



Report of Suspected Fraud and Abuse

AAIR encourages all business associates, clients, and providers to immediately report suspected acts of fraud or abuse. Some examples of fraudulent or abusive acts are: making false or fictitious statements, misrepresenting credentials, billing AAIR for services that were not rendered, or any act that violates AAIR participation agreements. All reports of fraud and abuse will be thoroughly investigated, even those filed anonymously. Anyone who suspects that an act of fraud or abuse has been committed against AAIR can file a report by calling the toll-free fraud and abuse hotline at (800) 884-1735 or by mailing or faxing this completed form.

Section A - Information

Name of Suspected Individual or Group: _____

Section B - Description of Fraudulent or Abuse Act

Describe the fraudulent or abusive act suspected. You may provide the contact information of other individual(s) who may be aware of the suspected act and/or you may provide any other information that would help us to investigate this report. Attach additional pages if necessary.

Section C - Date(s) of Suspected Act

Give the approximate date or dates that the suspected act of fraud or abuse occurred.

From _____ To _____

Section D - Contact Information (optional)

Although you are not required to provide your contact information, it may help AAIR complete a more thorough investigation. Your personal information will not be shared with anyone outside of AAIR administration.

1. Name	2. Date
3. If applicable, name of authorized representative	4. Email Address
5. Telephone Number ()	6. Telephone Number (Alternate) ()
7. Mailing Address (Street/P.O. Box, City, State, ZIP Code)	

Section E - Certification (optional)

I certify that the information provided in this fraud and abuse report is true and correct.

Signature _____ Date _____



Instructions

Section A – Information

1. Provide the name of the individual or group suspected of committing an act of fraud or abuse.

Section B – Description of Fraudulent or Abusive Act

1. Describe the suspected fraudulent or abusive act. Provide as much information as possible. You may provide the contact information of other individual(s) who may be aware of the suspected act and/or you may provide any other information that would help us to investigate this report.

Section C – Date(s) of Suspected Act

1. Provide the approximate date or dates on which the suspected act of fraud or abuse occurred.

Section D – Contact Information (Optional)

1. Name - Provide your first and last name.
2. Date – Provide the date on which the fraud and abuse form is filed.
3. Email Address – If you can be reached by email, provide your email address.
4. Telephone Number - Provide the area code and telephone number where you can be reached.
5. Telephone Number (Alternate) – Provide an alternate area code and telephone number where you can be reached.
6. Mailing Address – Provide the street or post office box, city, state, and zip code where mail is received by you.

Section E – Certification (Optional)

Certify that the information provided is true and correct to the best of your knowledge.

Please mail or fax this report to:

AAIR Compliance Officer
CALIFORNIA RURAL INDIAN HEALTH BOARD
4400 Auburn Boulevard, 2nd Floor
Sacramento, CA 95814
Fax: (916) 929-7246

Or call our toll-free fraud and abuse hotline: (800) 884 - 1735