

VALLEY INSTITUTE OF PROSTHETICS AND ORTHOTICS, INC.
1524 21ST STREET, SUITE B - BAKERSFIELD, CALIFORNIA 93301

If you are unhappy with the service or item you received or have any other complaint, your written complaint helps us to investigate and resolve the matter. We are providing this information to you so that you understand our Complaint Resolution process and have a form handy for submitting any complaint.

PROTOCOL FOR RESOLVING COMPLAINTS

The patient has 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. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and 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 or owner of the company. The patient will be informed of this complaint resolution protocol at the time of set-up of service.

MEDICARE BENEFICIARY COMPLAINT FORM

Date: _____

Patient's name: _____

Patient's address: _____

_____ State _____ Zip code _____

Patient's telephone number: _____

Patient's Medicare or Health Insurance Claim Number: _____

Description of complaint:
