

# FRAUD, WASTE, ABUSE AND OVERPAYMENT REPORTING FORM

Please use this form to tell us about any fraud, waste, and abuse concerns you may have. This information will be confidential. Tell us as much as you can.

I think that the following person, who can be reached at the address and phone number listed below, may be doing acts of fraud, waste or abuse.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

This person is a/an...: (please check the appropriate box)

Employee     Member     Provider     Other\*

**Tell us your concern.** Please attach extra pages, if needed.

\*Please explain the relationship between the person you are reporting and CareSource PASSE or yourself.

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You do not need to tell us your name. If you are willing, please give us this information so that we may reach you if we need more info.

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_

If you have documents that we should see, please attach them or tell us where to find them.

**If you do not want to give your name,** send this form (and any other documents) by mail to:

CareSource PASSE  
Attn: Program Integrity  
P.O. Box 1940  
Dayton, OH 45401-1940

You may also send this form by fax or e-mail. However, sending your report this way will show the number of the fax machine or your e-mail address.

**Fax:** 1-800-418-0248

**E-mail:** Fraud@CareSource.com

(Copy the form information and attachments into the e-mail or attach them as documents).

If you have any questions, call **1-833-230-2005** (TDD/TTY: 711). Select the menu choice to report fraud.