FRAUD OR ABUSE COMPLAINT FORM

If you suspect any form of dental fraud or abuse and would like to file a complaint, please fill out the form below. Please send the completed form to the address listed below or by facsimile or to our email address. When completing the form, fill out as much information as possible, including name and contact information for follow-up. Contact information is not mandatory so you may remain anonymous if you choose. If you have any further questions/concerns, please call toll free 800-524-0147.

PERSON MAKING THE COMPLAINT:	Beneficiary	Individual	Dentist
Contact Name:			
Contact Phone Number:			
Email Address:			
Employer/Group Name:			
PROVIDER OR BENEFICIARY SUSPEC	CTED OF FRAUD	O/ABUSE:	
Beneficiary Dentist Dental	Office Otl	ner	
Individual Name:			
Business Name:			
Address:			
City, State:			
Relationship to complainant:			
DESCRIPTION OF THE SUSPECTED FI	RAUD/ABUSE:		
Date of Incident:	Police Repo	ort Filed? Yes	No
Please list details of the complaint. You can a Benefits.	also include suppor	rting information	such as an Explanatio

Address: Focused Review Delta Dental Plan P.O. Box 30416 Lansing, MI 48909

Facsimile: 517-381-5527 or Telephone: 800-524-0147 Email: FocusedReview@DeltaDentalNC.com