

Suspected Fraud Complaint Form



Report suspected fraud by mail or fax to:

Blue Cross and Blue Shield of Kansas
Special Investigations Unit – cc703B2
1133 SW Topeka Blvd.
Topeka, KS 66629-0001

Fax: **785-290-0789**

Please fill in as much information as possible. The information in this mailed or faxed form is neither secure nor encrypted. Include your contact information if you are comfortable with us contacting you; however, you may choose to remain anonymous. All information we receive is strictly confidential.

Section 1 – Your Personal Information (OPTIONAL – You may choose to remain anonymous)

_____ First Name	_____ Street Address		
_____ Last Name	_____ City		
(_____) _____ - _____ Phone Number	_____ State	_____ ZIP Code	_____ +4
_____ E-mail Address	_____ Your Connection to the Reported Incident		

Section 2 – Patient or Impacted Individual Information (REQUIRED)

_____ First Name	_____ Street Address		
_____ Last Name	_____ City		
(_____) _____ - _____ Phone Number	_____ State	_____ ZIP Code	_____ +4
_____ BCBSKS Member ID or Former Enrollee ID (if available)			

Section 3 – Individual or Company Suspected of Fraud (REQUIRED)

_____ Name	_____ Street Address		
(_____) _____ - _____ Phone Number	_____ City		
_____ Suspected Fraud Type	_____ State	_____ ZIP Code	_____ +4
_____ Date of Incident/Concern			

Section 4 – Summary of Suspected Fraud

Provide as much information about the incident or concern of suspected fraud as possible. Think who, what, when, where, why and how. Attach any relevant correspondence, claim number, Explanation of Benefits, emails, text messages, photos, etc.

