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| **DEPARTMENT OF HEALTH SERVICES**  Office of the Inspector General  F-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 | | | | | |
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| 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 | | | |
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