



# Vermont Medicaid Fraud, Waste, and Abuse Referral Form

This form is used to report complaints concerning two types of health care fraud, waste, or abuse.

Is your concern related to a Vermont Medicaid **PROVIDER** (doctor's office, hospital, dentist, etc.), or a **BENEFICIARY** (person receiving health care benefits)?

Please choose one    **Beneficiary**    **Provider**

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## Alleged Beneficiary or Provider Details

Provider or Beneficiary's Full Name

Provider or Beneficiary's Address

Provider or Beneficiary's Medicaid ID Number

## Allegation Description

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## Your Information

**First Name**

**Last Name**

**E-mail Address**

**Phone**

**Are you any of the following?**

State of VT Employee

Medicaid Provider

VT Medicaid Beneficiary

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Please review this form for accuracy and click the "Submit" button below to send this form via e-mail ([reportmedicaidfraud@vermont.gov](mailto:reportmedicaidfraud@vermont.gov)). This form may also be sent via fax at 802-871-3090 (please direct fax to "DVHA Program Integrity") or via regular mail at DVHA Program Integrity, NOB 1 South - 280 State Drive, Waterbury, VT 05671-1010.

Thank you for helping to combat fraud, waste, and abuse in Vermont's Medicaid program. If you have questions, please call Program Integrity at 802-241-9210.