



Attorney General of the State of New Mexico
Medicaid Fraud Control Division (MFCU)
Confidential Investigation Report

Intake Form

The following information is necessary for us to begin our investigation. Please make every attempt to provide as much information as possible.

Reporting Party

I would like my identity to remain confidential

Note on Anonymous complaints: Failure to provide name or contact information may result in no action being taken as to this matter. While anonymous complaints will be thoroughly investigated to the best of our abilities, most investigations require follow up questions to be answered by the complainant. Without follow up information from the complainant, in some instances, we may not be able to proceed with an investigation. Please be advised that your name will need to be disclosed if this allegation results in civil or criminal action.

Last Name

First Name

Middle Initial

Address

City

State

Zip

EMAIL

Home Phone

Work Phone

Mobile Phone

PREFERRED CONTACT METHOD

Phone

E-mail

Text

Instant Message

Other

PREFERRED TIME TO BE CONTACTED

Disposition / Internal Use Only

Close - Outside MFCU Authority

Assignment: _____

Referral to: _____

Other: _____

Reviewed by: _____

TYPE OF INCIDENT

Abuse/Neglect of facility resident

Fraud committed by Medicaid provider

Fraud committed by Medicaid member/recipient (the MFEAD lacks authority over issues of recipient fraud, these matters may be forwarded to an outside agency for investigation)

Exploitation of facility resident

Victim/Patient/Medicaid recipient

Last Name

First Name

Middle Initial

Address

City

State

Zip

Home Phone

Work Phone

Mobile Phone

SSN

Medicaid Number

Date of Birth

Facility/Provider

Name of Organization/Facility/Provider/Company

Provider ID

Provider
NPI

Street Address

City

State

Zip

EMAIL

Phone

OTHER PARTIES INVOLVED/WITNESS

Name

Street Address

City

State

Zip

Home Phone

Work Phone

Mobile Phone

INCIDENT INFORMATION

Date of Incident

Time of Incident

Location of Incident

Have you previously filed a complaint with the facility or any agency involved?

YES NO

What was the response from the facility?

Has a complaint been filed with any other agency?

If yes, please name the agency.

YES NO

Have you contacted an attorney?

If yes, please name the attorney.

YES NO

Is there a court action pending in this matter or has there previously been a lawsuit related to this matter?

YES NO

Please provide a factual statement that clearly describes the incident or issue that you are reporting. Attach additional pages if necessary.

Do not send original documents.

Please retain a copy for your records and send us photocopies or an electronic scan of any documentation you think may be helpful in reviewing your complaint.

Consulting with a private attorney

The Office of the Attorney General represents the public interest. The office cannot give you legal advice and is not able to act as your private attorney. If you have any questions concerning your individual legal rights or responsibilities, you should contact a private attorney.

For Office Use Only

NMAG Staff

Date of Intake

Investigator Assigned

Attorney Assigned

Closed. Refer to:

Director Signature

Date Assigned