

New York State Vaccines for Children (NYS VFC) Program Suspected Fraud and/or Abuse Referral Sheet

To report suspected VFC fraud and/or abuse, complete this referral sheet and return it to the NYS VFC Program via mail, fax or email.

Although contact information is optional, please consider sharing your name and phone number and/or an e-mail address so that the NYS VFC program can confirm information you report. All identifying information will be kept confidential.

Your Information (Optional)	
Name:	Date:
Address:	
Telephone Number:	Email Address:
Relationship to Provider:	

Person or Organization Suspected of Fraud and/or Abuse	
Name of Provider/Office/Practice/Clinic:	
Address:	
Telephone Number:	Date(s) of the Incident(s):

Which of the following best describes the type(s) of possible fraud and/or abuse? (Check one)

- ☐ Providing VFC vaccine to non-VFC-eligible children.
- ☐ Selling or otherwise misdirecting VFC vaccine.
- ☐ Billing a patient or third party for VFC vaccine.
- ☐ Charging more than the established maximum federally approved VFC administration fee.
- ☐ Not providing VFC vaccine to VFC-eligible children because of inability to pay for the vaccine administration fee.
- ☐ Not properly implementing provider enrollment requirements of the VFC Program including:
 - ☐ Failing to screen patients for VFC eligibility.
 - ☐ Failing to maintain VFC records and comply with other requirements of the VFC Program.
 - ☐ Failing to fully account for VFC vaccine.
 - ☐ Failing to properly store and handle VFC vaccine.
 - ☐ Ordering VFC vaccine in quantities or patterns that do not match provider profile or otherwise involves over-ordering of VFC doses.
 - ☐ Wastage of VFC vaccine.
- ☐ Other: _____

Send referral sheet to the NYS VFC Program:

Mail: NYS VFC Program, Corning Tower Room 649, Empire State Plaza, Albany, NY 12237
Fax: 518-449-6912
Email: nyvfc@health.ny.gov
Phone: 800-543-7468