



Vermont Medicaid Fraud, Waste, and Abuse Referral Form

This form cannot be completed in a website browser. It must be downloaded from the website, saved, and opened in a different viewer (such as Adobe) in order for the email submit function to work.

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**

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

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

Please review this form for accuracy and click the "Submit" button below to send this form via e-mail (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 Health Care Programs. If you have questions, please call Program Integrity at 802-241-9210.