|  |  |  |
| --- | --- | --- |
| Tennessee_Seal | STATE OF TENNESSEE  Tennessee Bureau of Investigation  Report TennCare **Provider** Fraud  Or:  E-Mail as an Attachment to: [**tipstotbi@tn.gov**](mailto:tipstotbi@tn.gov)  TBI Fraud Hotline: **800-433-5454** | tbi-seal |
| Complete, Print and Mail to:  **Medicaid Fraud Control Unit**  **Tennessee Bureau of Investigation**  **901 RS Gass Blvd.**  **Nashville, TN 37216** |  |

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

**Name of Provider:**      

**Type of Provider:** **Doctor** **Dentist** **Nurse** **Pharmacist** **Other (specify):**

**Provider DEA# (if known) :**

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

**Name of Practice, Hospital or Pharmacy:**

**Street Address:**

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

**Telephone Number:**

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

**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?**

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

If it is your desire, you may remain anonymous; however, if you would like to speak with an TBI representative, please provide your contact information below:

**Your Name:**       **E-Mail Address:**      @

**Phone Number:** (     )     -

**Best Time to Reach You By Phone:** **Morning** **Midday** **Afternoon**