COMMUNITY FIRST
HEALTH PLANS

SUSPICIOUS ACTIVITY REPORT (SAR)

Use this form to report fraud, waste, or abuse (or any suspicious activity) by a Community First Health Plans Member or Provider. Please provide detailed information about your concern and attach any additional documentation.

You may remain anonymous if you prefer. But if we need more information, it is best to be able to contact you so that we can complete our investigation as thoroughly as possible. All information received or discovered by Community First Special Investigations Unit (SIU) will be treated as confidential, and the results of investigations will be shared only with persons having a legitimate reason to know the information.

PART I – YOUR CONTACT INFORMATION

Date					
PERSON PROVIDING INFORMATION					
First Name			Last Name		
Department					
Street Address					
City		State		ZIP code	
Email					
Work Telephone			Fax Number		

PART II - PROGRAM TYPE

CHIP/CHIP Perinate	
STAR Medicaid	
STAR Kids	
Small Group HMO	
Health Insurance Marketplace (UCCP)	
University Family Care Plan	
Other/Not sure	

PART III - TYPE OF COMPLAINT

Dual Participation/Eligibility	
Falsification/Alteration of Records	
Misuse or Abuse of Medical Benefits	
Billing and Claims	
Prescriptions	
Quality of Care	
Other	

TO REPORT A PHYSICIAN / PROVIDER / HEALTH CARE WORKER, PLEASE FILL OUT THIS SECTION.					
Provider/Facility Name					
Provider First Name			Last Name		
Provider Type			Provider Specialty		
TPI or Vendor Facility Number (if known)			License No.		
Physical Address					
City		State		ZIP code	

Mailing/ Alternate Address					
City		State		ZIP code	
Telephone			Fax Number		
Summary of Events					

TO REPORT A MEMBER / PATIENT, PLEASE COMPLETE THIS SECTION:					
Member/Patient Name					
Date of Birth			Date(s) of Service		
Medicaid Number			SSN		
Physical Address					
City		State		ZIP code	
Mailing/ Alternate Address					
City		State		ZIP code	
Telephone			Email		
Summary of Events					

Please return completed form to Community First via mail, fax, or email.

Community First Health Plans
Attn: Special Investigative Unit
12238 Silicon Drive, Ste. 100
San Antonio, TX 78249

Fax: 210-358-6405 | Email: SIURequests@cfhp.com

For more information about fraud, waste, and abuse, or to make a report using our online form, please go to: CommunityFirstHealthPlans.com/fraud-waste-abuse.

For SIU Use Only

Received By	Date	Case Number Assigned