

# Incident Report / Case Referral

Wyoming Medicaid Fraud Control Unit  
2424 Pioneer Ave., 4<sup>th</sup> Floor  
Cheyenne, WY 82001  
(307) 777-3444 • Fax: (307) 777-5094  
Toll Free: (800) 378-0345

Office Use Only:

Case Number: \_\_\_\_\_ Opened As: \_\_\_\_\_ Case Type: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Referred by: \_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Agency/Division

\_\_\_\_\_  
Phone Number

Source of Information: \_\_\_\_\_

Other Agencies Notified: \_\_\_\_\_

Nature of Referral: Fraud \_\_\_\_\_ Patient Abuse/Neglect \_\_\_\_\_ Patient Trust Fund \_\_\_\_\_

Name of Facility/Provider: \_\_\_\_\_

Address of Facility/Provider: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Medicaid Provider # \_\_\_\_\_

Phone # \_\_\_\_\_

Patient Abuse/Neglect and Patient Trust Fund Only:

Name of Patient: \_\_\_\_\_

Is the patient receiving Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

SS# and/or Medicaid Recipient ID# \_\_\_\_\_

