

Confidential Fraud, Waste, and Abuse Reporting Form

Please use this form to tell us of any fraud, waste, and abuse concerns you may have. This information will be private. Give as much data as you can.

I am worried that the person, who can be reached at the address and phone number listed below, is doing something fraudulent or abusive.

Name: _____

Address: _____

Phone No(s): _____

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

Employee

Member

Provider

Other*

Tell us your concern. Please attach more pages, if needed.

*Please make clear the relationship between the person you are reporting and Humana – CareSource[™] or yourself.

You may stay anonymous and not tell us your name. If you don't want to stay anonymous, please give us the following information so that we may contact you if we need additional information.

Your Name: _____

Your Address: _____

Your Phone No(s): _____

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

To remain anonymous, send this form (and any other documents) by mail to:
Humana – CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, Ohio 45401-1940

You may also submit 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. If you want to be anonymous, mail the form and attachments. If you do not want to be anonymous, you may send your information using these methods:

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 us at **1-855-852-7005**, and **select the menu option for reporting fraud.**

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