

Suspected Fraud Report Form

Please do not include Social Security numbers.

Reporter Information: *(This section is OPTIONAL, if you choose to remain anonymous.)*

CareConnect may contact me. I wish to remain Anonymous.

Your Name:

Your Address:

Your Phone #:

Member, Provider, Vendor or Other(s) Suspected of Fraud: *(Required)*

Please check the boxes below for each individual/entity involved and provide as much detailed contact information as possible, *e.g., Name, Address, Phone Number, Fax Number, Email, etc.*

Member(s)

Provider(s)

Vendor(s)

Other(s)

Suspected Fraud, Waste or Abuse Complaint:

Please provide details regarding your suspected fraud complaint. *(Required)*

Member's Information:

(Information about the Member who may have been affected by the suspected fraud described above.)

Member Name:	<input type="text"/>
Member ID#:	<input type="text"/>
Address:	<input type="text"/>
City, State & Zip:	<input type="text"/>
Phone:	<input type="text"/>

Download the Suspect Fraud Report Form to provide the details of your suspected fraud complaint and send it to CareConnect by:

Email: Scan form to siu@nsljcc.com **or** **Facsimile:** Fax form to (516) 706-3829

Mail form to:

CareConnect Insurance Company, Inc.

Attn: Special Investigations Unit

2200 Northern Blvd., Suite 104

East Hills, NY 11548

“Although CareConnect Insurance Company, Inc. (“CareConnect”) makes every reasonable effort to protect the personal information and health-related personal information you may send to us via this electronic form from loss, misuse, or alteration by third parties, you should be aware that there is always some risk involved in transmitting information via the Internet. CareConnect will undertake all reasonable efforts to protect your information, but it is not responsible for any information you may enter using this electronic form.”