



Division of Healthcare Financing  
Wyoming Medicaid  
122 West 25th St., 4th Floor West  
Cheyenne, WY 82002  
Phone (307) 777-7531 • 1-866-571-0944  
Fax (307) 777-6964 • [www.health.wyo.gov](http://www.health.wyo.gov)



NAME(s) OF Wyoming Medicaid CLIENT/PROVIDER:

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ADDRESS OF Wyoming Medicaid CLIENT/PROVIDER:

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TELEPHONE NUMBER OF Wyoming Medicaid CLIENT/ PROVIDER: \_\_\_\_\_

Please give a brief description of how the Medicaid client/provider is abusing the Wyoming Medicaid healthcare system. (If possible, give dates of occurrence.)

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**PLEASE CHECK ONE:** EMERGENCY CARE  NON-EMERGENCY CARE

\_\_\_\_\_  
Signature of Person Reporting Abuse

\_\_\_\_\_  
Date

ADDRESS: \_\_\_\_\_

Telephone # \_\_\_\_\_

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The above confidential information shall only be used to determine what action is necessary by the Wyoming Department of Health, Division of Healthcare Financing.

**RETURN THIS FORM TO:**  
**Division of Healthcare Financing**  
**Program Integrity**  
**West 25th St.**  
**4th Floor West**  
**Cheyenne, WY 82002**