



Mail to:

Special Investigations Unit
Experience Health
P.O. Box 2291
Durham, North Carolina
27702

FRAUD AND ABUSE REPORT FORM

To report suspected fraud or abuse, please complete the information requested below. Please be as detailed as possible. Incomplete or lack of information may prevent Experience Health from investigating this matter fully. Once this form is complete, please mail or fax to the appropriate address or number above.

Your Information

Optional – You may choose to remain anonymous.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Insured's Information (Person who carries the insurance)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Member ID Number: _____

This number may be found on the Member ID card and Explanation of Benefits Statements.

Person or Company Suspected of Fraud and Abuse

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Date(s) of Incident(s): _____

Suspected Fraud/Abuse: _____

Names of Other Witnesses or Victims: _____

Address / Phone Number: _____