



## 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. Please give as much information as you can.

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

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

Employee       Member       Provider       Other\*

**Describe your concern.** Please attach additional pages, if needed.

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

You may remain anonymous by not sharing your name. If you don't want to remain 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:

CareSource North Carolina Co.  
Attn: Program Integrity  
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:** [fraud@caresource.com](mailto: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 on the Fraud Hotline at 1-833-230-2101, and select the appropriate menu option.**

NC-EXC-P-1803200

*Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource*