

## General Information

Date of Request:

Focus:    Civil    Criminal

I-MEDIC referral?    Yes    No

Law Enforcement Case #:

Request Type *(Select all that apply):*

Data

SVRS-Sample/Extrapolation

I-MEDIC Investigation Files  
Impact Loss Calculation

Other:

Summary of I-MEDIC Complaints  
and Investigations

Notarized business records certification required?    Yes    No

Priority I: Trial, Subpoena, Search Warrant, etc. (30-Day Fulfillment)

Priority II: Investigative Stage (45-Day Fulfillment)

## Requestor's Information

Name **(Required):**

Mobile:

Organization:

Fax:

If Other Organization:

Email **(Required):**

Phone **(Required):**

Physical Address:

## Required Criteria for Data Request

Type of Data *(Select all that apply):*

Medicare Part A  
(In support of the Part C/D request)

Plan Contacts Only

Medicare Part B  
(In support of the Part C/D request)

Summary of I-MEDIC Complaints and  
Investigations

Medicare Part C

Other:

Medicare Part D

**Available Identification Numbers Related to Request** *(List all applicable):*

DEA:	Medicaid ID:
Group NPI:	Pharmacy (NCPDP):
Group Tax ID:	Tax ID:
Individual NPI:	Other:
MBI or HICN:	

**Subject Name** **(Required)** *(Submit multiple subjects as an attachment):*

**Subject Type (Part C)** *(Select all that apply):*

Beneficiary	Provider
DME Supplier	Other:

**Subject Type (Part D)** *(Select all that apply):*

Beneficiary	Prescriber
Drug	Other:
Pharmacy	

**Subject Address:**

***Reason for Request (Allegations)***

*(Submit additional information as an attachment)*

**Date(s) of Service\*:**

*\*Part D data available beginning 1/1/2006. Part C encounter data available beginning 1/1/2012.*

### **Other Data Criteria/Limitations**

*(Submit additional data as an attachment)*

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## **HIPAA Compliant Statement**

***Important: This form must be signed by the requestor before the request can be accepted for fulfillment.***

### **Office of Inspector General, Office of Investigations**

The information sought in the request is required to be produced to the Office of Investigations pursuant to the Inspector General Act of 1978, 5 U.S.C. App. The information is also sought by the Office of Inspector General in its capacity as a health oversight agency, and this information is necessary to further health oversight activities. Disclosure is therefore permitted under the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.501; 164.512(a); and 164.512(d).

### **Department of Justice (DOJ/FBI/AUSA)**

The information is sought by the Department of Justice in its capacity as a health oversight agency, and this information is necessary to further health oversight activities. Disclosure is therefore permitted under the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.501; 164.512(a); and 164.512(d).

### **Other Federal, State or Local Government Agency**

The information is sought by this organization under (b)(3) of the Privacy Act (5 U.S.C 552a, as amended). The requestor is a Federal agency or instrumentality of a governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential fraud, waste, or abuse, in a health benefits program funded in whole or in part by Federal funds. This organization is required to comply with the HIPAA Privacy Rule.

***Other CMS/Medicare Contractor***

The information is sought by this organization as a contractor of the Department of Health and Human Services for the purposes of conducting oversight and enforcement under Title XVIII of the Social Security Act. (Reference SSA 1560D-15(f)(2).) As a CMS contractor, this organization is required to comply with the HIPAA Privacy Rule.

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**Requestor Signature**

**Name (Required):**

**Electronic Signature (Required):**

**Title (Required):**

**Organization:**

**Date:**

## Submission Instructions

Submit by fax, email, or U.S. Postal Service.

### *I-MEDIC RFI Secure Fax*

(410) 819-8698

### *I-MEDIC RFI Email*

Email must be encrypted.

[MEDICRFITEAM@qlarant.com](mailto:MEDICRFITEAM@qlarant.com)

### *I-MEDIC RFI Postal Address*

Bette Wood, Operations Coordinator  
c/o Qlarant, Inc. - I-MEDIC  
28464 Marlboro Avenue  
Easton, MD 21601-2732

## Questions

For questions about this form, please contact:

Lora Elliott Newnam, Data Analytics Manager  
c/o Qlarant, Inc. - I-MEDIC  
Phone: (866) 886-2658, Ext. 11029  
28464 Marlboro Avenue  
Easton, MD 21601-2732

