NSU Health Care Clinics Red Flag Report Form

Patient Name _____

Patient Account Number _____

	NSU HEALTH CARE CLINICS RED FLAG CHECKLIST (check all that apply)	DESCRIPTION OF THE SITUATION
✓	**Suspicious Documents**	
	Identification document or card that appears to be forged, altered or inauthentic	
	Identification document or card on which a patient's photograph or physical description is not consistent with the patient presenting the document	
	Information on identification is not consistent with information provided by the patient	
	Information on identification is not consistent with information that is on file	
	Application for service appears to have been altered, forged or gives the appearance of having been destroyed and reassembled	
✓	**Suspicious Personal Identifying Information**	
	Identifying information presented is inconsistent with other information the patient provides (example: inconsistent birth dates)	
	Photograph or physical description identification is not consistent with the appearance of the patient presenting the information	
	Identifying information is the same as information shown on other applications that were found to be fraudulent	
	Identifying information presented is consistent with fraudulent activity, such as : o The phone number is invalid or is associated with a pager or answering service o The billing address is fictitious, a mail drop, or a prison o A request to mail information contained in a patient account is to mail to an address not listed on file o Social security number presented is the same as one given by another patient; has not been issued or is listed on the Social Security Administration's Death Master file; o An address or phone number presented that is the same as that of another patient;	
	A patient fails to provide complete personal identifying information on an application when opening the covered account or in response to a notification that the application is incomplete	
	When using security questions (e.g., mother's maiden name or high school mascot), the patient opening the patient account cannot provide identifying information beyond that which is usually	

	contained in a wallet or found in a consumer report	
✓	**Suspicious Account Activity or Unusual Use of Account**	
	Change of address for a patient account followed by a request to change the account holder's name	
	Change of address for a patient account followed by a request for new, additional, or replacement services, or for the addition of authorized users on the account	
	Patient who has an insurance number but has never produced an insurance card or other physical documentation of insurance	
	A patient account is used that has been inactive for a lengthy period of time (take into consideration the expected pattern of usage and other relevant factors)	
	Patient account used in a way that is not consistent with prior use, for example: o very high activity nonpayment when there is no history of late or missed payments o a material change in purchasing or usage patterns (e.g., increase in patient visits)	
	Records showing medical treatment that are inconsistent with a physical examination or medical history as reported by the patient	
	Payments stop on an otherwise consistently up-to-date patient account	
	Complaint/inquiry from a patient based on receipt of: ▪ A bill for another patient ▪ A bill for a product or service that the patient denies receiving ▪ A bill from NSU Health Care provider that the patient never patronized ▪ A notice of insurance benefits or Explanation of Benefits for health services never received	
	A complaint or question from a patient about the receipt of a collection notice from a bill collector	
	Mail sent to the patient is repeatedly returned as undeliverable	
	Mail sent to the patient is returned repeatedly as undeliverable although transactions continue to be conducted in connection with the patient's covered account	
	Notice to NSU Health Care Clinic that a patient is not receiving mail or account statements sent by NSU	
	Breach in NSU Health Care Clinic's computer system security	
	Unauthorized access to or use of patient account information	
✓	**Alerts from Others**	
	Notice to NSU Health Care Clinic from a patient, victim of identity theft, law enforcement authorities, or other entities about possible identity theft in connection with patient accounts	
	A patient or insurance company report that coverage	

	for legitimate service is denied because insurance benefits have been depleted or a lifetime cap has been reached	
	A complaint or question from a patient about information added to a credit report by a NSU Health Care Clinic provider or insurer	
	A notice or inquiry from an insurance fraud investigator for a private insurance company or a law enforcement agency	
	An NSU Health Care Clinic is notified by a patient, a victim of identity theft, a law enforcement authority, or any other person that it has opened a fraudulent account for a person engaged in identity theft	
	Notice to NSU Health Care Clinic that a patient account has unauthorized activity	

Reporting Employee Name _____

Reporting Employee Signature _____ Date _____

Received By (Supervisor Name) _____

Supervisor Signature _____ Date Received _____

Description of initial response(s)/action(s) taken pending investigation by Program Administrator:

_____
_____
_____
_____
_____

Supervisor Signature _____ Date _____

********** BELOW TO BE COMPLETED BY PROGRAM ADMINISTRATOR**********

Additional Authentication Conducted by Program Administrator or designee (describe): (Add additional pages if necessary)

_____
_____
_____
_____
_____
_____
_____
_____

Date(s) of Investigative Review _____ completed by (Program Administrator or Designee Name) _____.

The attempted transaction was (check one): _____ Fraudulent _____ Authentic

Account will continue to be monitored for evidence of Identity Theft: ____ Yes ____ No

✓	**Response(s)/Action(s) to Be Conducted (check all that apply):**
	Cancel the transaction
	Terminate Treatment or Credit until discrepancy is resolved
	Contact the patient against whom the fraud has been attempted/conducted
	Change any passwords or other security devices to permit access to patient accounts
	Do not open a new patient account
	Close the existing patient account
	Re-open the patient account with a new account number
	Notify appropriate law enforcement
	Notify any appropriate insurers or third party payors

The above checked response(s)/actions(s) were conducted on (date) _____ by (Program Administrator or Designee Name) _____.

NOTE: SUPERVISOR MUST MAINTAIN A COPY OF THIS FORM ON FILE. ORIGINAL FORM MUST BE SENT TO IDENTITY THEFT PROGRAM ADMINISTRATOR (Elizabeth Guimaraes, Director of Risk Management, 3301 College Ave., Fort Lauderdale, FL 33314 /Fax: x2-3814/Ph: x2-5271/Email: guimarae@nsu.nova.edu) Please contact Elizabeth Guimaraes with any Questions.