REPORT TENNCARE FRAUD OR ABUSE

Date:_____

Please complete as much information as possible.

Are you reporting: Doctor _____ Health Care Professional _____ Person on TennCare_____

Person You are Reporting:

Name (Please include title, e.g., Dr., Mr., Mrs., Ms.) _____

Other Names Used (If known) _____

Social Security Number (If known) _____

Street Address _____

Apartment # _____

City, State, Zip _____

Other Addresses Used _____

Home Phone Number (Please include area code) _____

Work Phone Number (Please include area code) _____

Employer's Name _____

Employer's Address _____

Employer's Phone # _____

What is your complaint? (In your own words, explain the problem)_____

_____

_____

_____

_____

_____

_____

What event led you to feel there was a problem?_____

_____

Have you notified the Managed Care Organization of this problem? Yes _____ No_____

Who did you notify? (Please provide name and phone number, if known)_____

Have you notified anyone else? (If so, please provide name and phone number, if known) _____

_____

***Please attach or fax any records of proof you may have to assist in our investigation.**

PERSON MAKING COMPLAINT (optional): _____

If it is your desire, you can remain anonymous; however, if you wish to speak with a health care consultant, please place an X here: __
If so, please provide a daytime phone number, including area code _____

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