

Preliminary Investigation Notification Form

Please complete the following information and send it to the Anti-Fraud Unit at the Compliance Office of ASES.

MCO:				Date:	
Notified by:				Position:	
E-mail:				Phone:	
Related to:	<input type="checkbox"/> Provider (Complete Section #1)	<input type="checkbox"/> Beneficiary (Complete Section # 2)	<input type="checkbox"/> Other Subject (Complete Section # 2)	Estimated Overpayment:	
1. Provider Information					
Name:			GHP Region:		
NPI:			Specialty:		
Phone:			Fax:		
2. Beneficiary or Other Subject Information					
Name:		MPI:		Phone:	
Address:					
3. Reason(s): (Check all that apply)					
<input type="checkbox"/>	Billing for Unnecessary Service(s)	<input type="checkbox"/>	Solicitation, Bribe, Kickback, Rebate	<input type="checkbox"/>	Identity Theft / Use of Stolen Card
<input type="checkbox"/>	Billing for Service(s) not rendered	<input type="checkbox"/>	Overutilization or Unbelievable Services	<input type="checkbox"/>	Misrepresentation of Services
<input type="checkbox"/>	Upcoding	<input type="checkbox"/>	Falsification of Documentation	<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Unbundling	<input type="checkbox"/>	Selling Prescribed Medication	<input type="checkbox"/>	
Source of Complaint:		Case opened date:		Date Preliminary Investigation was initiated:	
				Preliminary Investigation Report Due Date:	
4. Summary (including how the issue was identified and a list of next steps)					
<p>The Contractor shall conclude its preliminary investigation within ten (10) Business Days of identifying the potential FWA issue and shall provide the findings of its preliminary investigation in writing to ASES within two (2) Business Days of completing the preliminary investigation.</p>					