

CONFIDENTIAL

Person Reporting Fraud: Name Relationship to the person you are reporting: Family Friend Other Name of person you are reporting: Address City, State, ZIP Date Fraud, Waste or Abuse happened: If more than one person, please give us a list of the other people's names and addresses. SUSPECTED FRAUD OR ABUSE: Using another person's ID or Medi-Cal card to get services. Giving false information to agencies to become eligible for Medi-Cal. Selling, lending or giving your or someone else's CenCal Health or Medi-Cal Card to other people so they can get services.	Suspected Fraud, Waste or Abuse by CenCal Health MEMBER				
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Asking for or receiving a payment or a refund so they can receive or not receive services.	Asking for or receiving a payr	ent or a refund so they can receive	or not receive services.		
Selling medicine, medical equipment or other things they received through CenCal Health.	Selling medicine, medical equ	pment or other things they received	through CenCal Health.		
Other	Other				
Please explain with details why you feel there is Suspected Fraud, Waste or Abuse (include who, what, when).	Please explain with details wh	you feel there is Suspected Frau	id, Waste or Abuse (include who, wh	nat, when).	