FRAUD, WASTE, OR ABUSE REPORTING FORM

If you have identified possible fraud, waste, or abuse of health care, TriWest would like to hear from you. You may call our hotline at 866-240-0382 or complete this form. After completing this form, please mail or fax it to the address or number below.

TriWest Healthcare Alliance
Program Integrity
P.O. Box 8430
Virginia Beach, VA 23450

Fax Number: 866-852-2009

Person Completing Information

Providing your information will help us investigate this concern should we need more details. However, you may report anonymously.

Last Name:	First Name:

Telephone:	Email:

Relationship to Beneficiary:
☐ Self ☐ Family/Caregiver ☐ Provider ☐ Other

Other:

Beneficiary Information

Last Name:	First Name:	Telephone:

Date of Birth (MM/DD/YYYY):	Beneficiary DOW Benefits Number (XXXXXXXXX-XX):	Sponsor's SSN (XXX-XX-XXXX):

Email:	Mailing Address:

City:	State:	ZIP Code:

Fraud, Waste, or Abuse Information

Provider Name (if applicable):	Date(s) of Incident(s):

Describe your concern(s): Please be specific as possible about your concerns. We will contact you if more information is needed. You may attach additional pages or supporting documentation.

The Information collected with this form is subject to the Privacy Act of 1974 (5 U.S.C. 552A, as amended) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information shall be considered for official use only and protected accordingly. Any individual responsible for unauthorized disclosure or misuse of this information may be subject to a fine of up to $50,000 and/or other sanctions as appropriate.

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