



THE UNIVERSITY OF ARIZONA  
HEALTH PLANS

# Report Compliance Concerns including *Fraud, Waste and Abuse*

The University of Arizona Health Plans takes fraud and abuse seriously. Protecting against fraud and abuse is everyone's responsibility. Please use this form to report any fraud, waste and abuse concerns.

Complete as much of the requested information as you can. Note: Even if you provide your contact information, your identity will be kept confidential. You may submit this form by mail, fax or email.

\*Indicates required field

## Contact Information

I'm reporting this incident anonymously

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Compliance Concern Information

Line of Business: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Was this concern reported through another method to the University of Arizona Health Plans (i.e. Compliance Hotline)?

Yes; If yes, provide the date that the concern was reported to the hotline. Date: \_\_\_\_\_

No

Type of Incident:

Administrative

Abuse of a Member

Claims/Encounters

Delivery of Service

Financial

Member Fraud

Provider Fraud

Other (please specify): \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Concern Involves: \_\_\_\_\_

Please provide a description of the compliance concern in the text field below or attach additional documentation. Please include details such as who, what, where and when of the concern. Please include information as to how you became aware of this issue.

I attest that the above information is accurate and that I am reporting in good faith.

### Send this form by:

Mail

The University of Arizona Health Plans - Compliance Department  
2701 E. Elvira Rd., Tucson, AZ 85756

Fax: / S' fi\*) &Z ") S

Email: [UAHPComplianceAuditMailbox@bannerhealth.com](mailto:UAHPComplianceAuditMailbox@bannerhealth.com)