

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

Please complete this form in its entirety to report suspected fraud and/or abuse information.

Information on the Person Reporting			
<i>Note: This information is optional. Person reporting may choose to remain anonymous</i>			
Name of person reporting:		Date of report:	
Address:			
Telephone Number:		Email Address:	

Person or Clinic Suspected of Fraud and/or Abuse			
<i>Note: This information is required when filing a report</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 (Including names of staff that may be involved):			
Business Address:			
Telephone number:		Date of incident:	
Explain how person reporting became aware of the suspected fraud and abuse:			

Which of the following describes the type of fraud and/or abuse? (Please check all that apply)

- 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 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 (describe): _____

Report Detail

Note: 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.