

Complete this form to report possible fraudulent activity. Provide all known details so Delta Dental of South Dakota (Delta Dental) is able to thoroughly investigate your concerns. Insufficient information may result in our inability to complete an investigation. All reports submitted in good faith will be investigated to the best of our ability.

Today's Date: _____

*Required

Contact Information (Optional) - *You may anonymously submit this report; however the ability to contact you with follow-up questions is valuable and sometimes necessary for a thorough investigation. Provide as much detail as possible, including dates. If you provide contact information, we will do our best to protect your confidentiality. Delta Dental enforces a non-retaliation policy to protect individuals from retaliation when he/she reports potential fraud concerns to us in good faith.*

Name: _____

Phone Number: _____ Email Address: _____

***Description of the suspected fraud activity (Provide as much detail as possible):**

Name (s) of individuals involved in the suspected fraudulent activity (if known):

Primary Person/Business:

Name: _____ Address: _____ City: _____ State: _____

Other Party Involved:

Name: _____ Address: _____ City: _____ State: _____

***How did you become aware of the incident (e.g., witnessed firsthand, heard it from another person, etc.)?**

***Have you notified anyone else (e.g. supervisor, law enforcement, outside agency, etc.) of this suspected activity?** Yes No

If yes, please provide name. _____

Or print and mail completed form to:

Mailing address: Delta Dental of South Dakota
Attn: Compliance Manager
720 N. Euclid Ave.
Pierre, SD 57501

Any questions call: Compliance Manager at (605) 224-7345 or toll-free 800-827-3961