

What is insurance fraud?

Insurance fraud is a **crime** — a class six felony that can mean 10 years in jail, a maximum fine of \$150,000 and possibly a civil penalty of \$5,000 for each violation.

See [A.R.S. § 20-463](#) for a legal definition of what constitutes insurance fraud.

Does insurance fraud affect me?

Insurance fraud is perceived as a victimless crime, but the estimated losses from this crime exceed **\$100 Billion** every year. **Ten percent** of all types of insurance claims (property & casualty, health, life, workers' compensation) are suspected to be fraudulent.

According to the Insurance Research Council, 30% of all bodily injury Arizona appear to be fraudulent or contain injury exaggeration. In Phoenix, that figure goes up to 36%. The losses from fraudulent auto insurance claims in Arizona cost policyholders an estimated average of \$167 to \$200 in higher annual premiums.

Insurance fraud impacts the public by causing us all to pay higher insurance premiums. In addition, businesses may pass along their increased insurance costs to their customers in the form of higher prices. All of this translates to more money out of YOUR pocket!

What does the Fraud Unit do about it?

The Fraud Unit has the ability and resources to devote all its time to insurance fraud; whereas other law enforcement agencies are targeting their attention to violent crimes.

This Unit began in the fiscal year 1994 after the Governor signed a bill into law to provide for the investigation of criminal fraud by members of the Arizona Department of Insurance (ADOI), Fraud Unit. *Arizona fraud statutes* make it unlawful to make or assist in the making of a fraudulent insurance claim against any licensed insurer in Arizona.

Through the *investigation process* of fraudulent claims and practices and the education of the public (through seminars) the Fraud Unit strives to reduce this increasingly costly problem. We are not alone in this fight. The Attorney General's and County Attorney's Investigations units, insurance companies, local law enforcement as well as the National Insurance Crime Bureau (NICB) work hand-in-hand with the Fraud Unit to combat insurance crimes.

The Fraud Unit's Investigation Process

The investigative process by the fraud unit includes the following steps:

- Upon receiving a referral from an insurance company or an individual, the Fraud Unit staff first evaluates it to determine whether it merits a full investigation. If a referral is judged to warrant further examination, it is assigned to an investigator.
- Once a case is opened, the Fraud Unit will not comment on it, nor does it comment on any ongoing investigation.
- Investigations recommended for criminal prosecution are referred to the Attorney General's Office or the County Attorney's Office.
- All referrals, including those that are determined not to merit a full investigation, are entered into the Fraud Unit's database. Subsequent referrals may then be compared to the information in the database for similar claims or patterns.

What should I do if I believe someone has filed a fraudulent claim?

If you believe a fraudulent claim has been made, you may file a report with the Fraud Unit with as many details as possible: the suspect's name, date of birth, Social Security number, insurance company, type of claim the person is filing, etc.. Insurance companies who believe a fraudulent claim is being made are required to send the Fraud Unit (on a prescribed form available on this web site and at the Arizona Department of Insurance) information relative to the claim and any other information the Fraud Unit may require. There is no mandatory format for consumers to use.

You can file a report with the Fraud Unit by calling 602-364-2140, faxing us complete details at 602-912-8419 or mailing the information to ADOI - Fraud Unit, 2910 N. 44th St., Ste. 210, Phoenix, AZ 85018.

An Insurer Is Required to Submit Fraudulent Claims to the Fraud Unit

The insurance company's responsibilities in submitting suspected fraudulent claims to the Fraud Unit:

Arizona law requires that any insurer who suspects a claim is fraudulent is required to make a fraud referral to the Arizona Department of Insurance Fraud Unit in a form prescribed by the Director of Insurance. The specific statutes are listed below:

Arizona Revised Statute § 20-466.G states:

