



# SPECIAL INVESTIGATION UNIT REFERRAL FORM

Mail completed form to:  
Encova Insurance  
ATTN: Special Investigation Unit  
P.O. Box 11618  
Charleston, WV 25339

Are you reporting a <input type="checkbox"/> Claimant <input type="checkbox"/> Medical provider <input type="checkbox"/> Policyholder <input type="checkbox"/> Vendor <input type="checkbox"/> Encova employee <input type="checkbox"/> Other _____	
Date	Name of person you are reporting
Mailing address	Physical address
Phone number	

Reason for reporting (Please describe in detail the activity being reported for investigation.)

Is there anyone else who can provide information to assist in this investigation?    Yes    No  
If yes, please provide.

Name	Phone number
Email address	

If we have follow-up questions, may we contact you for additional information?    Yes    No  
If yes, please provide.

Name	Phone number
Email address	

If you do not wish to disclose your identity, you may remain anonymous when filing this report. However, please keep in mind that anonymity may impede a timely and thorough investigation of this matter. Encova is committed to investigating all reports promptly and will maintain the confidentiality and/or anonymity of all parties involved to the fullest extent of the law.

**Submit by email**