



# FRAUD COMPLAINT FORM

United Concordia Companies Inc.  
 Special Investigations Unit  
 4401 Deer Path Road, DP-4F  
 Harrisburg, PA 17110  
 Fax: 717.260.7204

PLEASE PRINT OR TYPE

## COMPLAINT REGISTERED AGAINST

Name:			Name of Dental Office:
Address:			Address:
City	State	Zip Code	Office Phone Number: ( )

## PERSON REGISTERING COMPLAINT

Name of Person Registering Complaint:			Relationship to Patient:
Address			Home Phone Number: ( )
City:	State	Zip Code	Work Phone Number: ( )
Patient Name:	Patient's Date of Birth:		Patient's Social Security Number
Has patient been examined or treated by another dentist for this same complaint? If yes, please provide full names and addresses on the back of this form.			YES <input type="checkbox"/> NO <input type="checkbox"/>

## DETAILS OF COMPLAINT

Date of Visits: \_\_\_\_\_

State your complaint in detail:

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Attach additional sheets if necessary.

NOTICE: As much information as possible should be provided, in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint. The information will be used to determine whether a violation of law has occurred. If a violation is substantiated, the information may be transmitted to other governmental agencies, including the Attorney General's Office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the TRICARE Active Duty Dental Program (ADDP) and how it will be used.

<b>AUTHORITY:</b>	10 U.S.C. Chapter 55, Medical and Dental Care; 32 C.F.R. 199.17, TRICARE Program; 45 C.F.R. Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.
<b>PURPOSE:</b>	To provide for enrollment, processing of claims, and customer service to individuals eligible for TRICARE Active Duty Dental Program benefits.
<b>ROUTINE USES:</b>	In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, the DoD "Blanket Routine uses" under 5 U.S.C. 552a(b)(3) apply to this collection. Information from this system may be shared with federal, state, local, or foreign government agencies, and with private business entities, including individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.
<b>DISCLOSURE:</b>	Voluntary. If you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays.