

Full Investigation Status Report

MCO:

Prepared by:

Date of report:

SUBJECT INVESTIGATED: ____ PROVIDER ____ BENEFICIARY ____ OTHER

Name:	NPI or MPI:
Provider Specialty:	Provider Type:
Reason for Full Investigation:	
Estimate of dollars involved/overpayment:	

STATUS REPORT

Include a brief summary of the case including completed and pending actions as applicable.

ACTIONS

(Be specific, list only facts, use bullets)

- Completed
- In Progress
- Pending

END OF REPORT