

Attachment 3: CASE NOTIFICATION / STATUS UPDATE FORMAT

Company Logo	Investigator Name Title Phone # E-mail
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Please Check One: CASE NOTIFICATION ()/STATUS UPDATE ()

Subject(s):	<i>Include: Name(s), SSN/TIN (SSN, if available), NPI, license #, provider type, network status, member ID & employer info (for member cases)</i>
Address:	<i>Include: Address, phone #</i>
Allegation(s):	<i>Include: Referral source, fraud type indicator, brief description of allegation</i>
Findings/Status Update:	<i>Include: All significant case findings (include hardcopies of evidence)</i>
Actions:	<i>Include: Investigative steps taken (flags set, patient interviews, etc.)</i>
Prosecutor:	<i>Name, Agency, Phone</i>
Law Enforcement:	<i>Name, Agency, Phone</i>
Plan Investigator:	<i>Name, Agency, Phone</i>

Benefit or Medical Policy Information	<i>Benefit and/or Medical Policy Information related to the allegation</i>
Exposure:	<i>Include: FEHBP billed and paid amounts (summary exposure)</i>