



Fraud Complaint Form

United Concordia is committed to its members, the dental community and customers not to ignore fraud. Ignoring fraud results in higher insurance premiums.

Use this form if you suspect that fraudulent activity may have occurred.

Please provide as much information as possible pertaining to your complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint.

_____ Sponsor SSN or DBN

_____ Full Name of the person registering the complaint

_____ Email

_____ Address 1

_____ Address 2 (optional)

_____ City

_____ State

_____ ZIP Code

_____ Phone

_____ Relationship to the Patient (Patient, Authorized Representative, Other)

_____ Patient's Full Name

_____ Patient's Date of Birth

Dentist Information

_____ Name of Dentist (optional)

_____ Dentist Office

_____ Where's the Dentist located?

Continental U.S

Outside Continental U.S.

_____ Address 1

_____ Address 2 (optional)

_____ City

_____ State

_____ ZIP Code

_____ Phone

Has the patient been examined or treated by another dentist?

Yes No

Fraud Complaint Details

*Please attach any relevant documentation when submitting this form.

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by the TRICARE Dental Program (TDP) and how it will be used.

AUTHORITY:	10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR 199.13, TRICARE Dental Program; and E.O. 9397 (SSN), as amended.
PURPOSE:	To collect information from you to manage your enrollment in the TDP, administer your benefits, and pay for the services you receive.
ROUTINE USES:	Your records may be disclosed to providers of care and other business entities on matters relating to eligibility, claims pricing and payment, fraud, quality assurance, program integrity, and the coordination of benefits. Your records may also be disclosed outside of the Department of Defense (DoD) in accordance with the DoD Blanket Routine Uses published at http://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/ and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the Health Insurance Portability and Accountability Act Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.
DISCLOSURE:	Voluntary. If you choose not to provide this information, no penalty may be imposed, but absence of the requested information may delay or prevent your receipt of TDP services.