



P.O. Box 459089  
Fort Lauderdale, FL 33345-9089

# Referral Form Fraud, Waste and Abuse

Please note that the following information is confidential. However, by disclosing your name, you may be contacted for additional information and may be required to testify by Centene Corporation or by the State's Department of Insurance.

To submit an anonymous referral, please fill in the information below and either mail it to Tamela I. Perdue, Compliance Officer at Sunshine Health, P.O. Box 459089, Fort Lauderdale, FL 33345-9089 or Centene Corporation, Attn: Compliance Department, 7700 Forsyth Blvd., St. Louis, MO 63105. If you do not wish to remain anonymous, please fill out the information below and email it to Tamela I. Perdue at [Compliancefl@Centene.com](mailto:Compliancefl@Centene.com).

If you have concerns about submitting the referral to the Compliance Officer for Sunshine Health, please forward the information to Centene Corporation, Attn: Compliance Department. You may also call the FWA hotline number at 1-866-685-8664 or Centene/ Sunshine Health's Compliance Hotline at 1-800-345-1642.

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

**Date:** \_\_\_\_\_ **Plan:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Provider/Member Name:**

---

**Provider/Member ID (if available):**

---

**If a provider, what type of provider/specialty?**

---





**What is the relationship of the informant to the provider/member?**

---

**What is the potential FWA Issue?**

---

**How did you become aware of the potential issue?**

---

**Have you discussed the potential issue with anyone else?**

---

**If yes, with whom?**

---

**If you have any additional information that would be helpful during the investigation, please list it below:**

---