



## Confidential Fraud, Waste and Abuse Reporting Form

Please use this form to tell us about any fraud, waste and abuse concerns you may have. This information will be confidential. Give as much information as you can.

I am concerned that the following individual, who can be reached at the address and phone number listed below, is doing something fraudulent or abusive.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

**This person is a/an:** (please check the appropriate box)

Employee ☐      Member ☐      Provider ☐      Other\* ☐

**Describe your concern.** Please attach more pages, if needed.

\*Explain the relationship between the person you are reporting and TrueCare or yourself.

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You can choose to stay anonymous and not tell us your name. If you don't want to stay anonymous, please give us your contact information so we can reach out to you if needed.

**Your Name** \_\_\_\_\_  
**Your Address** \_\_\_\_\_  
**Your Phone Number** \_\_\_\_\_

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:

TrueCare  
Attn: Program Integrity  
P.O. Box 1940  
Dayton, OH 45401-1940

**If you do not want to remain anonymous,** you may send your information by mail, or in one of these ways:

**Fax:** 1-800-418-0248

**E-mail:** [fraud@MSTrueCare.com](mailto:fraud@MSTrueCare.com)

Add your information from the form to the e-mail. You can also attach the form and any supporting documents.

**Questions?** Call our Member Services team at **1-833-230-2050 (TDD/TTY: 711)** and ask to report fraud. We are open Monday through Friday, 7 a.m. to 8 p.m. Central Time.

MS-MED-M-3674455

DOM Approved: 6/5/2025