tezo

Combating Insurance Fraud & Claims Inefficiency at Scale

A top-tier financial services provider, known for its comprehensive life and health insurance offerings,

was facing a growing problem- fraudulent claims were on the rise, and legitimate claims were delayed. The organization needed a smarter, faster way to detect fraud and maintain customer trust.

Impact

Tezo implemented an AI-driven fraud analytics solution that transformed how claims were assessed and flagged. The results were immediate and measurable:
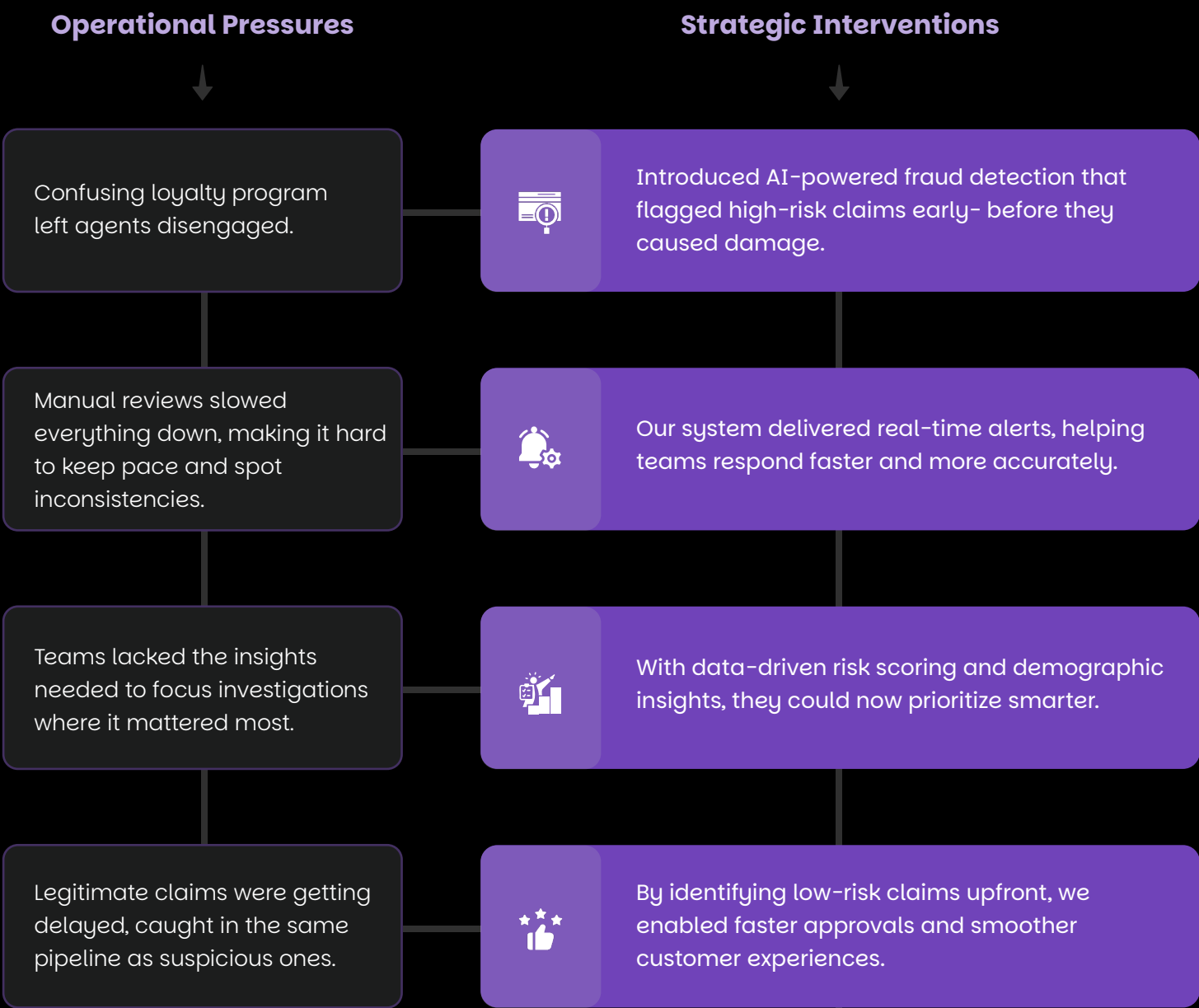
30%
Fewer fraudulent claims paid out.

40%
Faster processing of genuine claims.

90%
Seamless integration of fraud checks into existing workflows.

Tezo Edge

Operational Pressures

Strategic Interventions

Operational Pressures	Strategic Interventions
Confusing loyalty program left agents disengaged.	Introduced AI-powered fraud detection that flagged high-risk claims early- before they caused damage.
Manual reviews slowed everything down, making it hard to keep pace and spot inconsistencies.	Our system delivered real-time alerts, helping teams respond faster and more accurately.
Teams lacked the insights needed to focus investigations where it mattered most.	With data-driven risk scoring and demographic insights, they could now prioritize smarter.
Legitimate claims were getting delayed, caught in the same pipeline as suspicious ones.	By identifying low-risk claims upfront, we enabled faster approvals and smoother customer experiences.

Tech Stack

snapLogic   python   Power BI   snowflake   Lime

Let's build your AI advantage.

If you're rethinking how your systems, data, and teams should work together, you're in the right place.

Talk To Us