

STATE OF NEVADA OFFICE OF THE ATTORNEY GENERAL

100 N. Carson St. Carson City, NV 89701 Phone: 775-684-1100 Fax: 775-684-1108 555 E. Washington Ave., #3900 Las Vegas, NV 89101 Phone: 702-486-3420 Fax: 702-486-3768 www.ag.nv.gov

MEDICAID FRAUD COMPLAINT FORM

Complete this form to report possible Medicaid Fraud violations by any health care provider practicing in Nevada, or any instance of abuse, neglect, isolation or exploitation of a person 60 years of age or older residing in a board and care facility. The information you report on this form may be used to help us investigate violations of state laws. When completed, mail or fax your form and supporting documents to one of the office locations listed above (it is not necessary to submit this form to both locations). Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Attorney General's Office may contact you if additional information is needed. If you have a claim against the State of Nevada, complete the Tort Claim Form found on our website.

INSTRUCTIONS: Please TYPE/PRINT your complaint in dark ink. You must write LEGIBLY. All fields MUST be completed.

SECTION 1.								
COMPLAINANT INFOR	MATION							
Salutation: Mr. Mrs.	Ms. Mis	S						
Your Name:								
Last		First			N	11		
Your Address:								·····
Address		City	/		Stat	е		Zip
Your Phone Number :								
Home	;	Cell	,	Nork	Fax			
Email:			Call ı	me between 8am	n-5pm at:	Home	Cell	Work
Age: Under 18 18-29	9 30-39	40-49	50-59	60 or older				
BUSINESS OR INDIVID	DUAL COMPL	AINT IS AG	AINST					
Business/Provider Name:								
Individual/Contact:								
Last			First			Job Tit	le (Exam	ole: CEO)
Individual/Business Address								
	Address			City	\$	State		Zip
Individual/Business Phone :_								
	Work		Mobil	Э		Fax		
Individual/Business Email:								
Individual/Business Web Site:								

Rev: 12/18/13 Facebook:/<u>NVAttorneyGeneral</u> Twitter: <u>@NevadaAG</u> YouTube: /<u>NevadaAG</u>

Have you contacted another agency for assistance? Yes No If so, which agency? Have you contacted an attorney? Yes No If so, which agency? Last First Phone Address City State Zip Is court action pending? Yes No Have you lost a lawsuit in this matter? Yes No Section 3. Please detail the nature of your complaint against the individual, business, or provider listed in Section 1. Include the who, what, where, when, and why of your complaint. You may use additional sheets if necessary. My complaint Is: Section 4. List and attach photocopies of any relevant documents, agreements, correspondence, or receipts that support your complaint (examples include, billing statements, correspondence, receipts, payment information, witnesses, and any other documents which explain or support the matters raised in the complaint). No originals.	SECTION 2.							
If so, what is the attorney's name, address, and phone number? Last First Phone Address City State Zip Is court action pending? Yes No Have you lost a lawsuit in this matter? Yes No SECTION 3. Please detail the nature of your complaint against the individual, business, or provider listed in Section 1. Include the who, what, where, when, and why of your complaint. You may use additional sheets if necessary. My complaint is:	Have you contacted anothe	r agency fo	or assistance?	Yes	No	If so, which agency?		
Address City State Zip Is court action pending? Yes No Have you lost a lawsuit in this matter? Yes No SECTION 3. Please detail the nature of your complaint against the individual, business, or provider listed in Section 1. Include the who, what, where, when, and why of your complaint. You may use additional sheets if necessary. My complaint is:				e number?				
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documents which explain or support the matters raised in the complaint). No originals.	the who, what, where, who My complaint is: SECTION 4. List and attach photocopi complaint (examples inclu	en, and wh	relevant docur	ments, agr	reement ce, rece	se additional sheets if necessary.	at support y	our
	complaint (examples inclu	de: billing s	statements, cor	responden	ce, rece	ipts, payment information, witnesses		

SECTION 5.

	ars once cannot process a	ny unsigned, incomplete, or illegible				
I understand that the Attorney General is not my private attorney , but rather represents the public by enforcing laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the Attorney General does not represent private citizens seeking refunds or other legal remedies. I also understand that the Attorney General may need to refer my complaint to a more appropriate agency.						
I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.						
Signature	Print Name					
Date (mm/dd/yyyy)						
SECTION 6. (Optional)						
The following section is optional and is intended to help our office better serve Nevada consumers. Please check the categories that apply to you.						
Gender: Male Female						
Have you previously filed a complaint with our office?: Yes No If yes, enter in the approximate filing date (mm/dd/yyyy) of your original complaint:						
I am (mark all that apply):	Ethnic Identification:	Primary Language:				
Income below federal poverty guideline	White/Caucasian	English				
Disaster victim	Black/African American	Spanish				
Disaster victim Person with disability	Black/African American Hispanic/Latino	Spanish Other:				
		Other:				
Person with disability	Hispanic/Latino	Other:				
Person with disability Medicaid recipient	Hispanic/Latino Native American/Alaskan N	Other:				
Person with disability Medicaid recipient Military service member	Hispanic/Latino Native American/Alaskan N Asian/Pacific Islander	Other:				
Person with disability Medicaid recipient Military service member Veteran	Hispanic/Latino Native American/Alaskan N Asian/Pacific Islander Other:	Other:ative				
Person with disability Medicaid recipient Military service member Veteran Immediate family of service member/veteran	Hispanic/Latino Native American/Alaskan N Asian/Pacific Islander Other:	Other:ative				
Person with disability Medicaid recipient Military service member Veteran Immediate family of service member/veteran May we provide your name and telephone numb	Hispanic/Latino Native American/Alaskan N Asian/Pacific Islander Other: er to the media in the event of a	Other:ative				
Person with disability Medicaid recipient Military service member Veteran Immediate family of service member/veteran May we provide your name and telephone numb Yes No How did you hear about our complaint form (plea	Hispanic/Latino Native American/Alaskan N Asian/Pacific Islander Other: er to the media in the event of a	Other:ative				
Person with disability Medicaid recipient Military service member Veteran Immediate family of service member/veteran May we provide your name and telephone numb Yes No How did you hear about our complaint form (plead Called/visited Las Vegas AG Office Called/v	Hispanic/Latino Native American/Alaskan N Asian/Pacific Islander Other: er to the media in the event of a ase choose only one):	Other:ative				