VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

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):		

Reporting a Provider

Provider and/or Facility Name:			
Address:	City:	State:	Zip:
Provider ID:	Telephone:		

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)

Fax, email, or mail the completed form to:

- Fax: (802) 871-3090
- Email: ReportMedicaidFraud@vermont.gov
- 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.