

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:

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PRIVACY ACT STATEMENT: The authority for collection of the requested information on this form is in accordance with the Department of Veteran Affairs System of Records Notice: 23VA10NB3, Non-VA Care (Fee) Records-VA (FR: Thursday, July 30, 2015) and 54VA10NB3, Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry and Payment Files --VA (FR: Tuesday March 3, 2015). Purpose: The purpose of collecting this information is to adjudicate and process fraud, waste and abuse cases for VHA Office of Community Care (OCC) programs. Routine Use: Disclosure to other Federal agencies may be made to assist such agencies in preventing and detecting possible fraud or abuse by individuals in their operations and 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. VA System of Records Notices are available online via The Office of the Federal Register at <http://www.ofr.gov/>.

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 OCC 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 OCC programs.