



Confidential Fraud, Waste, and Abuse Reporting Form

This reporting form is to submit a suspected fraud, waste, and abuse case.
This information will be confidential.

Please provide the name, address and phone of the person who is doing something fraudulent or abusive.

Name: _____

Address: _____

Phone(s): _____

This person is a/an: (check one) Injured Worker Provider Employee Other

Please describe your concern. (Attach additional pages, if needed.)

You may remain anonymous. If you don't want to remain anonymous, please give us the following information so that we may contact you if we need additional information.

Your Name: _____

Your Address: _____

Your Phone #: _____

If you have documents that we should review, please attach them or tell us where to find them.

To remain anonymous, send this form (and any other documents) by mail to:

Alius Health
Attn: Compliance Officer
PO Box 71
Worthington, Ohio 43085

You may also submit this form by fax or e-mail. However, sending your report this way will show the number of the fax machine or your e-mail address.

Fax: (740) 305-0596

E-mail: fraud@aliushealth.com