



**FWA Allegation Referral Form**

Peoples Health prohibits any form of retaliation or retribution against a member, employee or other person for reporting or referring an issue to the Peoples Health Benefit Integrity Unit. Any person found to have violated this policy is subject to immediate discipline, including termination, and referral to the appropriate regulatory or law enforcement agency.

Date: \_\_\_\_\_

**Contact Information**

*To remain anonymous, do not complete this section. Please note that you will not receive a response from the Benefit Integrity Unit if you do not provide contact information.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Allegation**

Describe the details of the allegation or request as clearly as possible; identify any individuals involved or who may have knowledge of the allegation or issue; and indicate any facts, issues and rules (e.g., laws, policies) that you believe may impact the issue or are affected by the allegation. Use additional sheets if necessary and attach any supporting documents.

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Please email this completed form to [biu@peopleshealth.com](mailto:biu@peopleshealth.com) or mail to Peoples Health, Attn: Benefit Integrity Unit. If you have any questions regarding the completion of this form, contact the assistant director of benefit integrity at 504-849-4500, 225-346-6380 or 1-800-631-8443. Dial ext. 8579.