An insurer that believes a fraudulent claim has been or is being made shall send to the director, on a form prescribed by the director, information relative to the claim including the identity of parties claiming loss or damage as a result of an accident and any other information the fraud unit may require. The director shall review the report and determine if further investigation is necessary, the director may conduct an independent investigation to determine if fraud, deceit or intentional misrepresentation in the submission of the claim exists. If the director is satisfied that fraud, deceit or intentional misrepresentation of any kind has been committed in the submission of a claim, the director may report the violations of the law to the reporting insurer, to the appropriate licensing agency as defined in Section 20-466.04 and to the appropriate county attorney or the attorney general for prosecution

Arizona Revised Statute § 20-466.K states:

A person, or an officer, employee or agent of the person acting within the scope of employment or agency of that officer, employee or agent, who in good faith files a report or provides other information to the fraud unit pursuant to this section is not subject to civil or criminal liability for reporting that information to the fraud unit

Two methods of referring claims to the Fraud Unit

1. Complete the Fraud Referral Form and a) mail it to the address shown above, or b) fax the form to 602-912-8419.
2. If you are a member of the National Insurance Crime Bureau (NICB) you may have the referrals you submit to them copied to the Arizona Department of Insurance Fraud Unit. NICB offers insurers the option of sending a copy of their referrals to the appropriate State Department of Insurance. Simply indicate in the box provided that you would like to have your referral copied to Arizona Department of Insurance Fraud Unit.

Notice of Penalty for false or fraudulent claim forms

Insurers are required to include substantially the following statement on their claim forms, ***in at least 12 point type***: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.” A.R.S. § 20-466.03

Contacting the Fraud Unit about your referrals

Our investigators will contact the person indicated on your referrals about your claims to obtain more information, copy of claims files, etc. When the investigator has completed the investigation you will receive a letter from us advising you of the disposition of the case. Of course any time during this process you are invited to call our office with any questions or concerns about your referrals or the referral process.

Your referrals are vital in the combat against insurance fraud

The referrals submitted to us by the insurance industry have assisted the Fraud Unit in fighting insurance fraud. With your help and the help of the prosecutors, numerous suspects have been indicted and convicted. In addition, the total amount of restitution ordered is growing rapidly.

Arizona Fraud Statutes (Enacted April 29, 1997)

20-441. Purpose of article; definition

A. Among the purposes of this article is the regulation of trade practices in the business of insurance in accordance with the intent of Congress as expressed in the act of Congress of March 9, 1945, 59 Stat. 33, by defining, or providing for the determination of, all such practices in this state which constitute unfair methods of competition or unfair or deceptive acts or practices and by prohibiting the trade practices so defined or determined.

B. For the purposes of this article, “insurance company” or “insurer” means any stock, mutual, reciprocal, benefit, benefit stock or title insurer, or fraternal benefit society, health care services organization, or hospital, medical, dental and optometric service corporation, or prepaid dental plan organization, mechanical reimbursement reinsurer, prepaid legal plan, Lloyd’s association, service company as defined in this title or any other entity under this title.

20-463. Fraud; injunction; penalties; restitution; definitions

A. It is a fraudulent practice and unlawful for a person to knowingly:

1. Present, cause to be presented or prepare with the knowledge or belief that it will be presented an oral or written statement, including computer generated documents, to or by an insurer, reinsurer, purported insurer or reinsurer, broker or agent of an insurer, reinsurer or broker that contains untrue statements of material fact or that fails to state any material fact with respect to any of the following:
 - (a) An application for the issuance or renewal of an insurance policy.
 - (b) The rating of an insurance policy.
 - (c) A claim for payment or benefit pursuant to an insurance policy.
 - (d) Premiums paid on any insurance policy.
 - (e) Payments made pursuant to the terms of any insurance policy.
 - (f) An application for a certificate of authority.
 - (g) The financial condition of an insurer, reinsurer or purported insurer or reinsurer.
 - (h) The acquisition of an insurer or reinsurer or the concealing of any information concerning any fact material to the acquisition.
2. Solicit or accept new or renewal insurance risks by or for any insolvent insurer, reinsurer or any other entity licensed to transact insurance business in this state.
3. Conceal or attempt to conceal from the department or remove or attempt to remove from the home office, place of safekeeping or other place of business of any insurer, reinsurer or other entity licensed to transact insurance business in this state part or all of the assets or records of the assets, transactions and affairs.
4. Divert or attempt to conspire to divert the monies of an insurer, reinsurer, entity licensed to transact insurance business in this state or other person in connection with:
 - (a) The transaction of insurance or reinsurance.
 - (b) The conduct of business activities by any insurer, reinsurer or other entity licensed to transact insurance business in this state.
 - (c) The formation, acquisition or dissolution of any insurer, reinsurer or other entity licensed to transact insurance business in this state.
5. Assist, abet, solicit or conspire with another person to violate paragraph 1 of this subsection.

