NEW YORK STATE | Office of the Medicaid Inspector General

GOVERNOR ANDREW M. CUOMO | Medicaid Inspector General Dennis Rosen

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: _____

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