



SPECIAL INVESTIGATIONS UNIT REFERRAL FORM

Mail completed form to:
Pie Insurance
ATTN: Special Investigations Unit
P.O. Box 30018
Salt Lake City, UT 84199-9998
Or E-Mail:
reportfraud@pieinsurance.com

Are you reporting a

Claimant Medical provider Policy Holder Vendor Pie Employee Other _____

Date _____ Name of person you are reporting _____

Mailing address _____ Physical address _____

Phone number _____

Reason for reporting (Please describe in detail the activity being reported for investigation.)

Is there anyone else who can provide information to assist in this investigation? Yes No

If yes, please provide.

Name _____ Phone number _____

Email address _____

If we have follow-up questions, may we contact you for additional information? Yes No

If yes, please provide.

Name _____ Phone number _____

Email address _____

If you do not wish to disclose your identity, you may remain anonymous when filing this report. However, please keep in mind that anonymity may impede a timely and thorough investigation of this matter. Pie Insurance is committed to investigating all reports promptly and will maintain the confidentiality and/or anonymity of all parties involved, if requested.