



Fraud, Waste, & Abuse Report Form

This form is used to report potential Fraud, Waste, and Abuse issues and may be submitted anonymously. Completed forms should be faxed to CoxHealth Medicare Advantage at (417)269-2949 or mailed to: Compliance at CoxHealth Medicare Advantage P.O. Box 5750 Springfield, Missouri 65801.

Complete description of concern: *(Please include relevant dates and any attachments)*

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Signature

Date

Submitters are assured of a fair and impartial review of all concerns. There will be no retaliation or adverse consequences for requesting this review.