

PM Form 7.1.1

Suspected Fraud or Abuse Report

Reported by: Individual Family member T/RBHA Provider DBHS CAU Other

Your name and title: _____

Your contact information: _____

Do you request contact from the ADHS/DBHS Compliance Audit Unit (CAU)? _____

Name of provider/T/RBHA/agency/recipient suspected of fraud or abuse: _____

ID number of provider or recipient suspected of fraud or abuse: _____

Phone number of provider or recipient suspected of fraud or abuse: _____

Nature of suspected fraud or abuse:

- Incorrect coding (upcoding, unbundling, etc.)
- False data submitted
- Duplicate billing
- Billing for service not rendered
- Misrepresentation of services
- Altering of claim, file or document
- Unlicensed professional/facility
- False or missing documents
- Other _____

Details regarding fraud or abuse allegation: _____

Title XIX or XXI funds involved? _____ Estimated loss: \$ _____

Reason to suspect fraud or abuse: _____

Date discovered: _____ Evidence/documentation available? _____

Have you filed a complaint or report with any other agency or organization (including your T/RBHA)? _____ What agency or organization? _____

Have you brought your concern or complaint to the attention of the subject(s)? _____