



## COMPLIANCE AND FRAUD, WASTE & ABUSE REPORTING FORM

### Instructions:

Please provide as much detail as possible. This will help us in our investigation and reporting of the allegation.

If the suspected Fraud, Waste and/or Abuse involves a carrier, agent, member, or provider, please supply information in those fields.

Describe the situation in as much detail as possible. If you need additional room please add a page to the form.

If you have already reported the allegation to another entity (e.g., carrier or government agency) please provide who it was reported to and when.

You can also report any suspected Compliance and/or Fraud, Waste & Abuse by emailing our compliance team:

[compliance@advocatehealthllc.com](mailto:compliance@advocatehealthllc.com)

Or call our office at 1-800-709-5513

You can request to remain anonymous by any of these means.



DATE: \_\_\_\_\_

**PERSON COMPLETING FORM** (leave blank if you wish to remain anonymous):

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please include the following about the alleged suspect and/or victim(s):**

Does this involve a Medicare member?

YES                       NO                       I don't know

**Please provide the applicable information:**

CARRIER NAME: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

OTHER PERSON OR GROUP: \_\_\_\_\_

Describe the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how you became aware of this issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this been reported to any other entity?

YES      Please provide what entity: \_\_\_\_\_

NO