



Insurance Fraud and Abuse Report

To report suspected insurance fraud or abuse, please complete the information requested below. Items marked with an asterisk are required for filing. Once the form is complete, please send to:

Blue Cross and Blue Shield of Florida, Inc.
Special Investigation Unit
PO Box 44193
Jacksonville, FL 32231-4193

**Please submit separate entities for each suspect.
SUSPECT OF COMMITTING THE FRAUD/ABUSE**

*Name (Individual or Company)

*Address

*City

*State

*Zip

Telephone Number

Profession

Professional License # (if known)

LIST VICTIM(S) OTHER THAN YOURSELF

Name

Address

City

State

Zip

Daytime Telephone Number

BCBSF Contract # (if applicable)

COMPLAINANT (Yourself)

*Your Name

*Address

*City

*State

*Zip

*Daytime Telephone Number

E-mail Address

Have you attempted to contact the person(s) suspected of committing the fraud/abuse concerning your complaint? Yes No

If Yes, when?



WITNESSES (Please give full name, address and phone number)

Please list all individuals who may have knowledge concerning the activity that may be fraudulent or abusive. If you have additional witnesses, please list in the comments section of this report.

Witness Name

Address

City State Zip

Home Telephone Number Work Telephone Number

Witness Name

Address

City State Zip

Home Telephone Number Work Telephone Number

Witness Name

Address

City State Zip

Home Telephone Number Work Telephone Number

Witness Name

Address

City State Zip

Home Telephone Number Work Telephone Number

Witness Name

Address

City State Zip

Home Telephone Number Work Telephone Number



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

DESCRIPTION OF FRAUD OR ABUSE

Please provide as much information as possible in the space below concerning your complaint. Be sure to include all details such as date it took place, etc.