

Confidential Fraud, Waste, and Abuse Reporting Form

Please use this form to tell us about any fraud, waste, and abuse concerns you may have. This information will be confidential. Give as much information as you can.				
		ndividual, who can b ng something fraudul	e reached at the address a ent or abusive.	and
	ame: ddress:			
Р	hone(s):			
This person is	a/an: (please ched	ck the appropriate bo	x)	
Employee	Member	Provider	Other*	
<u>-</u>		attach additional pag stween the person yo	ges, if needed. ou are reporting and CareS	Source
•	ease give us the fol	•	e. If you don't want to rema that we may contact you	
Your Name: Your Address:	:			
Your Phone N	o(s).:			
If you have doo find them.	cuments that we sho	ould review, please a	attach them or tell us where	e to

-Continued on next page

To remain anonymous, send this form (and any other documents) by mail to:

CareSource

Attn: Special Investigations Unit

P.O. Box 1940

Dayton, OH 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: <u>fraud@caresource.com</u> (copy the form information and attachments

into the e-mail or attach them as documents).

If you have any questions, call us on the Fraud Hotline at 1-855-475-3163, and select the appropriate menu option.

CareSource MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other languages. Call 1-855-475-3163. The call is free.

Puede obtener esta información de forma gratuita en otros idiomas. Llame al 1-855 475-3163. La llamada es gratuita.



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