

**SPECIAL INVESTIGATIONS UNIT REPORTING FORM - EXTERNAL**

2600 6th Street S.W., Canton, Ohio 44710 Phone (330) 363-2887 or (800) 204-5119 Fax (330) 580-5501

REFER TO FRAUD AND ABUSE SIU - PERSONAL AND CONFIDENTIAL

Referring Person:	
Address:	
Phone Number:	City/State/Zip:

Claim Number:	DOS:	Multiple Claims?	Group Number:
Amount Billed:	Was Claim Paid?	Date Paid:	Amount Paid:
Case Type: (Check One)	Provider___ Claimant___ Group___ Employee___ Other___		

**SUBJECT INFORMATION**

Name:	DOB:	Social Security # or TIN #:
Address:	Claims History?	ID Number (Provider/Member):

Circle all that apply: Provider Patient Insured Employee Agent/Broker Witness

Suspect Non-Suspect Attorney Law Enforcement List Other\_\_\_\_\_

**Brief Summary of Involvement:**


**Brief Summary Of Why Case Is Being Referred:**


Attach all ORIGINAL documents (Claim Forms, etc) DO NOT mark documents in any way