

Delta Dental of Oklahoma

ANONYMOUS FRAUD REPORT FORM

Fax to: 405-241-0737
Email to: fraudhotline@deltadentalok.org
Mail to:
Attn: Anti-Fraud Coordinator
Delta Dental of Oklahoma
P. O. Box 54709
Oklahoma City, Oklahoma 73154-1709

Date: _____

Patient Name: _____ Patient Date of Birth: _____

Subscriber Name: _____ ID or SSN (if known): _____

Alleged Violator's Name:

Address:

City: _____ ST: _____ Zip: _____

Phone: _____ Date of Birth: _____

Social Security Number: _____

Employer:

Address:

City: _____ ST: _____ Zip: _____

Dentist Name: _____ State: _____

Have you reported this matter to any other agency?

Agency: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Date of Birth: _____

Social Security Number: _____

PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL, INCLUDING THE ALLEGED CRIMINAL VIOLATION AND ANY EVIDENCE AVAILABLE, WHICH SUPPORTS THE ALLEGATIONS. ALSO, INCLUDE DATES, INSURANCE POLICY NUMBERS OR CLAIM NUMBERS, IF KNOWN, NAMES AND ADDRESSES OF WITNESSES AND ANY OTHER PERSONS WHO COULD PROVIDE INFORMATION ABOUT THIS COMPLAINT. YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY:
