



Independent Health Special Investigations Unit **Health Care Fraud Reporting Form**

Please note that all of the following information is optional, and will remain confidential if entered. Personal information such as name, home address, telephone number and/or Email address will be used only if we need to contact you for more information.

Subject:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Email:

Telephone:

Message:

**Please mail the completed form to:
Special Investigations Unit
c/o Independent Health, Inc.
511 Farber Lakes Drive
Williamsville, NY 14221**