

Special investigation



Samaritan
Health Plans

For help with completing this form, please call:
541-768-4550 or toll free **800-832-4580**
(TTY **800-735-2900**), Monday through Friday
from 8 a.m. to 8 p.m.

FOR OFFICE USE ONLY:

Requester's information

I would like to (check all that apply): Date: _____

Remain anonymous Report confidentially Get a notice of resolution

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I am a/an (select one):

Member Provider Supplier SHS employee SHP employee

Friend/relative of member Other: _____

Member information

Insurance plan: InterCommunity Health Network Coordinated Care Organization

Samaritan Advantage Plans Samaritan Choice Plans Samaritan Employer Group Plans

First name: _____ Last name: _____

Insurance ID: _____

Tell us about your concern

Date of service: _____ ICD-9/10: _____ CPT/HCPC code: _____

Has anyone else previously contacted our office regarding this matter? Yes No Unknown

Did the member (check all that apply):

Receive a bill and pay for services that the plan already paid for?

Receive an item/service no longer in use?
Date stopped: _____

Cancel or refuse the item/service?
Date: _____

Return the item being billed for?
Date returned: _____

Use the item or accept the service?

Other: _____

N/A

Reason for the complaint (check all that apply):

Inappropriate equipment.

Improper fitting equipment.

Unable to use in the home.

Billed for a specific item, yet supplied with a different item.

My physician never ordered the services/equipment.

Not needed.

Knowledge of bribes, kickbacks or rebates to supplier or physician.

Other: _____

Supplier/provider information

Name (first, last): _____ Is this a contracted provider:
Phone: _____ Yes No Unknown
Hospital/facility/clinic address: _____
City: _____ State: _____ ZIP: _____

Tell us about the situation

Please provide as much detail as you can (who, what, when, where). Include the date of service, claim number or other identifying details if possible, if not already given in this report:

How did you become aware of this concern?

Fax completed form to:

541-768-9791

Mail completed form to:

Samaritan Health Plans
Compliance Department
PO Box 1310
Corvallis, OR 97339

Drop off form in person:

Samaritan Health Plans
Compliance Department
2300 NW Walnut Blvd.
Corvallis, OR 97330

Monday through Friday,
8:30 a.m. to 5 p.m.

For provider questions contact:

Phone: **541-768-5207**
Toll free: **888-435-2396**
(TTY **800-735-2900**)

Monday through Friday,
8:30 a.m. to 5 p.m.