## **Incident Report / Case Referral**

Date of Referral:

Nebraska Medicaid Fraud & Patient Abuse Unit 2115 State Capitol Lincoln, NE 68509

(402) 471-3549

Fax: (402) 471-2957

Toll Free: (800) 727-6432 ago.medicaid.fraud@nebraska.gov

our Address				identity will not be reveal	
ır Phone Number			consent un	less required in any resulti	ng legal pro
ature of Referr	al: Fraud	Patio	ent Abuse/Negle	ct Patient T	rust Fun
Facility/Provide	er:		Victim/Patie	nt: (if applicable)	
fame			Name		
Address			Address		
Sity	State	Zip	City	State	Zip
one Number			Phone		
			Date of Birth		
Other Parties I	nvolved:		Social Security Nur	nber	
lame					
ddress					
City	State	Zip			
hone Number					
legation / Con					
	include the who, w			ersons involved, events, situation. Please provide	