

[\(Link to Spanish Version\)](#)

Suspected Fraud or Program Abuse Report

Reported by: Client Family Member Friend T/RBHA Provider OPI DBHS OCSHCN Public
 OBHL CRS Clinic Guardian Other Agency

Information about you:

Your name and title: _____

Do you request contact from the ADHS Office of Program Integrity (OPI)? Yes No

Contact information: (address) _____
(phone) _____
(email) _____

Information about who or what you are reporting:

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

Contact information: (location/address) _____
(phone) _____
(email) _____

Provider ID or Recipient ID (if known): _____

Nature of suspected fraud or program abuse:

- | | | |
|---|--|--|
| <input type="checkbox"/> False Claims/Data | <input type="checkbox"/> Altering Claims | <input type="checkbox"/> Incorrect Coding (upcoding, unbundling, etc.) |
| <input type="checkbox"/> Unlicensed Professional | <input type="checkbox"/> Duplicate Billing | <input type="checkbox"/> Billing for Services not Provided |
| <input type="checkbox"/> Altered or Missing Documents | <input type="checkbox"/> Misrepresentation of Services | <input type="checkbox"/> Other |

What makes you suspect fraud or program abuse? _____

Title XIX or XXI funds involved (Medicaid related funds)? Yes No Estimated Loss: \$ _____

Other details regarding fraud or program abuse allegation? _____

Date discovered: _____ Evidence or documentation available? Yes No

Have you filed a complaint or report with any other agency or organization (including your T/RBHA or CRS clinic)? Yes No
If so, what agency? _____

Have you brought your concern or complaint to the attention of the subject(s)? Yes No

To whom? _____

Fax this report to: ADHS/OPI Fax Number: 602-542-3940
or
Email to: ReportFraud@azdhs.gov
or
Call toll free at 1-866-569-4927

Mail this report to us at:
Arizona Department of Health Services
Bureau of Audit Standards/Office of Program Integrity
1740 W. Adams, Suite 409
Phoenix, Arizona 85007