

Suspected Fraud, Waste or Abuse by CenCal Health Doctor or Specialist

Person Reporting Fraud:	Date
Name	

Are you currently a patient of this Doctor or Specialist?

Yes
 No
 I was a patient in (month & year) _____

Name of Doctor, Specialist or Group

Type of Doctor or Specialist

Address

City, State, ZIP

Dates You Received Service (if applicable)	Location Where Service Was Received (if applicable)
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SUSPECTED FRAUD OR ABUSE:

Billed CenCal Health for services or medical equipment that:

Were not given to me.
 Other (type in what happened):

Doctor or specialist charged me more than my share of cost for covered services.

Doctor or specialist provided treatment or medical equipment that I did not need.
What treatment or medical equipment did you receive?

Doctor or specialist should not have treated me because:

Other (please write below the reasons you feel the doctor or specialist did wrong that caused fraud):

Please explain with details why you feel there is suspected Fraud, Waste or Abuse (include who, what, when).