|  |  |  |
| --- | --- | --- |
| Tennessee_Seal | STATE OF TENNESSEEOffice of Inspector GeneralReport TennCare **Recipient** FraudOr:Fax Completed Form to: **615-256-3852**E-Mail As an Attachment to: **TennCare.Fraud@tn.gov**TennCare Fraud Hotline: **800-433-3982** | OIG Logo4_edited |
| Complete, Print and Mail to:**State of Tennessee****Office of Inspector General****P.O. Box 282368****Nashville, TN 37228** |  |

Note: In order to be considered for a Cash for Tips reward, you must speak to an OIG representative at 1-800-433-3982. At the time your tip is made, advise the OIG representative that you want a Cash for Tips identification number**. ONLY TIPS SUBMITTED BY TELEPHONE ARE ELIGIBLE FOR A REWARD, AND YOU CANNOT REMAIN ANONYMOUS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please provide as much information as possible. The items marked in RED are mandatory fields.***

**Name:**       **Social Security Number (if known):**      -     -

**Other Names Used (maiden, nicknames, etc.):**

**Date of Birth (if known):**      /     /       **OR Approximate Age:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:**

**City:**       **State:**       **Zip Code:**       **AND/OR County:**

**Other Addresses Used:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe the events that lead you to believe TennCare fraud is being committed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you notified any other local, State or Federal Agencies?** **Yes** **No**

**If yes, who did you notify?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we contact you if we need additional information?** **Yes** **No**

**If so, please provide:**

**Your Name:**

**E-Mail Address:**      @

**Phone Number:**      -     -

**Best time to reach you by phone:**  **Morning** **Midday** **Afternoon**