

Geisinger Health Plan Fraud & Abuse Investigation Referral Form

Name of provider, facility or individual you suspect of committing a fraudulent or abusive insurance act:

Address of the provider, facility or individual:

Street address

City, State and Zip Code

Telephone number of the provider, facility or individual:

Date the service(s) or time period the wrongdoing is suspected of occurring in:

Please provide a narrative description of the alleged fraud or abuse below:

How were you made aware of this issue?

If you wish to remain anonymous check here -

If we may contact you for additional information, please complete the requested information below:

Your name

Telephone number

Best time to reach you

Thank you.

Please send completed forms to:

Geisinger Health Plan
Anti-Fraud Program
100 North Academy Avenue
Danville, PA 17822-3220