

Insurance Fraud:

Use this form to report suspected fraud. You don't need to complete all the boxes to submit this report. To assist us in reviewing this report, please be sure to include complete information about the person or organization you suspect of committing fraud.

Your Information (Optional)

Your name

Address

City

State

Zip

Home phone

Work phone

E-mail address

Person or Company You Suspect of Fraud

Name

Address

City

State

Zip

Home phone

Work phone

Dates of service(s)

Person This Affected

Name

Plan I.D.#

Address

City

State

Zip

Home phone

Work phone

Report