



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF MEDICAID AND
MEDICAL ASSISTANCE

SURVEILLANCE AND UTILIZATION REVIEW UNIT
TELEPHONE: (302) 255-9646

SUR Referral Form

To make a referral to the SUR Unit for suspected fraud, waste or abuse, or a quality of care issue regarding either a Medicaid provider or a client, please complete the form below as completely and accurately as possible. Fields marked with an asterisk (*) are required fields. Please email completed form to the SUR Unit at SURreferrals@state.de.us or fax the completed form to 302-255-4425, Attn: SUR Unit. Completed forms can also be mailed to: DMMA, Lewis Building, PO Box 906, 1901 N. Dupont Highway, New Castle DE 19720 Attn: SUR Unit. Referrals for suspected fraud, waste or abuse may also be reported by calling 1-800-372-2022.

1. *Is this a referral regarding: Provider(s) Client(s) Both

2. For referrals regarding providers, please provide the following information (if possible):

Last name, First name

NPI#

_____	_____
_____	_____
_____	_____

3. For referrals regarding clients, please provide the following information (if possible):

Last name, First name

MID#

_____	_____
_____	_____
_____	_____

4. *Type of referral: Quality of Care Possible fraud, waste or abuse
 Other (please specify) _____

5. *Explanation of problem (please provide as much detail as possible. Detail should include description of problem, dates of service, claim numbers, etc):

6. *Name/Title of person sending referral: _____

7. *Contact information for person sending referral (please provide at least one):

- a. Email address:
- b. Phone number:
- c. MCO (if so, please indicate which one _____)

8. *Date of referral: