STATE OF TENNESSEE
DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
CORDELL HULL BUILDING, 1st FLOOR
425 - 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243

REPORT VACCINES FOR CHILDREN (VFC) PROVIDER FRAUD

Please complete the form and fax, e-mail, mail to the above address, or call the toll free number listed below

Fax Number: 615- 532- 8526 VFC Toll Free Number: 800-404-3006 E-mail: VFC-Fraud.Health@tn.gov

Name of Provider you are reporting:

_____

Type of Provider: ☐ Doctor ☐ Nurse or Nurse Practitioner ☐ Pharmacy ☐ Other (specify) _____

Provider VFC pin number (if available): _____ Telephone: (___) _____

Provider Street Address: _____

Provider City Location: _____ State: _____ Zip Code: _____

What did the provider do that led you to believe that there was a problem?

_____

_____

_____

_____

_____

_____

Have you notified anyone else? ☐ Yes ☐ No

If yes, who did you notify? Name: _____ Telephone: (___) _____

_____

☐ If you desire, you may remain anonymous; however, if you would like to speak with a VFC representative, please check here and provide your name and telephone number or e-mail address contact information.

Name: _____

E-mail:_____

Telephone: (___) _____