

Patient Complaints & Grievances Form

AcariaHealth strives to provide quality products and services that are consistent with our philosophy that caring is at the heart of everything we do. As stated in the Bill of Rights and Responsibilities, you have the right to expect quality customer care and pharmacy services. You also have the right to voice your service issues, grievances, or complaints about our services without fear of discrimination or disrespect.

If you have a complaint or concern about our services, we ask that you contact us immediately by completing this form, calling us at 800.511.5144 or by visiting our website at AcariaHealth.com. You may also report concerns about safety or quality of care directly to The Joint Commission (800.994.6610) or URAC (www.urac.org/complaint/), or ACHC (855.937.2242 or www.achc.org/complaint-policy-process.html).

Within five calendar days, AcariaHealth will acknowledge all complaints / grievances and advise that an investigation is underway. Within 14 calendar days, AcariaHealth will send the investigation results and response or resolution to you in writing.

Mail form to:

AcariaHealth
c/o Complaints and Grievances
8517 Southpark Circle, Suite 200
Orlando, FL 32819

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

Patient's Name: _____ DOB: _____

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

Completed by (signature): _____ Date: _____

Relationship to patient (if applicable): _____

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(FOR OFFICE USE ONLY)

Patient ID#: _____ Received By: _____

Date Received: _____ Date Submitted to Quality Department: _____

Date of Initial Patient Notification: _____ Issue Type: _____

Date of Resolution: _____ Resolution Completed By: _____