

Report Fraud, Waste and Abuse

Send the completed form to the PharmPix Compliance Department at ppxcompliance@pharmpix.com.

Please provide as much information as possible. If you don't know the answer to a question, you can leave the space blank.

Allegation

What

Provide details of the alleged fraud, waste, abuse, or mismanagement. Examples of facts and circumstances to include: (1) a description of the misconduct; (2) how you know about the allegation; (3) how and when the misconduct was discovered; (4) the amount of money involved; (5) how long the alleged misconduct lasted; (6) any attempts by the alleged violator(s) to hide the misconduct; and (7) any other information you believe may be relevant.

When

When did the misconduct occur? If the misconduct occurred over time or is ongoing, enter the actual or approximate start date.

Date (mm/dd/yyyy):

Time (hh:mm):

Where

Where did the misconduct occur? Complete all known fields.

Street Address:

City:

State:

ZIP Code:



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ACCREDITED
Pharmacy Benefit Management

Expires: 12/01/2028

Who

Identify the primary person or entity who engaged in the alleged misconduct. If more than one person is involved, enter their identifying information in the space below.

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	ZIP Code:
Email:		
Company, organization, or other entity affiliation of the primary person (if applicable):		
Additional individuals involved in the alleged misconduct:		

Other

Please provide any additional information about this misconduct, such as (1) a list or description of any documents or other evidence you or others may have that is relevant to the complaint; (2) the names and contact information of other witnesses who could provide additional information; and (3) any other information you believe may be relevant to the complaint.

Your Information

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	ZIP Code:
Email:	Phone Number:	