



Medicaid Fraud Division  
Self-Disclosure Form

**Self-Reporting Issue** (select more than one, if applicable)

- |  |                                  |
|--|----------------------------------|
| Billing for Services Not Rendered                            | Improper Coding / Upcoding       |
| Missing or Insufficient Support Documentation                | Misrepresentation of Credentials |
| Falsification / Alteration of Documentation                  | Cost Report Issues               |
| Excluded, Unlicensed, or Uncertified Individuals or Entities | Credit Balance                   |
| Other:   | Quality of Care                  |

**Provider Information** (type N/A if not applicable)

- |                        |                          |
|------------------------|--------------------------|
| Provider Type:         | If Other:                |
| Vendor/Facility Name:  | Doing Business As (DBA): |
| Provider First Name:   | Provider Last Name:      |
| Provider Specialty:    | NPI Number(s):           |
| Medicaid ID Number(s): | License Number:          |
| Physical Address:      |                          |
| Mailing Address:       |                          |
| Work Phone Number:     | Ext.:                    |
|                        | Cell Phone Number:       |

**Contact Information**

This contact will be required to respond to requests for information relevant to this submission.

- |                           |                          |
|---------------------------|--------------------------|
| First Name:               | Last Name:               |
| Title:                    | Employer/Agency/Company: |
| Relationship to Provider: | If Other:                |
| Mailing Address:          |                          |
| Direct Phone Number:      | Alternate Phone Number:  |

**Federal or State Agency Involvement** (if applicable)

- |   |         |                 |                |
|---|---------|-----------------|----------------|
| State   | Federal | Law Enforcement | Not Applicable |
| Date of Notification:   |         | Agency:         |                |
| Full Name:  |         | Title:          |                |
| Email Address:  |         | Phone Number:   |                |
| Additional details if multiple state/federal agencies involved: |         |                 |                |

**Contractor/Sub-Contractor Information** (if applicable)

- |                          |               |
|--------------------------|---------------|
| Contractor Company Name: | Owner Name:   |
| Company/Owner Address:   |               |
| Email Address:           | Phone Number: |





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List any rules, policies, regulations, and/or laws that are relevant to the error or matter that occurred.

Provide the names and titles of the individuals who were involved in the error or matter that occurred.

Describe completely and fully how the error or matter was found, including the names and titles of the individuals who discovered it.

Describe all actions taken to stop the error or matter, including the names and titles of the individuals who were involved in rectifying the problem.

Describe all corrective actions taken to prevent recurrence of the error or matter, including the date the corrective actions were put in place.