

**CASE NOTIFICATION / STATUS UPDATE FORMAT**

|              |   |
|--------------|---|
| Company Logo | Investigator Name<br>Title<br>Phone #<br>E-mail |
|--------------|---|

|                         |   |
|-------------------------|---|
| Subject(s):             | <i>Include: Name(s), SSN/TIN, NPI, license #, provider type, network status, member ID &amp; employer info (for member cases)</i> |
| Address:                | <i>Include: Address, phone #</i>  |
| Allegation(s):          | <i>Include: Referral source, fraud type indicator, brief description of allegation</i>  |
| Findings/Status Update: | <i>Include: All significant case findings (include hardcopies of evidence)</i>  |
| Actions:                | <i>Include: Investigative steps taken (flags set, patient interviews, etc.)</i>   |
| Exposure:               | <i>Include: FEHBP billed and paid amounts (summary exposure)</i>  |