



# MO HealthNet Fraud

## COMPLAINT FORM

Return to: Missouri Attorney General's Office  
PO Box 899  
Jefferson City, MO 65102

MISSOURI ATTORNEY GENERAL  
CHRIS KOSTER

573-751-3321  
ago.mo.gov

**About the law:** Section 191.907 of the Revised Statutes of Missouri allows any person who reports MO HealthNet fraud to receive 10 percent of the amount recovered by the state through the use of that person's information. To qualify for this incentive, you must meet three criteria:

1. You must be the original source of information, meaning the information must **not** be already known to the government or public;
2. You must not have planned, initiated or participated in the fraud being reported; and
3. The information you submit must be used by the Attorney General to bring a civil action for recovery of expenditures made by the MO HealthNet Program.

### HOW MAY WE CONTACT YOU?

YOUR NAME \_\_\_\_\_  
LAST FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### WHO IS YOUR EMPLOYER?

NAME OF COMPANY/AGENCY/INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

EMPLOYER'S PHONE \_\_\_\_\_ EMPLOYER'S WEB SITE \_\_\_\_\_  
INCLUDE ALL APPLICABLE NUMBERS

EMPLOYER'S E-MAIL \_\_\_\_\_  
INCLUDE ALL RELEVANT ADDRESSES

ARE YOU EMPLOYED HERE NOW? (CHECK ONE)  YES  NO

MAY WE CONTACT YOU AT WORK?  YES  NO



**If you have any materials or documents relating to your allegation(s), please attach to this application.**

If you do not have material(s) relating to your allegation(s), but know that such material(s) exists, describe it and where it may be found, including who may have possession or control over it and how that person or entity may be reached.

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**BY COMPLETING THIS APPLICATION WITH MY SIGNATURE BELOW, I UNDERSTAND THAT:**

- I am attesting to its truthfulness and accuracy, as also set forth in the attached affidavit;
- I am aware of the penalties associated with making a false report and submitting false information;
- I am willing to cooperate with employees of the Attorney General’s Office, including by providing my sworn testimony in a deposition or in a court of law.

\_\_\_\_\_  
YOUR SIGNATURE \_\_\_\_\_  
DATE

**IF YOU ARE AN ATTORNEY, OR ARE REPRESENTED BY AN ATTORNEY, PLEASE COMPLETE THE FOLLOWING:**

**If I am an attorney, or am or will be represented by an attorney,** I (my client) will participate actively in any action brought by the state as a result – directly or indirectly – of the submission of this information. My (my attorney’s) fees will be paid from my client’s (my) 10% statutory allocation of the state’s recovery for deposit into the MO HealthNet Fraud Reimbursement Fund to the credit of the state government.

\_\_\_\_\_  
INITIAL (**Attorney**) \_\_\_\_\_  
INITIAL (**Applicant**)