

DEPARTMENT OF INSPECTIONS AND APPEALS

FRONT END INVESTIGATIONS D.H.S. () D.I.A. ()

To: IMW DHS No. I.R.N. () COUNTY ()

From: INV. No. () Month () Day () Yr. ()

Case Name Last: First: Mi:

SSN: SID:

Case Number:

Action: () Process: () FS: () Comb: ()

Discrepancies: ()()()()()() Other: _____

Discovery: ()()()()()() Other: _____

Cost Avoid: FIP ()()()() FS ()()()() TXIX ()()()()

INVESTIGATIVE FINDINGS

IMW COMPLETE AND RETURN COPY TO DIA INVESTIGATIONS DIVISION WITHIN 5 DAYS

Date: _____

Indicate Action taken

To: DIA Investigations Division

FS () FIP () TXIX ()

Fm: _____ # ()()()

- 1. Approved
- 2. Denied/Withdraw
- 3. Canceled
- 4. No Change
- 5. Benefits/Increased/Decreased

IPV Referral Made: Yes () No ()

Attachment: Yes () No ()

Overpayment Occurred: Yes () No ()