



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. Member Details

Member Name: _____ Member ID: _____



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)

7. Corrective Actions (has anything been done to address the issue so far?)
