



Reporting Suspected Fraud

Instructions:

Use this form for complaints of fraud, waste, or abuse only. If you would like to file another type of complaint such as problems with the website, service center representatives, or enrollment complaints, please use the form located [here](#) and follow those instructions.

Questions? If you need help in another language or would like to file your complaint over the phone, call Covered California at 1-888-217-9309 (TTY:1-888-889-4500)

Information about you			
First Name	Last Name	Middle	
Phone Number		Email Address	
Street Address			
City	State	Zip Code	Case ID (Optional)

Reason for review:

Reason for review: When making a report, provide as much detail as possible so that your report can be fully assessed, such as: who, what, where and when.

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Tell us how we can help you:

Use extra paper if you need more space to write.

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Mail this form to: Covered California Integrated Fraud Management 1601 Exposition Blvd., Sacramento, CA 95815	Fax this form to: 1-916-228-8915	Email this form to: StopFraud@Covered.CA.gov	Call us at: 1-888-217-9309 (TTY 1-888-889-4500)
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Privacy Statement

The information requested on this form is required by Covered California, Program Integrity Division, for purposes of identification and document processing. Legal references authorizing maintenance of this information include Government Code, Sections 1151 and 1153; Sections 6011 and 6051 of the Internal Revenue Code; and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.