

**VA Department of Veterans Affairs**

**Program Integrity Fraud, Waste and Abuse Complaint Form**

**Form Instructions:**

1. Fill out as much information as possible
2. Attach all relevant documents
3. Submit form to Program Integrity via U.S. Mail  
or
4. Fax all associated documents to 303-398-5295

**Mailing Address:**

VHA Office of Community Care  
Attn: Department of Program Integrity  
PO Box 461307  
Denver, CO 80246

**Email (INTERNAL USE ONLY):**

1. **Email MUST use PKI.**
2. Attach the PDF file into e-mail
3. Forward all documents through internal Outlook Mail Group
4. May utilize interoffice mail as well

**SUBMITTER INFORMATION**

First & Last Name:

Address:

City/State/Zip:

Country:

Phone:

Email:

Select One:

**PATIENT INFORMATION (Complete as much as possible.)**

First & Last Name:

Address:

City/State/Zip:

Country:

Phone:

Social Security #:

Program Type:

**PROVIDER'S INFORMATION**

Name of Business/Facility/Practice:

Tax ID Number:

NPI Number:

Address:

City/State/Zip:

Country:

**COMPLAINT INFORMATION**

Today's Date:  Type of Fraud, Waste or Abuse:

Does a claim exist?  Program Type:

Please provide a detailed description of the suspected fraud, waste or abuse. If possible, include claim number(s), date(s) of service and a history of what happened. (Please attach additional pages if needed.)

Provide a list of all parties involved.

**DOCUMENTATION CHECK LIST (Please select all documents included in this submission)**

Total Page Count:   Complaint  Bill(s)  Correspondence  EOB(s)  FBCS Screen  Invoice(s)

Medical Docs.  PPR Screen  Policy Refer.  Sponsor/Patient Info.  Other:

## Program Integrity Fraud, Waste and Abuse Complaint Form

**PRIVACY ACT INFORMATION:** The authority for collection of the requested information on this form is Title 38 United States Code (U.S.C.), Sections 501 and 1781. The purpose of collecting this information is to adjudicate and process fraud, waste and abuse cases for VHA Office of Community Care (VHA CC) programs. You do not have to provide the requested information, but if any or all of the requested information is not provided it may significantly delay processing of your request. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. The responses you submit are considered confidential and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records *Health Administration Center Civilian Health and Medical Program Records–VA (54VA16)* and *Non-VA Fee Basis Records–VA (23VA16)*, as set forth in the Compilation of Privacy Act Issuances. VA system of records documents are available online via The Office of the Federal Register at <http://www.ofr.gov/>.

For example, information on this form may be disclosed to VAOIG, FBI, health care providers and other law enforcement agencies involved in actions related to or affected by medical benefits, health care services rendered, or payment for services. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of 38 U.S.C., and is voluntary. Social Security numbers will be used in the administration of Veterans benefits, in the identification of Veterans or persons claiming or receiving VA benefits and their records, and may be used for other purposes where authorized by 38 U.S.C. and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statutes.

**PAPERWORK REDUCTION ACT:** This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the VHA CC programs customer service center at 1-877-466-7124. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a current, valid OMB control number. The purpose of this data collection is to provide a mechanism for the creation of fraud, waste and abuse complaint inquiry cases for VHA CC programs.