

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:

VA Purchased Care
Attn: Program Integrity
PO Box 461307
Denver, CO 80246

E-mail: INTERNAL USE ONLY

1. **The e-mail 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

Today's Date

SUBMITTER'S INFORMATION

First & Last Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
E-mail	<input type="text"/>
Select One	<input type="text"/>

PATIENT'S INFORMATION-Complete as much as possible

First & Last Name	<input type="text"/>
Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/>
Social Security #	<input type="text"/>
Program Type	<input type="text"/>

PROVIDER'S INFORMATION

Name of Business/Facility/Practice	<input type="text"/>		
Tax ID Number	<input type="text"/>	NPI Number	<input type="text"/>
Address	<input type="text"/>	City/State/Zip	<input type="text"/>
		Country	<input type="text"/>

COMPLAINT INFORMATION

Program Type	<input type="text"/>	Does a claim exist?	<input type="text"/>
Type of Fraud, Waste, or Abuse	<input type="text"/>		

Provide a list of all parties involved.

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.)

Documentation Check List (Please select all documents included in this submission)

Total Page Count

- | | | | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|--|--|---|
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Bill(s) | <input type="checkbox"/> EOB(s) | <input type="checkbox"/> Policy Refer. | <input type="checkbox"/> Medical Docs. | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Invoice(s) | <input type="checkbox"/> PPR Screen | <input type="checkbox"/> FBCS Screen | <input type="checkbox"/> Sponsor/Patient Info. | <input type="checkbox"/> Other | <input type="text"/> |

Program Integrity Fraud, Waste and Abuse Complaint Form

PRIVACY ACT INFORMATION: The authority for collection of the requested information on this form is 38 U.S.C. 501 and 1781. The purpose of collecting this information is to adjudicate and process fraud, waste and abuse cases for VA Purchased Care Program. 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 54VA16, titled "Health Administration Center Civilian Health and Medical Program Records -VA", 23VA16, titled "Non-VA Fee Basis Records -VA, as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>. 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 health care services rendered, medical benefits or payment for services. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 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 Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

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 Purchased Care Programs Help Line, 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 currently valid OMB control number. The purpose of this data collection is to provide a mechanism for the creation of fraud, waste and abuse CHAMPVA or Non-VA Care program complaint inquiry cases.