Special Investigation Referral Form

Please send to: Special Investigation Unit/Audit Department, 1001 Brinton Road, Pittsburgh, PA 15221

Date inquiry received: **SIR Case Control #:**

Initiator of Complaint
- ❑ Hotline
- ❑ Telephone
- ❑ Written
- ❑ Internal referral
- ❑ Employee
- ❑ Other _____

Nature of Complaint
- ❑ Services not rendered
- ❑ Licensure issue
- ❑ Prov. Billing/charges
- ❑ Duplicate Payments
- ❑ Fraud/abuse
- ❑ Lock-in
- ❑ Other _____

Line of Business
- ❑ Unison Health Plan of Delaware
- ❑ Unison Health Plan of Pennsylvania
- ❑ Unison Health Plan of Ohio
- ❑ Unison Health Plan of South Carolina
- ❑ Unison Health Plan of the Capital Area
- ❑ Unison Advantage of Pennsylvania
- ❑ Unison Advantage of Ohio
- ❑ Unison Advantage of Tennessee (including Arkansas and Mississippi)

Complainant: ❑ Subscriber ❑ Provider ❑ Employee ❑ Other _____
Name _____ Provider # _____
Address_____
_____ Contact _____
Phone _____

Complaint against: ❑ Physician ❑ Facility ❑ Vendor ❑ Member ❑ Other
Name _____ ID # _____
Address_____ Date of service _____
_____ Procedure code _____
Phone _____

Nature of the Complaint:

_____
_____
_____
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_____
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_____
_____
_____

Department Use Only:

Completed By _____ Date Received in Audit Dept. _____
Dept. _____ Assigned to _____
Phone _____ Date _____ Date Closed _____