



## FRAUD, WASTE, ABUSE REFERRAL FORM

REFERRAL	
<b>Date:</b>	
<b>Name of Person Making Referral:</b>	
<b>Contact Phone Number:</b>	
<b>Title:</b>	
<b>Department:</b>	
<b>Referral of Fraud, Waste, Abuse By:</b>	<input type="checkbox"/> PROVIDER <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER

You may remain anonymous. However, we may need to talk with you to obtain additional information, so a contact number is helpful.

MEMBER	
<b>Member Name:</b>	
<b>Member ID:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State &amp; Zip Code:</b>	
<b>Date(s) of Suspected Fraud, Waste or Abuse:</b>	
<b>Describe the suspected fraud, waste, or abuse as clearly as possible and identify any individuals involved or who may have knowledge of the incident(s):</b>	

PROVIDER	
<b>Provider or Facility Name:</b>	
<b>Provider ID (if known):</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State &amp; Zip Code:</b>	
<b>Date(s) of Suspected Fraud, Waste or Abuse:</b>	
<b>Describe the suspected fraud, waste, or abuse as clearly as possible and identify any individuals involved or who may have knowledge of the incident(s):</b>	

OTHER	
<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State &amp; Zip Code:</b>	
<b>Date(s) of Suspected Fraud, Waste or Abuse:</b>	
<b>Describe the suspected fraud, waste, or abuse as clearly as possible and identify any individuals involved or who may have knowledge of the incident(s):</b>	