6. Employ, use or act as a runner, capper or steerer for the purposes of violating paragraph 1 of this subsection.

B. A person who acts without malice, fraudulent intent or bad faith is not subject to liability for filing reports or furnishing orally or in writing other information concerning suspected, anticipated or completed fraudulent insurance acts if the reports or information is provided to or received from:

1. The director or the department.
2. Law enforcement officials and their agents and employees.
3. The national association of insurance commissioners, other state insurance departments, a federal or state agency or bureau established to detect and prevent fraudulent insurance acts, and the agency's or bureau's agents, employees or designees, or an organization established by insurers to assist in the detection and prevention of fraudulent insurance acts, and the organization's agents, employees or designees.

C. A person, or an officer, employee or agent of the person acting within the scope of employment or agency of that officer, employee or agent, identified under subsection B, paragraph 1, 2, or 3 when performing authorized activities without malice, fraudulent intent or bad faith is not subject to civil liability for libel, slander or another relevant tort. No civil cause of action may be brought against the person or entity.

D. A person or entity under subsection B or C is entitled to an award of attorney fees and costs if the person or entity is a prevailing party in a civil cause of action for libel, slander or other relevant tort and the action is not substantially justified.

For purposes of this subsection, "substantially justified" means a proceeding that has a reasonable basis in law or fact at the time that it is initiated.

E. Nothing in this section limits any common law right of the person or entity.

F. Nothing in this section is intended to prohibit contact or communication with clients or patients for any lawful purpose, including communication by and between insurers, the insurers' policyholders and claimants under policies issued to the insurers' policyholders regarding the investigation or settlement of any claim.

G. For the purposes of this section:

1. "Runner," "Capper" or "Steerer" means a person who procures clients at the direction of, or in cooperation with a person who intends to perform or obtain services or benefits under a contract of insurance who intends to assert a claim against an insured.
2. "Statement" includes any notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-rays test reports, medical or legal expenses, or other evidence of loss or injury, or other expense or payment.

20-466. Fraud unit; peace officer status; powers; information sharing duty of insurers

A. A fraud unit is established in the department of insurance.

B. The fraud unit shall work in conjunction with the department of public safety.

C. The director may investigate any act or practice of fraud prohibited by section 20-466.01 and any other act or practice of fraud against an insurer or entity licensed under this title. The director shall administer the fraud unit.

D. The director may employ investigators for the fraud unit. A fraud unit investigator has and shall exercise the law enforcement powers of a peace officer of this state but only while acting in the course and scope of employment for the department. The director

shall adopt guidelines for the conduct of investigations that are substantially similar to the investigative policy and procedural guidelines of the department of public safety for peace officers. Fraud unit investigators shall not preempt the authority and jurisdiction of other law enforcement agencies of this state or its political subdivisions. Fraud unit investigators:

1. Shall have at least the qualifications prescribed by the Arizona peace officer standards and training board pursuant to section 41-1822.
2. Are not eligible to participate in the public safety personnel retirement system established by title 38, chapter 5, article 4 due solely to employment as fraud unit investigators.

