



Use this form to report potential fraud, waste, abuse, and identity theft.

INSTRUCTIONS:

- 1. Please gather and enter all details about the incident. Thorough information will aid investigation.
2. Compile any relevant documentation.
3. Send your report and any documentation by any of the following methods:

Email: compliance.incident@chpw.org
Fax: (206) 521-8834
Mail: Compliance Officer
Community Health Plan of Washington
720 Olive Way, Suite 300
Seattle, WA 98101

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.

Form with sections: SECTION 1 - REPORT PREPARED BY, SECTION 2 - INCIDENT DETAILS, MEMBER INFORMATION, INVOLVED PARTIES, CLAIM INFORMATION (if applicable), DESCRIPTION OF INCIDENT (Please describe what happened. Include details, names and dates to aid investigation.), SECTION 3 - CORRECTIVE ACTIONS (Has anything been done to address the issue so far?)