



TEXOMA ACO, LLC.

Fraud, Waste and Abuse/Complaint Intake Form

Any person who has reason to believe that a potential problem or questionable practice which involves fraud, waste and abuse of resources, and retaliation against employees under the Whistleblower Act or other illegal activities, policy violations with a potentially negative impact on the integrity of TEXOMA ACO rules or policies relative to the delivery of care coordination should report the circumstance to the Compliance Officer. To contact the TEXOMA ACO Compliance Officer phone (940) 397-5115 or fill out the Fraud, Waste and Abuse/Complaint Intake Form. You may drop off this form in the Drop Boxes provided at each entrance to the Clinic or you may mail it in to: Compliance Manager, Texoma ACO, LLC., 501 Midwestern Parkway East, Wichita Falls, TX 76302.

Please check this box if you would like to remain anonymous

Patient Name: _____

Address: _____

Phone Number: _____

Date and Time of Incident: _____

Location: _____

Name Witnesses: _____

Name Physician: _____

Describe Concern/Suggestion: _____

Signature of Person _____ Date _____

Company Use: Date of receipt of complaint: _____

Action taken: _____