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| **DEPARTMENT OF HEALTH SERVICES**Office of the Inspector GeneralF-02296C (02/2020) | **STATE OF WISCONSIN**Wis. Stat. § 49.45(2) |
| OVERPAYMENT RECOVERY |
| The Office of the Inspector General (OIG) has reviewed allegations of fraud and has determined them to be credible. The information below is a summary of the allegations against you and the information used to confirm the allegations are credible. |
| OIG Case ID Number: |       |
| subject information |
| 1. Name – Agency |
|       |
| 2. Name – Subject (Last, First) |
|       |
| 3. Street Address |
|       |
| City | State | Zip Code |
|       |       |       |
| 4. Phone Number (include area code) | 5. Email Address |
|       |       |
| 6. Provider Identification Number | 7. Provider Type |
|       |       |
| CASE SUMMARY |
| 8. Date(s) of Conduct |
|       |
| 9. Allegation(s) |
|       |
| 10. Amount of Overpayment |
|       |
| 11. Case Summary |
|       |
| 12.Conclusion |
|       |
| Medicaid Statutes |
| [ ]  Wis. Stat. § 49.45 (3)(f) [ ]  Wis. Stat. § 49.49 (4m) [ ]  Wis. Stat. § 49.485 [ ]  Wis. Stat. § 946.91[ ]  Other, Specify:       |
| DHS Rules, Regulations, and Policies |
| [ ]  Wis. Admin. Code ch. 105 [ ]  Wis. Admin. Code ch. 106 [ ]  Wis. Admin. Code ch. 107 [ ]  DHS Handbook Provisions[ ]  Other, Specify:       |
| oig primary contact |
| 13. Name – OIG Contact (Last, First) |
|       |
| 14. Phone Number (include area code) | 15. Email Address |
|       |       |