E. The director may request the submission of papers, documents, reports or other evidence relating to an investigation under this section. The director may issue subpoenas and take other actions pursuant to section 20-160. The materials are privileged and confidential until the director completes the investigation. Any documents, materials or other information that is provided to the director pursuant to this section is not subject to discovery or subpoena until opened for public inspection by the director or, after notice and a hearing, a court determines that the director would not be unduly burdened by compliance with the subpoena. The director shall keep the identity of an informant confidential, including any information that might identify the informant, unless the request for information is made by a law enforcement agency, the attorney general or a county attorney for purposes of a criminal investigation or prosecution. The director may use the documents, materials or other information in the furtherance of any regulatory or legal action brought as a part of the director's official duties.

F. If the documents, materials or other information the director seeks to obtain by request is located outside this state, the person requested to provide the documents, materials or other information shall arrange for the fraud unit or a representative, including an official of the state in which the documents, materials or other information is located, to examine the documents, materials or other information where it is located. The director may respond to similar requests from other states.

G. An insurer that believes a fraudulent claim has been or is being made shall send to the director, on a form prescribed by the director, information relative to the claim including the identity of parties claiming loss or damage as a result of an accident and any other information the fraud unit may require. The director shall review the report and determine if further investigation is necessary. If the director determines that further investigation is necessary, the director may conduct an independent investigation to determine if fraud, deceit or intentional misrepresentation in the submission of the claim exists. If the director is satisfied that fraud, deceit or intentional misrepresentation of any kind has been committed in the submission of a claim, the director may report the violations of the law to the reporting insurer, to the appropriate licensing agency as defined in section 20-466.04 and to the appropriate county attorney or the attorney general for prosecution.

H. The director may:

1. Share nonpublic documents, materials or other information with other state, federal and international regulatory agencies, with the national association of insurance commissioners and its affiliates and subsidiaries and with state, federal and international law enforcement authorities if the recipient agrees and warrants that it has the authority to maintain the confidentiality and privileged status of the documents, materials or other information.

2. Receive documents, materials and other information from the national association of insurance commissioners and its affiliates and subsidiaries and from regulatory and law enforcement officials of other jurisdictions and shall maintain as confidential or privileged any document, material or other information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the document, material or other information.

3. Enter into agreements that govern the sharing and use of documents, materials and other information and that are consistent with this section.

I. A disclosure to or by the director pursuant to this section or as a result of sharing information pursuant to subsection G of this section is not a waiver of any applicable privilege or claim of confidentiality in the documents, materials or other information disclosed or shared.

J. The director shall annually assess each insurer as defined in section 20-441, subsection B authorized to transact business in this state up to one thousand fifty dollars, as annually adjusted pursuant to this subsection for the administration and operation of the fraud unit and the prosecution of fraud pursuant to this section. Monies collected shall be deposited, pursuant to sections 35-146 and 35-147, in the state general fund. The director shall annually revise the assessment amount in such a manner that the revenue derived from the assessment equals at least ninety-five per cent but not more than one hundred ten per cent of the appropriated budget of the fraud unit for the prior fiscal year.

K. A person, or an officer, employee or agent of the person acting within the scope of employment or agency of that officer, employee or agent, who in good faith files a report or provides other information to the fraud unit pursuant to this section is not subject to civil or criminal liability for reporting that information to the fraud unit.

20-466.01 Fraud; classification

A person who violates section 20-463 with the intent to injure, defraud or deceive an insurer is guilty of a class 6 felony.

20-466.02. Injunction; restitution; civil penalties; costs

A. On request by the director, the attorney general may seek and obtain in an action in the superior court an injunction that prohibits a person from engaging in practices or doing any acts that violate section 20-463 or 23-1028. The court may enter any order or judgment that is necessary to:

1. Prevent any act or practice that is unlawful under section 20-463 and 20-1028.

2. Return any monies, interest or real or personal property that was acquired by an act or practice that is unlawful under section 20-463 or 20-1028.

