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# Referral Form Fraud, Waste and Abuse

Please note that the following information is confidential. However, by disclosing your name you may be contacted for additional information and may be required to testify by Centene Corporation or by the State's Department of Insurance.

To submit an **anonymous referral**, please fill in the information below and either fax it to Jim B. Farnsworth (VP, Corporate Compliance and Ethics) at 1-877-851-3996; send interoffice mail to Jim B. Farnsworth at the St. Louis office, Compliance Department; mail to: Centene Corporation, Attn: Jim B. Farnsworth, 7700 Forsyth Blvd., St. Louis, MO 63105; or Tamela I. Perdue, SVP of Compliance at Sunshine Health, 1301 International Parkway, Ste. 400, Sunrise, Florida 33323. If you do not wish to remain anonymous, please fill out the information below and e-mail to Jim B. Farnsworth (James.B.Farnsworth@centene.com) or to Tamela Perdue at [Compliancefl@centene.com](mailto:Compliancefl@centene.com).

You may also call the FWA hotline number at 1-866-685-8664 or Centene/Sunshine Health's Compliance Hotline at 1-800-345-1642.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Plan:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Provider/Member Name:** \_\_\_\_\_

**Provider/Member ID (if available):** \_\_\_\_\_

**If a provider, what type of provider/specialty:** \_\_\_\_\_

**What is the relationship of the informant to the provider/member?**

**What is the potential WAF Issue?**

**How did you become aware of the potential issue?**

**Have you discussed the potential issue with anyone else?**

**If yes, with whom?**

**If you have any additional information that would be helpful during the investigation, please list it below:**