



## MEDIC Compromised ID Report Form

**Instruction:** The purpose of this form is to report compromised Health Insurance Claim Numbers (HICNs), prescribing provider identifiers, or dispensing provider identifiers in the Medicare Parts C & D programs. Health Integrity may contact you upon receipt of this report, so please be sure to furnish sufficient contact information. Please supply one compromised subject per form. To ensure compliance with all applicable laws, please do not send Protected Health Information (PHI) via email.

Please fax this form to 410-819-8698, Attn: Health Integrity; National BI MEDIC, Yuanrong Fan

### Submitter Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Compromised ID Information:

Type of entity: Beneficiary Prescriber/Provider Pharmacy

Description of identifier which has been compromised (e.g., HICN, DEA, NPI, NCPDP): \_\_\_\_\_

Identifier(s) which has been compromised: \_\_\_\_\_

Name of entity or individual: \_\_\_\_\_

Address of entity or individual: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Issue: Part C Issue Part D Issue Part C & D Issue

### Report Details:

Please provide any information regarding how the number was compromised, subjects involved, etc. This may include a description of how the theft occurred, dates that the fraud occurred, description of individuals and/or businesses involved in the alleged activity, names and contact information for victims, and copies of documentation regarding the fraudulent activity including letters, advertising, attestations, affidavits, verification forms, etc.