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:** _____

CHPW_CM_587_10_2020_Report_Potential_Fraud_Form   HCA Approval: 2020-534
H5826_CP_069_2020_Report_Potential_Fraud_Form_C
CS_CP_068_2022_Fraud_ID_Theft_C

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

_____

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