

**LOUISIANA IMMUNIZATION PROGRAM
SUSPECTED VACCINE FRAUD and/or ABUSE REPORT FORM**

Complete this form in its entirety to report suspected fraud and/or abuse information received.

<i>This information is optional—caller may choose to remain anonymous</i>	
Name of person reporting:	Date reporting:
Address:	
Telephone Number:	Email Address:

Person or Clinic Suspected of Fraud and/or Abuse <i>(This information is required)</i>	
Name of Physician's Office, Practice Clinic:	
Type of Provider (e.g. private) if known:	Medicaid ID (if available)
Name of person(s) suspected of fraud and/or abuse: <i>(Including names of staff that may be involved)</i>	
Business Address:	
Telephone number:	Date of incident:
Explain how person reporting became aware of the suspected fraud and abuse:	

Which of the following best described the type of fraud and/or abuse?

- Providing VFC vaccine to non-VFC eligible children?
- Selling or otherwise misdirecting VFC and/or State funded vaccine.
- Billing a patient or third party for VFC vaccine.
- Charging the parent/guardian/patient for administration of a VFC vaccine to a Federally vaccine-eligible child.
- Not providing VFC-eligible children VFC vaccines due to parent/guardian's inability to pay
- Not implementing provider enrollment requirements of the VFC Program.
- Failing to screen patients for VFC eligibility.
- Failing to maintain VFC records and comply with other requirements of the VFC Program.
- Failing to fully account for VFC and State-funded vaccine.
- Failing to properly store and handle supplied vaccines.
- Ordering VFC vaccine in quantities or patterns that do not match provider profile or otherwise involves over-ordering of VFC or State-funded doses.
- Wastage of VFC vaccine.
- Other: _____

Please PRINT or TYPE report in detail. Additional sheets may be added if necessary: Attach COPIES, not originals, or all documents that relate to this report.

Signature of person completing this form:	Printed name & title:

RETURN THIS FORM TO: Louisiana Immunization Program
1450 L and A Road
Metairie, Louisiana 70001
Phone: (504) 838-5300
Fax: (504) 838-5206 or (504) 838-5255

FOR OFFICE USE:	DATE RECEIVED:
Immunization Program Staff:	