

PATIENT CONCERNS / GRIEVANCES FORM

Professional Arts Pharmacy's staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Patient Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained or discriminated against.

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either complete this form and mail it in at 128 Curran Lane, Lafayette LA 70506 or call us at 888-237-4737 or visit our website at www.professionalarts.com.

The formal grievance procedure of Professional Arts Pharmacy ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed verbally of the resolution of the complaint/grievance, or in writing upon request. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing upon request.

Thank you in advance for bringing your concern to our attention as it will assist us in our continuing effort to improve the quality of our services.

Patient: _____ DOB: _____

Description of the problem/concern/complaint (include dates, times and names, if possible):

Completed by (signature): _____ Date: _____

Relationship to patient (if applicable): _____

(FOR OFFICE USE ONLY)

Patient's Address: _____

Patient's Telephone Number: () _____ - _____

Patient's Medicare or Health Insurance Claim Number: _____

Date Received: _____ by: _____

Follow-up by phone completed by: _____ Date: ___/___/___ Time: _____
_____ AM/PM

Items discussed: _____

Resolution/ Action taken to resolve the complaint: _____

Follow-up by letter completed by: _____

(*please attach copy*) Date completed: _____ Date mailed: _____

Form completed by: _____ Date: _____