



TRICARE Overseas Program (TOP)

Program Integrity Fraud and Abuse Report Form



PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary to permit individuals to investigate and respond to the complaint(s) or grievance(s) stated herein.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Failure to provide information may result in the inability to process your request due lack of necessary information.

Please note, unless indicated, that not all of the following information is required and if entered will remain confidential.

Section I. Subject Information

Subject Name/Organization <i>(required)</i> :		Date of Request:
Subject Mailing Address:	Subject Phone Number:	
Dates of Service:	Provider Tax ID# <i>(if known)</i> :	

Section II. Reporting Party's Information

Personal information will only be used if it is necessary to contact you for more information concerning the investigation of your filing.

Name:	Mailing Address:	
Phone Number:	City:	State:
Email Address <i>(required)</i> :	Zip code:	Country:

Details of Alleged Fraud and Abuse *(required)*:

Completed forms can be submitted via one of the options below:

To protect your personal information, please ensure when sending these documents via email, you send the documents as password protected attachments, with the password sent in a separate email.

Mail:
 Attention: TRICARE Program Integrity
 1717 W. Broadway
 Madison, WI 53707 USA

Fax:
 +1-215-354-2395

Scan and Email:
TOPProgramIntegrity@internationalsos.com