

Report Fraud-Form

If you believe that fraudulent activity may have occurred, please fill out this form and mail or fax.

Mail to:

(*Required fields)

date of the visits.

Fax to

Utilization Management

617-886-1488

DentaQuest PO Box 2906 Milwaukee, WI 53201-2906

Please complete this form as accurately as possible

Provide as much information as possible pertaining to your complaint. Failure to provide sufficient information or documentation may prevent or delay the investigation of your complaint.

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