

Suspected Fraud, Waste or Abuse by CenCal Health MEMBER

Reported by/:	Date
Name	
Title	
Relationship to Member:      Family      Friend      Medical Provider	
Other _____	
Member Name	
Member ID	
Address	
City, State, Zip	
Date of Service (if applicable)	
If multiple Members are involved, please list names.	

SUSPECTED FRAUD OR ABUSE

- Using another person's identity or documentation of Medi-Cal eligibility to obtain services (unless such a person is an authorized person who is presenting such information to obtain covered services on behalf of a member).
- Presenting false information to government agencies in order to qualify or become eligible for Medi-Cal benefits.
- Selling, loaning or giving another member's CenCal Health or Benefits Identification Card (BIC) to other people to obtain covered services through CenCal Health or other Medi-Cal covered benefits.
- Asking for or receiving a kickback, bribe or rebate as an incentive to receive or not receive covered services.
- Selling medications, durable medical equipment or other items obtained through your CenCal Health covered benefits.
- Other (please specify)

**Please provide a description with details of the suspected Fraud, Waste or Abuse (i.e. who, what, when).**