



New York State Office of the Medicaid Inspector General - Bureau of Medicaid Fraud Allegations (BMFA)

800 North Pearl Street, Albany, NY 12204

Email: BMFA@omig.ny.gov Phone: 877-873-7283 FAX: 518-408-0480

Allegation Date: _____

YOUR INFORMATION: *I would like to be considered:*

CONFIDENTIAL (Your information is kept private, but your identity is known to OMIG. This allows OMIG to contact you to obtain additional information or clarify your allegation.)

ANONYMOUS (no personal information is provided/known to OMIG-BMFA)

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: () _____ Email: _____ MEDICAID ID#: _____

THE ALLEGATION IS AGAINST :

Provider

MEDICAID Recipient

Name: _____ Provider ID/License# *or* MEDICAID ID# _____

Address: _____ City: _____ State: _____ ZIP: _____

County: _____ DOB: _____ SS# _____

Phone: () _____ Email: _____

ALLEGATION: _____

