



Instruction: The purpose of this form is to report complaints of fraud, waste, and abuse in the Medicare Parts C & D Programs. A representative from Health Integrity may contact you upon receipt of this complaint, so please be sure to furnish sufficient contact information. To ensure compliance with all applicable laws, do not send Protected Health Information (PHI) via email.

Date of Referral: _____

Please designate as a Part C or Part D issue:

- Medicare Advantage Issue (Part C)
Prescription Drug Benefit Issue (Part D)
Both Part C and Part D Issue

Complainant Contact Information:

Name: _____ Phone: _____ Fax: _____
Email: _____

Submitted By (Select One):

Plan Name/Contract #: _____
Plan Tracking #: _____

Parent Organization: _____ on behalf of

(Plan Name(s)/Contract #): _____

Pharmacy Benefit Manager: _____ on behalf of

(Plan Name(s)/Contract #): _____

Address: _____ City: _____ State: _____ Zip: _____

Beneficiary Contact Information:

Name: _____ Phone: _____ HICN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Primary language (if other than English): _____

Medicare Plan Name: _____ Member ID#: _____

Description of Subject/Suspects of Fraud:

Name: _____ Tax ID (TIN): _____ NPI: _____

DEA#: _____ Medicare Provider #: _____

Business: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please describe type of business or physician specialty: _____

Complaint Details:

Period of Review: _____

Potential MEDICARE program exposure:

Part C program exposure: Billed \$ Paid \$

Part D program exposure: Billed \$ Paid \$

Is law enforcement involved? No Yes(include agency contact):

Was information from PLATO utilized for this complaint? No Yes

Note: Please enter description of findings/allegations on next page.

To ensure compliance with all applicable laws, do not send Protected Health Information(PHI) via email.

Description of Findings/Allegations: (Please provide a detailed description of the nature of the fraud issue including the following: description of fraudulent activity; CPT codes involved; states where the fraud activity took place; description of individuals and/or businesses involved in the alleged illegal activity; dates that the fraud occurred; names and contact information for victims; and copies of documentation regarding the fraudulent activity including letters, advertising, etc.):

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