



Report Fraud–Form

If you believe that fraudulent activity may have occurred, please fill out this form and mail or fax.

Mail to:
Utilization Management
DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

Fax to:
262-241-7366

Provide as much information as possible pertaining to your complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint.

Please complete this form as accurately as possible

(*Required fields)

Name of person registering complaint: _____

Relationship to the patient: _____

Patient's name: _____

Member identification #: _____

Patient's date of birth:
(located on dental ID card) _____

Your daytime phone number: _____

E-mail address: _____

Street: _____

City: _____ State: _____ Zip: _____

*Name of provider office: _____

*Provider office phone number: _____

*In your own words, describe in as much detail as possible, the details, of the incident including the date of the visits.
