

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

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 – Provider Report

Type of Complaint (check one or more)	
Billing Issues	<input type="checkbox"/>
Falsification/Alteration of Records	<input type="checkbox"/>
Licensing/Certification	<input type="checkbox"/>
Other	<input type="checkbox"/>

Provider Information					
Vendor/Facility Name					
Provider First Name		Last Name			
Provider Type		Provider Specialty			
TPI or Vendor Facility Number (if known)		License No.			
Physical Address					
City		State		Zip Code	
Mailing/Alternate Address					
City		State		Zip Code	
Telephone			Fax Number		

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

Attach any additional documentation with this complaint.