**COMPLIANCE ISSUE REPORT FORM**

Send to: UBMD Compliance Office

 77 Goodell Street, Suite 310 | Buffalo, New York 14203

 Fax: 716-849-5620 | Email: smmarasi@buffalo.edu

(Email may not be anonymous)

*Non-Retaliation Statement*

*UBMD employees who report actual or potential violations or compliance concerns in good faith, regardless of*

*whether or not a violation is found to have occurred, shall not be subject to any form of retaliation, retribution or harassment from any UBMD officers, directors, managers or other employees.*

 Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please fill out the following information to the best of your knowledge.***

***Attach additional page(s) if necessary.***

 Do you wish to remain ANONYMOUS in this report? ⃝ Yes ⃝ No

 **If you are willing to provide your identity and contact information, please complete the following:**

 Your name: Title:

 Phone: Email:

 Practice Plan: Office Location:

 Best time to contact you:

**Where did this incident or violation occur?**  (We understand the incident may not have occurred in once specific location. However, if this incident was observed within documentation or in a business transaction, please indicate accordingly.)

**Provide the specific or approximate date(s) the incident occurred.** (Example: 9/22/17; 3 weeks ago; approximately a month ago)

**About how long do you think the problem has been going on?**

**How did you become aware of the violation?**

Please identify the person(s) involved in suspected behavior:

 Name Title

(1)

(2)

(3)

Have you previously reported your suspicions? ⃝ Yes ⃝ No

If yes, to whom (Name & Contact Info):

***FOR OFFICE USE ONLY***

Date Complaint Received:

Result/Action Taken: ⃝ No Compliance Issue Found ⃝ Issue Resolved ⃝ Further Action Needed

Explain:

***Add additional sheets if necessary, and attach any necessary supporting documentation.***

Date Report Closed Out: By (Name & Title):

**Alleged Violation:**

⃝ **Fraud/Abuse** ⃝ **Kickback/Bribe** ⃝ **Stark Violation**

⃝ **False Documentation** ⃝ **Inappropriate Behavior (ethical)** ⃝ **Unprofessional Behavior**

⃝ **Billing for Non-Covered Services** ⃝ **Billing for Services Not Performed** ⃝ **HIPAA Violation**

⃝ **Other**

⃝ **Medicare** ⃝ **Medicaid** ⃝ **Insurance/Private Pay**

**Please provide all details regarding the alleged violation, including location of any witnesses if relevant, facility location, and any other information that could be valuable to our office correctly identifying, evaluating and eventually resolving the specific situation. Provide as much specific detail as possible. (Attach additional sheets if necessary.)**

***PLEASE ATTACH ANY AVAILABLE SUPPORTING DOCUMENTATION***