

FRAUD, WASTE AND ABUSE REFERRAL FORM

The purpose of this form is to report complaints of fraud, waste, and abuse.

INSTRUCTIONS:

1. Please gather and enter all details about the incident. Thorough information will aid investigation.
2. Compile any relevant documentation.
3. Send this form and any documentation by any of the following methods:

Email: fraudwasteandabuse@goldkidney.com
 Fax: 480-716-7555
 Mail: Gold Kidney Health Plan
 9903, East Bell Road, Suite 120,
 Scottsdale, Arizona 85260
 United States

Referral Source Information (If you wish to report anonymously, you do not have to provide your information)	
Date of Referral:	
First Name:	Last Name:
Telephone Number:	E-mail Address:
Relationship with Gold Kidney Health Plan (i.e. employee, member, provider, etc.):	
Type of Issue:	
<input type="checkbox"/> Medicare Advantage Issue (Part C) <input type="checkbox"/> Prescription Drug Benefit Issue (Part D) <input type="checkbox"/> Both Part C and Part D Issue	
Member Involved	Provider Involved
Member First Name:	Provider First Name:
Member Last Name:	Provider Last Name or Business Name:
Member ID:	Provider NPI:
Member DOB:	Provider TIN:
Member Street Address:	Provider Medicare ID Number:
Member Phone Number:	Provider Street Address:
Primary Language (other than English):	Provider Phone Number:
Type of Provider/Business:	
<input type="checkbox"/> Primary Care <input type="checkbox"/> Specialist <input type="checkbox"/> Pharmacy <input type="checkbox"/> Durable Medical Equipment <input type="checkbox"/> Laboratory <input type="checkbox"/> Eastern Medicine Provider <input type="checkbox"/> Medical Supply <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: <div style="text-align: center; margin-top: 5px;">_____</div>	

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Claim Information (if applicable)	
Dates of Service:	Procedure Codes:
Claim Number(s):	
Description of Findings/Allegations: (Please provide a detailed description of the nature of the fraud issue including the following: description of fraudulent activity; CPT codes involved; description of individuals and/or businesses involved in the alleged illegal activity; dates that the fraud occurred; names and contact information for victims; and copies of documentation regarding the fraudulent activity including letters, advertising, etc.):	