



STATE OF TENNESSEE
Office of Inspector General
Report TennCare Provider Fraud



Mail to: State of Tennessee
 Department of Finance and Administration
 Office of Inspector General
 Post Office Box 282368
 Nashville, Tennessee 37228

or Fax completed form to: 615-256-3852
Fraud Toll Free Hotline: 800-433-3982
OIG E-Mail Address: TennCare.Fraud@tn.gov

Please print

If it is your desire, you may remain anonymous; however, if you would like to speak with an OIG representative, please check here and provide your name and telephone number or e-mail address.

Name: _____ Telephone: (____) - _____
 E-Mail: _____

Name of Doctor, Dentist, Nurse, Pharmacy or Other Provider you are reporting: _____

Type of Provider: Doctor Dentist Nurse Pharmacy Other (specify) _____

Provider DEA# (see your prescription form): _____ Telephone: (____) - _____

Provider's Street Address: _____

Provider's City: _____ State: _____ Zip Code: _____

What did the provider do that led you to believe that there was a problem?

Have you notified the Managed Care Contractor of this problem? Yes No

If yes, who did you notify? Name: _____ Telephone: (____) - _____

Have you notified anyone else? Yes No

If yes, who did you notify? Name: _____ Telephone: (____) - _____

Person making complaint (optional): Name: _____ Telephone: (____) - _____

Email: _____