are all subjective: i.e., pain, headaches, nausea, inability to sleep. Accident occurs in an area where injured employee would not normally be. Accident occurs at an odd time, such as during lunch hour. Accident details are vague or conflicting. Injured worker is immediately referred for a wide variety of psychiatric tests, when the original claim involved trauma only. These claims may present with vague complaints of "stress."		
	Other:		
	Other:		
	ase use additional sheets as necessary to nesseses:	give any supplementary details re	garding the merits of this claim.
		Phone	:
		Dhono	

Please note that these "red flags" serve only to alert to the possibility of fraud. The presence of any one by itself is not necessarily indicative of fraud, but it is a clue or lead to be further investigated for potential fraud. By identifying a questionable claim, you are not responsible for denying the claim. The insurance company is only able to decide the validity of a claim. By providing this information, you are only giving the claims administrator, Keenan & Associates, an opportunity to give this claim scrutiny. Any decision by Keenan & Associates will be made based on further investigation.