



Mail to: Special Investigations Unit
 BlueCross BlueShield of North Carolina
 P.O. Box 2291
 Durham, North Carolina 27702

Fax to: 919-765-7753

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 BCBSNC 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: (____) _____

Type of Coverage: BCBSNC Partners Medicare: Advantage Part D Supplement State Health Plan Federal Employees Program Other: _____

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: _____