Patient/Beneficiary/Customer Complaint Log

Date of Complaint ____/____/_____ Person Reporting Complaint_____

Patient / Beneficiary / Customer Address: _____

Name of Facility Residing In: _____

Phone Number: _____Medicare Number_____ Reported to

DMEPOS or ACHC ____NO ____YES If yes, which one or both_____

Summary of Complaint:

_____

_____

_____

_____

_____

_____

Investigation Warranted: _____NO _____YES

If no, explain; _____

_____

Date of Investigation and Name of who completed: _____

Summary of Investigation with Resolution and Description of Action Taken:

_____

_____

_____

_____

_____

Reviewed by Director of Pharmacy and Reported to Corporate Compliance: ____YES - DATE ___/___/____

Signature of Pharmacy Representative Completing Complaint Log: _____ Date

Completed: ____/____/_____

PHARMACY USE ONLY: Once the beneficiary has filed a complaint, CMS Quality Standards dictate that the Coordinator must notify the Beneficiary within five days (A) if an investigation is conducted When and investigation is warranted, CMS Quality Standards dictate that within 14 days, the Coordinator must have investigated and provided results to the Beneficiary. All documentation regarding a complaint (including Beneficiary correspondence) shall be maintained in the Pharmacy with the corresponding complaint form and made available upon request, to CMS. For detailed procedure see Section 4: Consumer Services Medicare Beneficiary Complaints