Missouri Fraud, Waste, and Abuse Referral Form

Agency/Date Contact Person/# MCO/MMAC Case # Provider/Entity Name/ Address Billing NPI(1 NPI per Referral) Tax ID Provider Type/Specialty Ownershig/Licensing Status Complaint Source/Origination Allegation Date Reported to MCO Investigation Targeted Procedure Codes/Description Relevant statutes and regulations violated allegation. Dates of Services Reviewed/Time period at issue Medical Record Type Estimated Overpayment Dollar for Dollar or extrapolated? Total This is a summary of investigative actions taken and interviews conducted, Please attach supporting Review Results Encounter Dates Oder/Suse Review Results Encounter Data Total This is a summary of investigative actions taken and interviews conducted, Please attach supporting Review Results Encounter Data Discourse Information Ownership, control			MCO/MM	AC Information			
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