

Incident Report / Case Referral

Nebraska Medicaid Fraud & Patient Abuse Unit
1445 K Street, Room 2115
Lincoln, NE 68508
Phone: (402) 471-3549 Fax: (402) 471-2957
Toll Free: (800) 727-6432
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 ☐ Patient Trust Fund

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
☐ Professional Licensure ☐ Adult Protective Services ☐ Other: _____