

COMMUNICATIONS/GRIEVANCE FORM

Alliance Medical Services—Mobility Scooters would like you to know that our job is to provide quality equipment and prompt, personal service/care. We shall do everything possible to answer your questions and give you an opportunity to share your thoughts about our service. If you would like to pass along a compliment about one of our employees, ask a question, or express a concern about your equipment and any services related to it, please feel free to call our office at the phone numbers provided. If this method is not satisfactory to you, please complete the form below and mail it to our company. Your comments are important to us and will be promptly addressed when received. We will contact you personally within 5 days of receipt of this, by phone, email, fax or letter that we received it. AMS will notify you by telephone or written notification within 14 business days of our finding. Any grievance or complaint made of this, or of addressed and resolved without discrimination of retaliation.

Date: _____ Patient's Name: _____

Beneficiary ID#: _____ Phone: _____

Address: _____

Your Comments: _____

Patient Signature: _____ Date: _____

(For Office Use Only)

Received By: _____ Date Pt. Called: _____

Comments: _____

For any concerns/complaints you can contact Cori Fredeman, Administrator with Alliance Medical Services at (409) 347-0173 or ACHC at (855) 937-2242, Monday-Friday 8-5.