Medicaid Fraud
MO Healthnet Complaint Form

ANDREW BAILEY
MISSOURI ATTORNEY GENERAL

ago.mo.gov
573-751-3321

If you believe you know of an individual or company that is abusing a MO HealthNet participant, please complaint and mail this form to: Missouri Attorney General's Office • P.O. Box 899 • Jefferson City, MO 65102

Consumer Information

YOUR NAME _____ (First) _____ (Last) _____ (Mi)

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

E-MAIL _____

PRIMARY PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐

SECONDARY PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐

Employer Information

NAME OF COMPANY/AGENCY/INDIVIDUAL _____

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

EMPLOYER'S PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐ EMPLOYER'S WEB SITE _____

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

Complaint Information

MY COMPLAINT IS AGAINST A: (CHECK ONE) ○ Company ○ Agency ○ Individual

NAME OF COMPANY/AGENCY/INDIVIDUAL _____

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (County)

PHONE NO. (☐☐☐) ☐☐☐-☐☐☐☐ WEB SITE _____

E-MAIL _____

Complaint Information (Con't)

Describe in detail the information you have relating to any allegation(s) of MO HealthNet Provider fraud. Please include names and contact information of individual(s) involved, dates of alleged occurrence(s), and an explanation of how the allegation relates to MO HealthNet Provider fraud. Attach additional sheets as necessary.

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

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

Your Verification

BY FILING THIS COMPLAINT, I UNDERSTAND THAT:

The Medicaid Fraud Control Unit ("MFCU") has authority to investigate and prosecute allegations of fraud against Missouri's Medicaid program. Specifically, the MFCU investigates individuals and companies that provide health care services to MO HealthNet participants.

If you wish to participate in the whistleblower program described in Section 191.907, RSMo, you must complete and return a Whistleblower Application. You will not be entitled to any proceeds of a recovery by this office if you do not do so. To request this application, please select the box below and we will mail the application to the address you provided on page one of this form.

☐ I wish to receive a Whistleblower Application Form.

I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:

YOUR SIGNATURE _____ DATE ☐☐/☐☐/20☐☐
MM / DD/ YYYY