

Florida Vaccines for Children (VFC) Program Suspected Fraud and Abuse Report Form

Complete the Suspected Fraud and Abuse Report Form in its entirety to report suspected fraud and abuse. Please provide as much information as possible. Incomplete information may prevent the VFC Program from making an investigation.

Your Information <i>(This information is optional—you may choose to remain anonymous).</i>	
Name:	Date:
Address:	
Telephone Number:	Email Address:

Person or Company Suspected of Fraud and Abuse <i>(This information is required).</i>	
Name of Physicians Office, Practice Clinic	
Address:	
Telephone Number:	Date of the Incident:

Which of the following best describes the type of fraud?

- Providing VFC vaccine to non-VFC-eligible children.
- Selling or otherwise misdirecting VFC vaccine.
- Billing a patient or third party for VFC vaccine.
- Charging more than the established maximum regional charge for administration of a VFC vaccine to a federally vaccine-eligible child.
- Not providing VFC-eligible children VFC vaccine due to parents' inability to pay for the administration fee.
- Not implementing provider enrollment requirements of the VFC Program.
- Failing to screen patients for VFC eligibility.
- Failing to maintain VFC records and comply with other requirements of the VFC Program.
- Failing to fully account for VFC vaccine.
- Failing to properly store and handle VFC vaccine.
- Ordering VFC vaccine in quantities or patterns that do not match provider profile or otherwise involves over-ordering of VFC doses.
- Wastage of VFC vaccine.
- Other: _____

Mail Form to: Florida Vaccines for Children (VFC) Program
4052 Bald Cypress Way, Bin A-11
Tallahassee, FL 32399-1719

Email Form to: FloridaVFC@FLHealth.gov

Fax Form to: (850) 922-4195

Fraud and Abuse Hotline Number: 1-877-888-7468, Option 1