



PROTOCOL FOR RESOLVING COMPLAINTS FROM MEDICARE BENEFICIARIES

All patients have the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. Patients have the right to ask questions and make complaints. Documentation will be maintained of each contact.

All patients have the right to make a complaint relating to the Medicare DMEPOS Supplier Standards.

All complaints will be documented on the *Medicare Beneficiaries Complaint Log form* and kept in a booklet which is maintained at the corporate office. Completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint.

If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president of the company.

Every Medicare patient will be informed of this complaint resolution protocol at the time of set-up of service.