



Fraud, Waste, and Abuse Report Form

To report suspected fraud, waste, or abuse, please complete the information requested below. Please be as detailed as possible. Incomplete information may prevent us from fully investigating the matter.

Your Information (optional)		
Name		Phone Number
Address		
City	State	ZIP Code
Email		
Subscriber's Information (this is the policyholder)		
Name		Phone Number
Address		
City	State	ZIP Code
Subscriber ID Number		
Type of person/company suspected of fraud or abuse		
Check one: <input type="checkbox"/> Member <input type="checkbox"/> Provider <input type="checkbox"/> Not Sure		
Please provide address and contact information for the person/company you suspect may be committing fraud or abuse.		
Address		
City	State	ZIP Code
Name and/or Title		Phone Number
Please describe the fraudulent or abusive activity in as much detail as possible. Be sure to include the date of the incident.		
Supporting Documentation		
If you have supporting documentation to submit with your report, please include it with the form you are faxing or mailing.		
Submission/Contact Information		
Via phone: (505) 492-2058, extension 156; or toll-free: 1-855-882-3903 Via fax: 1-866-231-1344 Mail: True Health New Mexico, Attn: Compliance/FWA, P.O. Box 36719, Albuquerque, NM 87176		