B. An order of restitution may also include expenses incurred and paid by an insurer in connection with any medical evaluation or treatment services.

C. If the court finds that a person has violated section 20-463 or 23-1028, the attorney general on petition or complaint to the court may recover from that person on behalf of the state a civil penalty of not more than five thousand dollars for each violation.

D. In any action pursuant to this section, the court may award the attorney general costs including reasonable attorney fees and investigative costs for the services rendered.

20-466.03. Notice of penalty for false or fraudulent claims; claim forms

The forms provided by an insurer to an insured or any other person for filing a notice or making a claim in connection with a policy or contract issued by the insurer shall include in substance the following statement in at least twelve point type: “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

20-466.04. Referrals to other licensing agencies; definition

A. The director shall forward to the appropriate licensing agency the name of any person who is convicted of, enjoined from or penalized for violating section 20-463 or 20-1028. The director shall include any information the director believes is material to the case.

B. A person whose name is forwarded pursuant to subsection A of this section has no cause of action against the director and the department’s employees and agents pursuant to any administrative appeal or judicial review.

C. For the purposes of this section, “licensing agency” means any state board, commission, department or agency that issues any occupational or professional license, permit or registration and the state bar of Arizona.

23-1028. False statements or representations to obtain compensation; forfeiture; classification; definition

A. If in order to obtain any compensation, benefit or payment under the provisions of this chapter, either for himself or for another, any person knowingly makes a false statement or representation, such person is guilty of a class 6 felony, and, if the person is a claimant for compensation, benefit or payment, he shall in addition forfeit all right to such compensation, benefit or payment after conviction of the offense.

B. Notwithstanding section 13-801, a sentence to pay a fine for a violation of this section by a claimant or co-employee shall be a sentence to pay a amount fixed by the court of not more than fifty thousand dollars.

C. Any person who commits a violation under this section is also subject to the penalties prescribed in sections 20-466.02 and 20-466.04.

D. For the purposes of this section, “statement” includes any notice, proof of injury, bill for services, payment for services, hospital or doctor records, X-rays, test reports, medical or legal expenses, or other evidence of loss or injury, or other expense or payment.

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CONTROL NUMBER

POLICY #: _____ CLAIM #: _____ DATE OF LOSS: ___|___|___

#	ROLE*: _____	NAME (FIRST, MI, LAST): _____
BUSINESS/DBA/ALIAS: _____		PHONE (____) _____
ADDRESS: _____		CITY: _____ ST: _____ ZIP: _____
DOB: ___ ___ ___	SSN: _____	TIN(S): _____
OCCUPATION: _____		DRIVERS LIC #: _____ DRIV.LIC ST _____
VIN: _____	VEH. YR: _____	MAKE *: _____ MODEL *: _____ STYLE*: _____
LIC. PLATE #: _____		LIC. YR: _____ LIC ST: _____ LIC TYPE*: _____
REPORTED INJURIES, DISEASE, ILLNESS OR CONDITION: _____		

