

# Claims Processing Audit Checklist

 Show only Checklist

Display Style  
Default 

## Claim Intake & Verification

Review processes for receiving, logging, and verifying claim information.

### Claim Received Date

### Claim Number



### Claim Type

- Property
- Liability
- Auto
- Workers' Compensation
- Other

### Initial Description of Loss

Write something...

### Policy Status Verification

- Active
- Lapsed
- Cancelled
- Suspended

### Supporting Documents (e.g., Police Report)

 Upload File

# Coverage Validation

Assess accuracy and thoroughness of policy coverage verification.

## Policy Type Verified?

- Homeowners
- Auto
- Commercial
- Other

## Coverage Endorsements Applied?

- Yes
- No
- N/A

## Summary of Coverage Validation Findings

Write something...

## Policy Effective Date

Enter a number...

### Date of Coverage Validation Completion

Enter date...

### Coverage Areas Validated (Select All That Apply)

- Property Damage
- Liability
- Business Interruption
- Personal Injury
- Other

### Was Policy Exclusions Reviewed?

- Yes
- No

## Damage Assessment & Documentation

Evaluate methods for damage assessment, photographic evidence, and estimating repair costs.

### Description of Damage

Write something...

### Photos of Damage (Front)

 Upload File

### Photos of Damage (Rear)

 Upload File

### Photos of Damage (Side)

 Upload File

### Estimated Repair Cost

Enter a number...

### Damage Severity (e.g., Minor, Moderate, Severe)

- Minor
- Moderate
- Severe

### Date of Damage Assessment

Enter date...

### Time of Damage Assessment

Enter time...

# Reserves & Payment Authorization

Check adherence to reserve setting guidelines and payment authorization protocols.

## Initial Reserve Amount

## Reserve Rationale/Justification

## Date Reserve Set

## Adjusted Reserve Amount (if applicable)

## Explanation of Reserve Adjustment (if applicable)

### Date of Reserve Adjustment (if applicable)

Enter date...

### Authorization Level Required

- Level 1
- Level 2
- Level 2A
- Level 3

### Authorizing Manager Signature

## Vendor Management (If Applicable)

Audit processes for selecting, managing, and billing from third-party vendors.

### Vendor Selection Process

- Formal RFP Process
- Informal Bid Process
- Existing Approved Vendor List

### Number of Vendors Used

Enter a number...

### Vendor Contract Review Process Description

Write something...

### Vendor Contract (Example)

 Upload File

### Vendor Performance Monitoring

- Formal Performance Reviews
- Informal Feedback
- No Formal Monitoring

### Average Vendor Response Time (Days)

Enter a number...

# Regulatory Compliance

Verify compliance with relevant state and federal insurance regulations.

## Applicable State Regulations (Check all that apply)

- State A Regulations
- State B Regulations
- State C Regulations
- Federal Regulations

## Summary of Key Regulatory Changes Implemented

Write something...

## Date of Last Regulatory Compliance Training

Enter date...

## Number of Regulatory Exams Passed (Last 12 Months)

Enter a number...

## Upload Documentation of Compliance with Specific Regulation (e.g., 2110)

 Upload File

### Confirmation of Adherence to Prompt Payment Laws?

- Yes
- No
- N/A

### Description of Processes to ensure Compliance with Unfair Claims Practices Acts

Write something...

## Customer Communication

Assess communication quality and timeliness throughout the claims process.

### Initial Contact Method

- Phone
- Email
- Mail
- Portal Message

### Summary of Initial Conversation

Write something...

### Date of Initial Contact

Enter date...

### Time of Initial Contact

Enter time...

### Communication Topics Covered

- Claim Status
- Required Documentation
- Coverage Questions
- Next Steps
- Other

### Customer Concerns/Feedback

Write something...

### Resolution Offered (If Applicable)

- Explanation of Coverage
- Additional Information Provided
- Payment Authorization
- Escalation to Specialist
- No Resolution Required

## Claim Closure & Reporting

Review procedures for claim closure, documentation, and reporting.

### Claim Closure Date

Enter date...

### Claim Closure Summary

Write something...

### Total Paid Amount

Enter a number...

### Claim Status

- Closed - Paid
- Closed - Denied
- Closed - Recovered
- Closed - Other

### Supporting Documents

- Final Repair Invoice
- Release of Liability
- Subrogation Documents
- Other

### Supporting Documentation

 Upload File

### Claim Reference Number (for reporting)

Write something...

# Fraud Prevention

Evaluate measures in place to detect and prevent fraudulent claims.

## Claimant Relationship to Insured?

- Immediate Family
- Business Associate
- Friend/Acquaintance
- Unknown

## Claim Amount (USD)

Enter a number...

## Describe any unusual claim circumstances.

Write something...

## Which red flags were observed?

- Inconsistent Statements
- Missing Documentation
- New Injuries/Damage
- Unexplained Delay
- Multiple Claims

### Date of Incident

Enter date...

### Upload supporting documentation (e.g., police report, medical records)

 Upload File

### Suspected Fraudulent Activity?

- Yes
- No
- Uncertain

## Data Security & Privacy

Confirm protection of sensitive claimant data and adherence to privacy regulations.

### Data Encryption Method Used

- AES-256
- RSA
- Other (Specify in Long Text)

## Detailed Description of Encryption Process

Write something...

## Access Controls Implemented

- Role-Based Access Control (RBAC)
- Attribute-Based Access Control (ABAC)
- None
- Other (Specify in Long Text)

## Description of Access Control Measures

Write something...

## Compliance Framework Adherence

- HIPAA
- GDPR
- CCPA
- Other (Specify in Long Text)

### Date of Last Security Audit

Enter date...

### Summary of Audit Findings and Remediation Steps

Write something...

### Data Privacy Policy Document

 Upload File