

**Special Investigative Unit (SIU)  
Online Referral Form**

To submit a referral or inquiry to the investigative staff of Dean Health Plan, Inc. mail this form to **Dean Health Plan, Attn: SIU, 1277 Deming Way, Madison, WI 53717**. Although required fields are indicated with an asterisk, we recommend that you submit all available information. The more information we have at the beginning of the review, the more likely we are to obtain a timely resolution. Information will remain confidential.

**Who do you want to report?**

\* Individual or business you want to report: \_\_\_\_\_

My complaint involves (circle one):

Dean Member      Physician      Employer      Clinic      Hospital      Agent/Broker  
Co-Worker      Relative      Friend      Other \_\_\_\_\_

Their address: \_\_\_\_\_

Their phone number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

If business, do you know their Tax Identification No.?:      \_\_\_ Yes      \_\_\_ No

If yes, what is it? \_\_\_\_\_

Is this in reference to a specific claim?:      \_\_\_ Yes      \_\_\_ No

If yes, what is the claim number? \_\_\_\_\_

Date(s) of service: \_\_\_\_\_

\* What is your concern? \_\_\_\_\_

\_\_\_\_\_

\* How were you made aware of this? \_\_\_\_\_

**Who can we contact to discuss this further?**

(Would you prefer that we contact you or a different contact?)

Contact Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Member Identification No: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best method to reach contact:      \_\_\_ E-mail      \_\_\_ Phone      \_\_\_ Other

If by phone, best time to reach contact: \_\_\_\_\_

If other, please list details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_