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<p style="text-align: center;">INSTRUCTIONS</p> <p>To expedite the referral process please fill out all necessary items as completely as possible.</p> <p>Use a separate form for each claim number and mail or fax to the address/phone listed below.</p> <p>Use as many forms as necessary for additional insured, claimants, doctors, attorneys, etc. And repeat the claim number on every form.</p> <p>Staple all related forms together.</p> <p>MAIL TO: ADOI - FRAUD UNIT 2910 N. 44TH ST., #210 PHOENIX, AZ 85018</p> <p>FAX TO: 602-912-8419</p>	<p style="text-align: center;">POLICY TYPE CODES</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>PAUT</td><td>Personal Automobile - General</td></tr> <tr><td>PPAP</td><td>Personal Property - General</td></tr> <tr><td>PPHO</td><td>Personal Property -Homeowners</td></tr> <tr><td>COMP</td><td>Commercial - Multi Peril</td></tr> <tr><td>CCRM</td><td>Commercial Crime</td></tr> <tr><td>CAUT</td><td>Commercial Automobile</td></tr> <tr><td>CPRP</td><td>Commercial Property</td></tr> <tr><td>WORK</td><td>Worker's Compensation</td></tr> <tr><td>ACHE</td><td>Accident/Health/Disability</td></tr> <tr><td>LIFE</td><td>Life</td></tr> <tr><td>MAME</td><td>Major Medical</td></tr> <tr><td>HHMO</td><td>HMO</td></tr> <tr><td>ACON</td><td>Accident Only</td></tr> <tr><td>PRDG</td><td>Prescription Drug</td></tr> <tr><td>DEVI</td><td>Dental/Vision</td></tr> <tr><td>HCMS</td><td>Health Care/Medicare Supp.</td></tr> <tr><td>CASD</td><td>Cancer/Specified Disease</td></tr> <tr><td>MESH</td><td>Medical/Surgical Hospital</td></tr> <tr><td>OTHR</td><td>Other</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	PAUT	Personal Automobile - General	PPAP	Personal Property - General	PPHO	Personal Property -Homeowners	COMP	Commercial - Multi Peril	CCRM	Commercial Crime	CAUT	Commercial Automobile	CPRP	Commercial Property	WORK	Worker's Compensation	ACHE	Accident/Health/Disability	LIFE	Life	MAME	Major Medical	HHMO	HMO	ACON	Accident Only	PRDG	Prescription Drug	DEVI	Dental/Vision	HCMS	Health Care/Medicare Supp.	CASD	Cancer/Specified Disease	MESH	Medical/Surgical Hospital	OTHR	Other	<p style="text-align: center;">ROLE CODES</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Description</u></th> </tr> </thead> <tbody> <tr><td>CL</td><td>Claimant</td></tr> <tr><td>CI</td><td>Both Claimant & Insured</td></tr> <tr><td>CD</td><td>Claimant Driver</td></tr> <tr><td>CP</td><td>Claimant Passenger</td></tr> <tr><td>EM</td><td>Employer</td></tr> <tr><td>IN</td><td>Insured</td></tr> <tr><td>ID</td><td>Insured Driver</td></tr> <tr><td>IP</td><td>Insured Passenger</td></tr> <tr><td>IE</td><td>Insured EmplEnrollee/Dependent</td></tr> <tr><td>WT</td><td>Witness</td></tr> <tr><td>BS</td><td>Body Shop</td></tr> <tr><td>LW</td><td>Lawyer/Other</td></tr> <tr><td>LR</td><td>Paralegal</td></tr> <tr><td>LO</td><td>Law Office</td></tr> <tr><td>IY</td><td>Insurance Employee</td></tr> <tr><td>IB</td><td>Agent/Broker</td></tr> <tr><td>IO</td><td>Insurance Personnel</td></tr> <tr><td>MD</td><td>Medical Doctor (MD)</td></tr> <tr><td>MC</td><td>Chiropractor</td></tr> <tr><td>MA</td><td>Physician's Assistant</td></tr> <tr><td>MO</td><td>Other Doctor</td></tr> <tr><td>MN</td><td>Nurse</td></tr> <tr><td>MT</td><td>Physical Therapist</td></tr> <tr><td>MS</td><td>Dentist</td></tr> <tr><td>MG</td><td>Radiologist</td></tr> <tr><td>MH</td><td>Medical Clinic/Hospital</td></tr> <tr><td>MZ</td><td>Office Administrator</td></tr> <tr><td>MM</td><td>Other Medical Personnel</td></tr> <tr><td>MX</td><td>X-Ray Lab</td></tr> <tr><td>MR</td><td>Laboratory</td></tr> <tr><td>MY</td><td>Medical Provider/Other</td></tr> <tr><td>OP</td><td>Other Professional</td></tr> <tr><td>NP</td><td>Other Non-Professional</td></tr> <tr><td>BE</td><td>Beneficiary</td></tr> <tr><td>HP</td><td>Health Care Provider</td></tr> <tr><td>MP</td><td>Medical Equipment Provider</td></tr> <tr><td>PH</td><td>Pharmacy</td></tr> <tr><td>CR</td><td>Creditor/Debtor</td></tr> <tr><td>AJ</td><td>Adjuster</td></tr> <tr><td>AP</td><td>Appraiser</td></tr> <tr><td>OT</td><td>Other</td></tr> </tbody> </table>	<u>Code</u>	<u>Description</u>	CL	Claimant	CI	Both Claimant & Insured	CD	Claimant Driver	CP	Claimant Passenger	EM	Employer	IN	Insured	ID	Insured Driver	IP	Insured Passenger	IE	Insured EmplEnrollee/Dependent	WT	Witness	BS	Body Shop	LW	Lawyer/Other	LR	Paralegal	LO	Law Office	IY	Insurance Employee	IB	Agent/Broker	IO	Insurance Personnel	MD	Medical Doctor (MD)	MC	Chiropractor	MA	Physician's Assistant	MO	Other Doctor	MN	Nurse	MT	Physical Therapist	MS	Dentist	MG	Radiologist	MH	Medical Clinic/Hospital	MZ	Office Administrator	MM	Other Medical Personnel	MX	X-Ray Lab	MR	Laboratory	MY	Medical Provider/Other	OP	Other Professional	NP	Other Non-Professional	BE	Beneficiary	HP	Health Care Provider	MP	Medical Equipment Provider	PH	Pharmacy	CR	Creditor/Debtor	AJ	Adjuster	AP	Appraiser	OT	Other
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EM	Employer																																																																																																																													
