

[\(Link to Spanish Version\)](#)

# Suspected Fraud or Program Abuse Report

Reported by:  Client  Family Member  Friend  T/RBHA  Provider  OPI  DBHS  OCSHCN  Public  
 OBHL  CRS Clinic  Guardian  Other Agency

## Information about you:

Your name and title: \_\_\_\_\_  
Do you request contact from the ADHS Office of Program Integrity (OPI)?  Yes  No  
Contact information: (address) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(email) \_\_\_\_\_

## Information about who or what you are reporting:

Name of provider, recipient, agency, or T/RBHA suspected of fraud or program abuse: \_\_\_\_\_

Contact information: (location/address) \_\_\_\_\_  
(phone) \_\_\_\_\_  
(email) \_\_\_\_\_

Provider ID or Recipient ID (if known): \_\_\_\_\_

Nature of suspected fraud or program abuse:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> False Claims/Data            | <input type="checkbox"/> Altering Claims               | <input type="checkbox"/> Incorrect Coding (upcoding, unbundling, etc.) |
| <input type="checkbox"/> Unlicensed Professional      | <input type="checkbox"/> Duplicate Billing             | <input type="checkbox"/> Billing for Services not Provided             |
| <input type="checkbox"/> Altered or Missing Documents | <input type="checkbox"/> Misrepresentation of Services | <input type="checkbox"/> Other   |

What makes you suspect fraud or program abuse? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title XIX or XXI funds involved (Medicaid related funds)?  Yes  No Estimated Loss: \$ \_\_\_\_\_

Other details regarding fraud or program abuse allegation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date discovered: \_\_\_\_\_ Evidence or documentation available?  Yes  No

Have you filed a complaint or report with any other agency or organization (including your T/RBHA or CRS clinic)?  Yes  No  
If so, what agency? \_\_\_\_\_

Have you brought your concern or complaint to the attention of the subject(s)?  Yes  No

To whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax this report to: ADHS/OPI Fax Number: 602-364-4736  
or  
Email to: ReportFraud@azdhs.gov  
or  
Call toll free at 1-866-563-4927

Mail this report to us at:  
Arizona Department of Health Services  
Office of the Deputy Director/Office of Program Integrity  
150 North 18<sup>th</sup> Avenue, Suite 280  
Phoenix, Arizona 85007