FRAUD COMPLAINT FORM

United Concordia Companies Inc.
Special Investigations Unit
4401 Deer Path Road, DP-4F
Harrisburg, PA 17110
Fax: 717.260.7204

PLEASE PRINT OR TYPE

COMPLAINT REGISTERED AGAINST

Name:			Name of Dental Office:
Address:			Address:
City	State	Zip Code	Office Phone Number: ( )

PERSON REGISTERING COMPLAINT

Name of Person Registering Complaint:			Relationship to Patient:
Address			Home Phone Number: ( )
City:	State	Zip Code	Work Phone Number: ( )
Patient Name:	Patient's Date of Birth:		Patient's Social Security Number
Has patient been examined or treated by another dentist for this same complaint? If yes, please provide full names and addresses on the back of this form.			YES ☐ NO ☐

DETAILS OF COMPLAINT

Date of Visits: _____

State your complaint in detail: _____

Attach additional sheets if necessary.

NOTICE: As much information as possible should be provided, in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint. The information will be used to determine whether a violation of law has occurred. If a violation is substantiated, the information may be transmitted to other governmental agencies, including the Attorney General's Office.

Signature:_____ Date: _____