

Special Investigations Unit Reporting Form

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Email: <u>AultCareFraud@Aultcare.com</u>

Contact Information

Name:

Address:
City/State/Zip:
Phone Number:
Case Information
Name:
Address:
City/State/Zip:
Group Number:
Enrollee ID/SSN/Provider TIN:
In the space below please give a brief summary of the case and any concerns including all relevant facts such as: dates of service, locations, procedures, etc.