



Healthcare Financing Division
Wyoming Medicaid
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002
Phone (307) 777-7531 • 1-866-571-0944
Fax (307) 777-6964 • www.health.wyo.gov



NAME(s) OF Wyoming Medicaid CLIENT/PROVIDER: _____

ADDRESS OF Wyoming Medicaid CLIENT/PROVIDER:

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.)

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

Signature of Person Reporting Abuse _____

_____ Date

ADDRESS: _____

Telephone # _____

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:
Program Integrity Unit
Division of Healthcare Financing
6101 Yellowstone Rd.
Suite 210
Cheyenne, WY 82002