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WT	Witness																																																																																																																													
BS	Body Shop																																																																																																																													
LW	Lawyer/Other																																																																																																																													
LR	Paralegal																																																																																																																													
LO	Law Office																																																																																																																													
IY	Insurance Employee																																																																																																																													
IB	Agent/Broker																																																																																																																													
IO	Insurance Personnel																																																																																																																													
MD	Medical Doctor (MD)																																																																																																																													
MC	Chiropractor																																																																																																																													
MA	Physician's Assistant																																																																																																																													
MO	Other Doctor																																																																																																																													
MN	Nurse																																																																																																																													
MT	Physical Therapist																																																																																																																													
MS	Dentist																																																																																																																													
MG	Radiologist																																																																																																																													
MH	Medical Clinic/Hospital																																																																																																																													
MZ	Office Administrator																																																																																																																													
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MX	X-Ray Lab																																																																																																																													
MR	Laboratory																																																																																																																													
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OP	Other Professional																																																																																																																													
NP	Other Non-Professional																																																																																																																													
BE	Beneficiary																																																																																																																													
HP	Health Care Provider																																																																																																																													
MP	Medical Equipment Provider																																																																																																																													
PH	Pharmacy																																																																																																																													
CR	Creditor/Debtor																																																																																																																													
AJ	Adjuster																																																																																																																													
AP	Appraiser																																																																																																																													
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Auto/boat & prop.)</td></tr> <tr><td>HEAL</td><td>Health/Medical (includes life, auto & prop)</td></tr> <tr><td>LOSS</td><td>Loss (not stolen)</td></tr> <tr><td>OTHR</td><td>Other</td></tr> <tr><td>PHYD</td><td>Physical Damage/Collision (incl. Auto & Prop.)</td></tr> <tr><td>ROBB</td><td>Robbery</td></tr> <tr><td>STRM</td><td>Storm/Earthquake/Wind (incl. 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NICB offers insurers the option of sending a copy of their referrals to the appropriate State Department of Insurance. Simply indicate in the box provided by NICB that you would like to have your referral copied to the Arizona Department of Insurance.</p>																		
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