

# Incident Report / Case Referral

Nebraska Medicaid Fraud & Patient Abuse Unit  
2115 State Capitol  
Lincoln, NE 68509  
(402) 471-3549 Fax: (402) 471-2957  
Toll Free: (800) 727-6432  
Email: ago.medicaid.fraud@nebraska.gov

Date of Referral: \_\_\_\_\_

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
Your Phone Number

**\*Your identity will not be revealed without your consent unless required in any resulting legal proceeding.**

**Nature of Referral:**  Fraud  Patient Abuse/Neglect  Theft of Patient Funds or Property

## Facility/Provider:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

## Victim/Patient: (if applicable)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

## Other Parties Involved:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

## Allegation / Concern:

Describe the suspected fraudulent or abusive activities (including background, persons involved, events, dates and locations). Be sure to include the who, what, when, where, why and how of the situation. Please provide as much information as possible.

Other Agencies Notified:  City Police  County Sheriff  Health & Human Services

Other: \_\_\_\_\_