

Attention: Compliance Officer **Suspected Fraud, Waste and Abuse** **Report**

- **Reports received via phone:** Employees, Providers, Members, Contractors and any downstreams and related entities, please complete and submit attention to Compliance Officer. Callers may report anonymously.
- **Employee and Contractor Reports:** Please complete and submit attention to Compliance Officer. To report anonymously, you do not have to add your name.
- **Everyone:** may report anonymously by phone to the 24-Hour Compliance Hotline at (415) 216-0095 and leave a message or send an e-mail to compliance@cchca.com.

Date:	<input type="checkbox"/> Anonymous Report	Report Received By:
Reporting Individual:	Name	
<input type="checkbox"/> Member <input type="checkbox"/> Provider <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other:	_____	
Best way to contact:	<input type="checkbox"/> Phone: _____	<input type="checkbox"/> E-mail: _____

ABOUT ISSUE BEING REFERRED FOR REVIEW

Attach supportive information, such as correspondence.

Member:	<input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Commercial Member ID#: _____	
Involved:	<input type="checkbox"/> Physician <input type="checkbox"/> Facility <input type="checkbox"/> Member <input type="checkbox"/> Other: _____	
Describe the issue using as much detail as you can. Include date(s) of service, claim number, or other identifying details if possible. Attach separate pages if needed.		
Describe how you became aware of this issue.		
If others may have information about this situation, please provide their names		
Received By Compliance Officer:		Date: