



## Appian for Claims Management

Optimize claims handling end-to-end. Improve customer experience. Reduce claims leakage.



### Better claims processing is a business imperative.

Efficient claims processing is critical for organizations. The claims landscape has become increasingly complex with disparate systems, manual steps, and many teams involved. There is a direct need to reduce millions lost annually in claims leakage, identify potential fraud, and improve settlement cycles to mitigate financial impact.

### End-to-end claims processing.

To handle the volume of claims, reduce backlog, and improve efficiencies, organizations need an automated and connected solution. Deliver a 360-degree view of each claim and provide visibility across the end-to-end process from initiation to payment to more quickly resolve claims.

### Improve transparency and efficiency in claims handling.

- **Unify claims systems and data without migration.**  
Gain full visibility into the claims lifecycle with a dashboard that connects existing claims systems.
- **Optimize claims handling with intelligent automation.**  
Leverage built-in intelligent document management and robotic process automation to drive efficiency.
- **Dramatically reduce time and cost to implement.**  
Leverage the speed and power of the industry-leading Low-Code Automation Platform to stay agile.

## Appian helps organizations across industries improve claims management.

**Claims investigation and compliance.** A leading supermarket chain is leveraging Appian to improve the large claims investigation processes between distribution centers and stores. By automating 90% of their compliance team processes, including eliminating spreadsheet tracking and error prone steps, they have reduced the time it takes to process claims from 4 hours to 15 minutes, saving tens of thousands of hours annually.

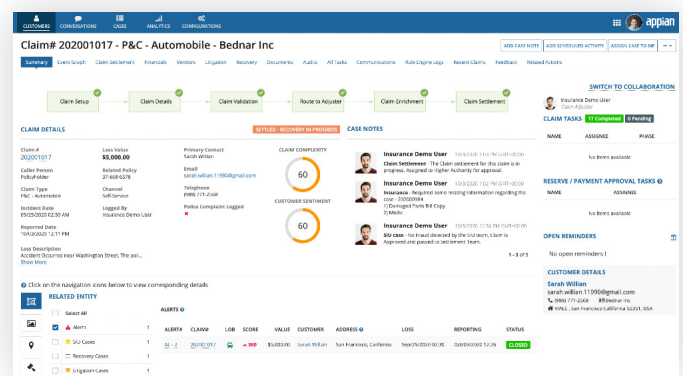
**Damage claims management.** A top telecommunications operator manages damage claims processing across receiving & validating claims, tracking claims status, and recovering damage costs from delivery partners.

**Call center claims resolution.** A leading financial services company has developed an application used in the card and payments call center to manage the entire claims process from when a user calls for issues, to agent collecting and submitting information, and back office employees processing the case. The ROI achieved includes 69% straight through processing and case resolution time improved from 17 to 2 days.

**Truck accidents and damage claims.** Ryder manages rental truck accidents and damage claims from intake through invoicing via a mobile interface. The application speeds time for invoicing, which improves time to reimbursement for vehicle fixes and downtime.

**Actioning field material claims.** A top manufacturer has a mobile application that allows field personnel to initiate material claims cases immediately on-site when an installation problem occurs. This is then reviewed, approved and processed, which triggers material to be delivered onsite for the installation to proceed.

**Reinsurance claims processing.** A top insurance company is using Appian AI document understanding capabilities to automate data entry and intelligent document processing for 75,000 reinsurance claims per month. Previously employees had to manually input which took 30 minutes a document, with hundreds of documents a day.



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