



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 DMEPOS Coordinator must notify the Beneficiary within five days (A) if an investigation is being conducted. When an investigation is warranted, CMS Quality Standards dictate that within 14 days, the DMEPOS 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 DMEPOS Medicare Beneficiary Complaints