SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000

1.855.274.5540 | 715.221.9570
TTY 711

Fraud, Waste and Abuse Investigation Report

Tell us about the situation you're reporting

Is the member involved a Medicare member: ☐ Yes ☐ No ☐ I don't know

Is the member involved a Medicaid member: ☐ Yes ☐ No ☐ I don't know

Subject to be investigated:

☐ Provider Name(s) _____

☐ Patient Name(s) _____

☐ Agent Name(s) _____

☐ Other person or group Name(s) _____

Describe the situation using as much detail as you can. Include the date of service, claim number or other identifying details if possible _____

Describe how you became aware of this issue _____

_____

If anyone else may have information about this situation, provide their name or names _____

_____

Tell us about yourself (if you want investigation follow-up)

Today's date			
First name	Middle initial	Last name	
Street address			
City		State	ZIP code
Telephone number	Email address		

Send by routing, mail, fax or email

Security Health Plan of Wisconsin, Inc.
Attention: Compliance Department
1515 North Saint Joseph Avenue
Marshfield, WI 54449

Fax: 715.221.9500
Email: shp.compliance.dept@securityhealth.org

Feel free to attach other information, such as correspondence. ***Thank you.***

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