



Banner University Health Plans

Banner Medicare Advantage

Report Compliance Concerns Fraud, Waste and Abuse

Banner – University Health Plans and Banner Medicare Advantage takes non-compliance, fraud, waste and abuse seriously. Protecting against fraud, waste and abuse and reporting compliance is everyone’s responsibility. Please use this form to report any fraud, waste and abuse or compliance concerns. Complete as much of the requested information as you can.

Note: Even if you provide your contact information, your identity will be kept confidential. You may submit this form by mail, fax, or email. Anonymous reporting requires enough information to review the concern.

***' Indicates required field.**

Contact Information

I’m reporting this incident anonymously

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Compliance Concern Information

*Line of Business: _____ Date Reported: _____

*Was this concern reported through another method to Banner – University Health Plans or Banner Medicare Advantage? (e.g. Compliance Hotline)

Yes; if yes, provide the date that the concern was reported to the hotline. Date: _____

No

Type of Incident:

Administrative Code of Conduct Violation Claims/Encounters

Delivery of Services Financial Member Fraud

Provider Fraud/Abuse Other (please specify): _____

Note: Banner – University Health Plans and Banner Medicare Advantage have a policy on non-retaliation for reporting in good faith.

*Date of Incident: _____ Concern Involves: _____

Please provide a description of the compliance concern below or attach additional documentation. Include details such as who, what, where, and when of the concern. Include information as to how you became aware of this issue.

I attest that the above information is accurate and that I am reporting in good faith.

Send this form by mail, fax, or email.

Banner – University Health Plans and Banner Medicare Advantage Compliance

Department

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