



National Benefit Integrity MEDIC Complaint Form

Instruction: The purpose of this form is to report complaints of fraud, waste, and abuse in the Medicare Parts C & D Programs. A representative from Health Integrity may contact you upon receipt of this complaint, so please be sure to furnish sufficient contact information. To ensure compliance with all applicable laws, do not send Protected Health Information (PHI) via email.

Date of Referral: _____

Please designate as Part C or Part D issue:

- Radio button options: Medicare Advantage Issue (Part C), Prescription Drug Benefit Issue (Part D), Both Part C and Part D Issue

Complainant Contact Information:

Name, Organization, Address, Phone, Email, Fax, City, State, Zip fields

Beneficiary Contact Information:

Name, Address, Date of Birth, Medicare Plan Name, Phone, HICN#, City, State, Zip, Primary language, Member ID# fields

Description of Subject/Suspects of Fraud:

Name, DEA#, Business, Address, Tax ID (TIN), Medicare Provider #, Phone, City, State, Zip, NPI, Please describe type of business or physician specialty fields

Complaint Details:

Period of Review, Potential Medicare program exposure: \$

Is Law Enforcement Involved? No/Yes (If "Yes", include agency and agency contact):

Description of Findings/Allegations: (Please provide a detailed description of the nature of the fraud issue including the following: description of fraudulent activity; CPT codes involved; states where the fraud activity took place; description of individuals and/or businesses involved in the alleged illegal activity; dates that the fraud occurred; names and contact information for victims; and copies of documentation regarding the fraudulent activity including letters, advertising, etc. - 1120 character limit; attach additional documentation if necessary):

Large empty rectangular box for detailed description of findings/allegations.

To ensure compliance with all applicable laws, do not send Protected Health Information (PHI) via email.

Please fax this form to 410-819-8698, call 877-7SAFERX, or mail to Health Integrity, 9240 Centreville Road, Easton, MD 21601-7098, Attn: NBI MEDIC