

## Patient and Network Grievance Form

In the event a Patient or Network Participant has a complaint regarding medical or policy information, MedSolutions encourages the Patient or Network Participant to address the issues through our Customer Service department at 888-693-3211.

If a Patient or Network Participant wishes to file a Grievance, please complete the form below and forward to MedSolutions for research and resolution. If needed, MedSolutions may contact the Patient or Network Participant for addition information concerning the Grievance.

<b>Date:</b>	_____
<b>Your name:</b>	_____
<b>Your employer:</b>	_____
<b>Your address:</b>	_____
<b>City, State, Zip:</b>	_____
<b>Phone Number:</b>	_____
<b>Email:</b>	_____
<b>Initiator of the grievance:</b>	
<input type="checkbox"/> Provider	<input type="checkbox"/> Carrier
<input type="checkbox"/> TPA	<input type="checkbox"/> Employer
<input type="checkbox"/> Facility	<input type="checkbox"/> Member
<b>Date of dissatisfaction:</b>	_____
<b>This issue involves:</b>	
<input type="checkbox"/> Service	<input type="checkbox"/> Medical Care
<input type="checkbox"/> Other	
<b>Facility Name</b>	_____
<b>Services provided</b>	_____
<b>Facility contact person (if known)</b>	_____
<b>Facility Address</b>	_____
<b>City, State, Zip</b>	_____
<b>Facility Phone Number</b>	_____
<b>Facility Tax ID # (if known)</b>	_____
<b>Please describe your grievance</b>	_____
	_____
	_____
<b>Signature or printed name</b>	_____
<b>Comments</b>	
	_____
	_____
	_____