



A PRIVATE- PUBLIC
PARTNERSHIP
AGAINST HEALTH
CARE FRAUD

Membership in the National Health Care Anti-Fraud Association as a Government Partner is available to public sector agencies, including law enforcement, prosecutorial or regulatory agencies, responsible for the detection, investigation, civil and criminal prosecution or prevention of health care fraud.

A public-sector agency interested in Government Partner membership with NHCAA should **submit this completed form as well as a letter to Louis Saccoccio, Chief Executive Officer, NHCAA**, setting forth the agency mission and a desire to establish Government Partner membership. The letter should be sent from and signed by the head of the agency and indicate the person who will be designated as the main point of contact for the agency. Include in the request a statement that all investigative information received from or through NHCAA will be used for law enforcement and investigational purposes only. There is no membership fee charged to public-sector agencies. NHCAA's private sector members have historically underwritten the cost of Government Partner membership in the spirit of private-public partnership on which NHCAA was established.

Agency Information

Agency:		Agency Web site:	
Address:		Suite # / Mail Code:	
City:	State:	Zip Code:	

Agency Head Contact Information

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:	E-mail:	

Main Contact Information (if different than Agency Head)

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:	E-mail:	

**Complete only if address for main contact is different from Agency address*

Address:		Suite # / Mail Code:	
City:	State:	Zip Code:	

Signature of Agency Head

Date

Send completed/signed form with request letter that includes agency's mission statement to:
Louis Saccoccio, Chief Executive Officer, NHCAA
 1220 L Street NW, Suite 600, Washington, DC 20005

Additional Staff

If you would like to include additional staff in NHCAA communications/activities, please complete the form below.

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:		E-mail:

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:		E-mail:

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:		E-mail:

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:		E-mail:

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:		E-mail:

Prefix	First Name	M.I.	Last Name	Designation(s):
Title:				
Phone:		Fax:		E-mail:

Send completed/signed form with request letter that includes agency's mission statement to:
Louis Saccoccio, Chief Executive Officer, NHCAA
1220 L Street NW, Suite 600, Washington, DC 20005