Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

December 17, 2004

Circular Letter C-I-12-1724-2004

TO ALL DOMESTIC INSURERS AND HEALTH SERVICES ORGANIZATIONS

RE: FRAUD STATISTICS

Dear Sirs and Madams:

Section 3.320 of the Puerto Rico Insurance Code, 26 L.P.R.A. sec. 332, provides that the Commissioner of Insurance may require that data be provided to the Office of the Commissioner of Insurance of Puerto Rico, hereinafter the OCI, for the purpose of gathering and analyzing statistics regarding the insurance of a given insurer or health services organization that is effected or that is in effect in Puerto Rico.

Therefore, and according to the provisions of Ruling Letter N-1-12-55-2004, dated December 16, 2004, all insurers or health services organizations will be required to provide a statistical report every year requiring internal and external fraud that may have been detected, which shall include information on claims that were received, paid, and denied, and the amounts recovered, saved, and losses.

The report shall be duly completed and submitted to the OCI on March 31 of every year, using the form enclosed with this Circular Letter.

Strict compliance with the provisions of this letter is hereby required.

Very truly yours,

SIGNED

Dorelisse Juarbe-Jimenez
Commissioner of Insurance

Enclosure

PO Box 8330 Santurce, Puerto Rico 00910-8330
Tel. (787) 722-8686 • Fax (787) 722-4400
www.ocs.gobierno.pr

OFFICE OF THE COMMISSIONER OF INSURANCE

STATISTICAL REPORT ON SUSPICIOUS CLAIMS

Name of the Entity:_____ Type of Entity:_____

Category	Claims	Total	Amounts	Total
	Received		Recovered	
	Paid		Loss	
	Denied		Savings	
	Received		Recovered	
	Paid		Loss	
	Denied		Savings	
	Received		Recovered	
	Paid		Loss	
	Denied		Savings	
	Received		Recovered	
	Paid		Loss	
	Denied		Savings	

Type of Entity

1. Life and Disability Insurer
2. Property Insurer
3. Health Services Organization

Category by Fraud Indicator

1. Inconsistency between diagnosis and medical treatment
2. Multiple claims for the same kind of accident
3. Provoked theft
4. Intentional fire
5. Staged collision
6. Non-existing or self-inflicted bodily injury
7. Services not provided
8. Services not received
9. Misrepresentation on insurance application
10. Other*:

_____

_____

_____

*This list is not exhaustive. Please indicate other categories and describe them if necessary.