Geisinger Health Plan fraud & abuse investigation referral form

Geisinger HEALTH PLAN

Name of provider, facility or person you suspect of committing a fraudulent or abusive insurance act:

_____

Street address of provider, facility or person:

_____

City, state and zip code of provider, facility or person:

_____

Phone number of the provider, facility or person:

_____

Date or time period the fraudulent or abusive insurance act happened:

_____

Describe the alleged fraud or abuse:

_____

_____

_____

_____

_____

How did you become aware of this issue?

_____

If you'd like to remain anonymous, check here: ☐

If we may contact you for more details, complete the fields below:

Your name: _____ Your phone number: _____

Best time to reach you: _____

Thanks for your help in identifying possible fraud or abuse.

Send your completed form to:

Geisinger Health Plan Anti-Fraud Program
100 N. Academy Ave.
Danville, PA 17822-3220

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