

Community Health Plan of Washington Report Potential Fraud/ID Theft

Use this form to report to Community Health Plan of Washington (CHPW) potential fraud or identity theft and provide as much detail as possible. Send your completed form to one of the following (**Note:** if you wish to make an anonymous report, please send this form by mail or from a proxy email address or fax number. No attempt will be made to discover the identity of someone making an anonymous report). You may also make a report online at: https://forms.chpw.org/report-potential-fraud:

• Email at: potential.fraud@chpw.org.

• Fax at: (206) 652-7006

Mail to:

Community Health Plan of Washington

Attn: Compliance Department

1111 3rd Ave, Ste. 400 Seattle, WA 98101

1. Person Completing the Report

	Name:		Phone:		
	Business Name (if applicable):				
	Email:				
	Address:				
2. Incident Details					
	Notification by:	Member Call	Provider Call	Self-Report	
		Other:			
	Date of Report:	Date	of Incident:		
3. Mei	mber Details				
	Member Name:		Member ID:		

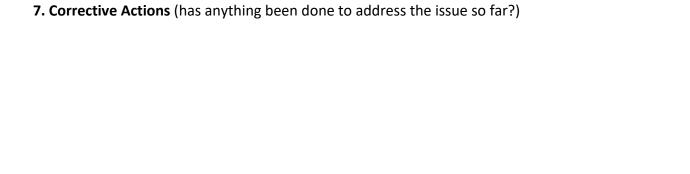
CHPW_CM_587_10_2020_Report_Potential_Fraud_Form H5826_CP_069_2020_Report_Potential_Fraud_Form_C CS_CP_068_2022_Fraud_ID_Theft_C HCA Approval: 2020-534



	Member Date of Birth:	Member Line of Business:			
	Member Eligibility Date:	Member Termination Date:			
	Member Phone:	Member Email:			
	Member Address:				
4. Involved Parties					
	Name of Individual or Organization:				
	Provider Type: Physical Health Behavioral Health Pharmacy DME				
	Provider NPI/TIN:				
	Phone: Email:				
	Address:	-			
5. Claim Details					
	Patient Name:	Date(s) of Service:			
	Procedure Code(s):				
	Claim Number(s):				
	TCN Number(s):				
6. Description of Incident (describe what happened. Include details, names, and dates)					

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