

## Health Care Fraud & Abuse Referral Form

Please use this form to report suspected Medicaid **Provider** fraud. If you suspect Medicaid **Beneficiary** eligibility fraud – contact Maximus at 1-800-250-8427.

Your Information			
Name:		Date:	
Address:	City:	State:	Zip:
Email:	Telephone:		
Are you a Medicaid provider?  Yes No	Provider ID (if applicable):		
Do you have state funded health care?  Yes No	Medicaid ID (if applicable):		
Are you employed by the State of Vermont?  Yes No	Department/Unit (if applicable)	ole):	
Reporting a Provider			
Provider and/or Facility Name:			
Address:	City:	State:	Zip:
Provider ID:	Telephone:	l	L
Reason for Referral  Please give as much detail as possible about your concern. Include copies of any documents you are willing to share.  (please continue on another page if necessary)			
(preuse commune on anomer page if necessary)			

Fax, email, or mail the completed form to:

• Fax: (802) 871-3090

• Email: <u>ReportMedicaidFraud@vermont.gov</u>

 Mail: DVHA Program Integrity NOB 1 South, 280 State Drive Waterbury, VT 05671-1010

If you have questions, call Program Integrity at (802) 879-5900.