

# FRAUD OR ABUSE COMPLAINT FORM

If you suspect any form of dental fraud or abuse and would like to file a complaint, please fill out the form below. Please send the completed form to the address listed below or by facsimile or to our email address. When completing the form, fill out as much information as possible, including name and contact information for follow-up. Contact information is not mandatory so you may remain anonymous if you choose. If you have any further questions/concerns, please call toll free 800-524-0147.

**PERSON MAKING THE COMPLAINT:** Beneficiary \_\_\_\_\_ Individual \_\_\_\_\_ Dentist \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Group Name: \_\_\_\_\_

**PROVIDER OR BENEFICIARY SUSPECTED OF FRAUD/ABUSE:**

Beneficiary \_\_\_\_\_ Dentist \_\_\_\_\_ Dental Office \_\_\_\_\_ Other \_\_\_\_\_

Individual Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

**DESCRIPTION OF THE SUSPECTED FRAUD/ABUSE:**

Date of Incident: \_\_\_\_\_ Police Report Filed? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list details of the complaint. You can also include supporting information such as an Explanation of Benefits.

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**Address:** Focused Review  
Delta Dental  
PO Box 30416  
Lansing, MI 48909

**Facsimile:** 517-381-5527 or **Telephone:** 800-524-0147

**Email:** focusedreview@deltadentalmi.com