



Referral Source
Date and time of report
Name
Department
Title
Phone number
Email address

Subject of Investigation Information	
You are Reporting (check one)	<input type="radio"/> Entity (provide all known information) Name _____ NPI/TIN# _____ Address _____ Phone number _____
	<input type="radio"/> Practitioner (provide all known information) Name _____ UMPI/NPI/TIN# _____ Address _____ Phone number _____
	<input type="radio"/> Member (provide all known information) Name _____ PMI# _____ Address _____ Phone number _____
	<input type="radio"/> Itasca Medical Care employee/HHS employee Name _____

What prompted you to report this?

Have you previously reported this issue? No Yes If “yes”, to whom?

Details of the allegation (provide any applicable supporting evidence) -

Fax form to Itasca Medical Care Compliance Officer at 1-218-327-5545

E-mail questions to imcarecompliance@co.itasca.mn.us

Fraud Hotline 1-866-269-0584

For Office Use Only
Report # _____

Integrity & FWA Follow-up Report

Action taken: _____

Follow-up date: _____

Follow-up action: _____

Findings/Resolution: _____

Report completed by: _____ Date: _____

For Office Use Only
Report # _____