



## REPORT FRAUD, WASTE, AND ABUSE

Use this form to report suspected health care fraud perpetrated by a doctor, hospital or other health care professional. To help us address the issue, please supply as much detail of the suspected illegal activity as you can. **Referrals are held in strict confidence.**

If you believe you are the victim of identity theft, please contact local law enforcement as well as your insurance company's Member Services; the number can be found on your insurance card.

You may also wish to review information on the Federal Trade Commission (FTC) website ([www.ftc.gov](http://www.ftc.gov)), as the FTC is involved with consumer protection.

Note that a complaint about a doctor, facility, or other health care professional is not necessarily fraud. If you wish to make a complaint about the quality of your doctor's service, have a problem with your bill, or have found something incorrect on your explanation of benefits (EOB), please contact your insurance company's Member Services; the number can be found on your insurance card.

**Download this form, complete and email the form to: [SIU@mynexuscare.com](mailto:SIU@mynexuscare.com)**

Are you reporting for someone else?

Yes

No

Is this related to Medicare?

Yes

No

What is the member, doctor, hospital, health care professional, or company's name you would like to report?

**\*\*Required**

What is their phone number?

**\*\*Required**

**What is their address?**

**\*\*Required**

**What is the Tax ID, if applicable?**

**What is the Provider ID Number?**

**What is the Provider NPI Number?**

**What is the name of the person this claim is about?**

**\*\*First Name**

**Initial**

**Last Name**

**What is the date of birth of the person who is insured?**

Click or tap to enter a date.

**What is the insured person's email address?**

**What is the insured person's phone number?**

**What state does the insured reside?**

**Who is the insurance company?**

**What is the Member ID?**

**\*\*Required**

**What is the claim number listed on the EOB?**

**If applicable, what is the date of service that you believe the fraudulent event occurred?**

Click or tap to enter a date.

**Add additional dates of service here**

**Tell us why you believe health care fraud may have occurred:**

Empty response area for text input.