

## Provider Information

Provider's Name (First Name, Last Name)		
Street Address		
City	State	Zip Code
Business/Clinic Name		
Phone Number	Claim Number (if applicable)	

## What type of fraud are you reporting? Check all that apply.

- Billing for services not provided.  
 Double billing (for example: billing the Department and a private insurance company for the same service).  
 Billing for non-covered service as a covered service.  
 Misrepresenting:
  - Dates of service
  - Location of service
  - Provider of service Other: \_\_\_\_\_

## Summary of Complaint

## Do you have any documentation to support your complaint?

- Yes     No    If "Yes", attach to email.

## Are there other people we should contact for further information?

Name	
Phone Number	Email Address

Name	
Phone Number	Email Address

L&I may receive a request for public records under Washington's Public Records Act for the records relating to your complaint. If you include your name and contact information in your complaint, we will need to disclose it to the person requesting the complaint records. If you prefer not to share your contact information but would like to share additional information with the Department about this complaint, please call 1-888-811-5974, select Option 4 or email [ProviderFraud@Lni.wa.gov](mailto:ProviderFraud@Lni.wa.gov).

Your Name	
Phone Number	Email Address