Full Investigation Status Report

MCO:
Prepared by:
Date of report:

**SUBJECT INVESTIGATED:**  ___ PROVIDER   ___ BENEFICIARY  ___ OTHER

<table>
<thead>
<tr>
<th>Name:</th>
<th>NPI or MPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Specialty:</td>
<td>Provider Type:</td>
</tr>
<tr>
<td>Reason for Full Investigation:</td>
<td></td>
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<tr>
<td>Estimate of dollars involved/overpayment:</td>
<td></td>
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</tbody>
</table>

**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**