



HEALTH
SYSTEMS

Fraud, Waste and Abuse Incident Report

<p>Please complete this form and mail to:</p> <p>LSF Health System, Inc. Attention: Compliance Officer 9428 Baymeadows Road, Building III, Suite 320 Jacksonville, Florida 32256</p>	<p>Or you may email this form to:</p> <p>compliance@lsfnet.org</p>
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Fraud: Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. (18 U.S.C. § 1347)

Waste: Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the system of care. It is not generally considered to be caused by criminally negligent actions; rather, waste relates primarily to mismanagement, inappropriate actions and inadequate oversight.

Abuse: Involves behavior that is deficient or improper when compared with behavior that a prudent person would consider reasonable and necessary business practice given the facts and circumstances. Abuse also includes misuse of authority or position for personal financial interests or those of an immediate or close family member or business associate. Abuse does not necessarily involve fraud, violation of laws, regulations or provisions of a contract or grant agreement. Payment of incentive and award fees in circumstances where the contractor's performance in terms of cost, schedule and quality outcomes does not justify the fees is an example of contracting waste. In comparison, an example of contracting abuse would include making procurement or vendor selections that are contrary to existing policies or unnecessarily extravagant or expensive.

Examples may include: Contract Fraud and Mismanagement, Conflict of Interest, Misuse of Position or Property, Improper Use of Public Funds, Violations of Law, Rule or Procedure, Inappropriate Billing, Inappropriate Acts and/or Omission that results in client injury, abuse, neglect or death.

1. Reporter Information

I would like to be contacted I would not like to be contacted

If you would like to be contacted please provide your information:
(Print clearly.)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____



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4. a. Have you attempted to contact the person/company listed in #2?

(Check one option below.)

Yes

No

4. b. If you answered “yes” who did you contact and when?

5. a. Have you attempted to report the person/company listed in #2 to any government agency or other authority?

(Check one option below.)

Yes

No

5. b. If you answered “yes” who did you contact and when?

6. Is there anything else you feel we should know about this situation of suspected fraud, waste or abuse? If so, describe here.

(You may attach additional sheets as necessary.)