



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

REPORT FRAUD OR ABUSE

State of Tennessee • Department of Finance and Administration • Benefits Administration
312 Rosa L. Parks Avenue • Suite 2600 • Nashville, TN 37243 • Fax: 615.253.8556

This form should be used to report fraud or abuse within the State of Tennessee Group Insurance Program. Covered individuals include state employees, higher education employees and employees of participating K-12 school systems and city and county governments. Contracted providers include BlueCross BlueShield of Tennessee and CIGNA Healthcare.

This form is NOT to be used to report fraud or abuse of TennCare. This form is NOT to be used to report issues with personal policies issued for automobile insurance, home owners, etc. Complaints of these nature should be directed to TennCare or the Department of Commerce and Insurance.

Please complete as much information as possible. If it is your desire, you can remain anonymous; however, if you wish to speak with someone regarding your complaint, please indicate below and provide contact information.

Form with sections: Are you reporting (checkboxes for Doctor, Healthcare Professional, Individual); Person you are reporting (fields for Name, SSN, Address, City, Home/Work Phone, Employer Name, Employer Address, Employer Phone); What is your complaint?; What event led you to feel there was a problem.; Have you notified anyone of this problem?; Have you notified anyone else?; Person Making Complaint (optional) (fields for Name, Phone, Email Address).