

COMMUNITY FIRST HEALTH PLANS Suspicious Activity Report (SAR) - RECIPIENT

Part I – General Contact Information

Date Completed					
Person Providing Information					
First Name		Last Name			
Department					
Street Address	Community First Health Plans 12238 Silicon Drive, Suite 100				
City	San Antonio	State	TX	Zip Code	78249
E-mail Address					
Work Telephone	(210)	Fax Number	(210)		

Part II – Recipient Report

Program	
CHIP	<input type="checkbox"/>
Medicaid Program	<input type="checkbox"/>

Type of Complaint	
Dual Participation	<input type="checkbox"/>
Falsification of Records	<input type="checkbox"/>
Misuse or Abuse of Medical Benefits	<input type="checkbox"/>
Other	<input type="checkbox"/>

Recipient/Client Information					
Suspect/Client First Name		Last Name			
SSN		Date of Birth			
Client Medicaid/CHIP Number					
Residence Address					
City		State		Zip Code	
Mailing/Alternate Address					
City		State		Zip Code	

Recipient/Client Information, continued			
<i>Telephone numbers must include the area code.</i>			
Work Telephone		Extension	
Home Telephone			
Cell Telephone			
List Children in Family (3 children or less)			
1. Child Name		DOB	
2. Child Name		DOB	
3. Child Name		DOB	

Please provide detailed information about your fraud, waste, and abuse concern

Attach any additional documentation with this complaint.

For SIU Use Only

Revised 02/05

Received By	Date	Case Number Assigned