

Inter-Agency MA SMP Program Referral

Errors, Fraud and/or Abuse Inquiry

Fax: 978-687-1067 Tel: 978-946-1352

800-892-0890 • v			Date:	
Referred to MA	SMP by:			
Organization: _			Phone:	
Name of Consu	mer:		Phone:	
Address:	Street	City/To		 Zip Code
		umer)		·
		Phone:		
Briefly describe the	e issue and/or co	ncern:		
				_
To be comp	oleted by The Mas	ssachusetts Senior Med	dicare Patrol Program S	Staff Only.
Date receiv	ved by MA SMP:			
SMP Simple	Inquiry	Resolved by:		
SMP Comp	lex Issue	Assigned to:		
Not SMP Re	elated	Referred to:		
Approved k	oy:		Date:	