

Report Compliance Concerns Fraud, Waste and Abuse

Banner – University Health Plans and Banner Medicare Advantage takes non-compliance, fraud, waste and abuse seriously. Protecting against fraud, waste and abuse and reporting compliance is everyone's responsibility. Please use this form to report any fraud, waste and abuse or compliance concerns. Complete as much of the requested information as you can.

Note: Even if you provide your contact information, your identity will be kept confidential. You may submit this form by mail, fax, or email. Anonymous reporting requires enough information to review the concern.

'*' Indicates required field.

	Contact Inform	ation
☐ I'm reporting this incident	t anonymously	
First Name:	Last Nam	e:
Phone Number:	Email Address:	
Address:	City:	State: Zip Code:
	Compliance Concern	Information
*Line of Business:	Date Reported:	
*Was this concern reported Advantage? (e.g. Compliance		r – University Health Plans or Banner Medicare
\square Yes; if yes, provide the da	te that the concern was reported t	o the hotline. Date:
□No		
Type of Incident:		
\square Administrative	\square Code of Conduct Violation	\square Claims/Encounters
\square Delivery of Services	\square Financial	\square Member Fraud
\square Provider Fraud/Abuse	\square Other (please specify):	
Note: Banner – University Hereporting in good faith.	ealth Plans and Banner Medicare A	dvantage have a policy on non-retaliation for
*Date of Incident:	Concern Involves	<u>:</u>
Please provide a description	of the compliance concern below	or attach additional documentation. Include details formation as to how you became aware of this issue.
\square I attest that the above inf	ormation is accurate and that I am	reporting in good faith.
	Send this form by mail,	

Fax: (520) 874-7072 Email: BHPCompliance@bannerhealth.com

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