

# Suspected Fraud or Program Abuse Report

Reported by  Member  Family Member  Friend  T/RBHA  Provider  OPI  DBHS  OCSHCN  Public  
 OBHL  CRS Contractor /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:

- False Claims/Data
- Altering Claims
- Incorrect Coding (upcoding, unbundling, etc.)
- Unlicensed Professional
- Duplicate Billing
- Billing for Services not Provided
- Altered or Missing Documents
- Misrepresentation of Services
- 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 Contractor/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? \_\_\_\_\_

\_\_\_\_\_

*If you have questions, email us at:*  
ReportFraud@azdhs.gov

*Mail this report to us at:*  
Arizona Department of Health Services  
Office of Program Integrity  
1740 West Adams Street, Suite 409  
Phoenix, Arizona 85007

*or*

*Call us with suspected fraud or program abuse at:*  
(602) 364-3758 or toll free at (866) 569-4927