

Medcore
Member Complaint / Grievance Form

SECTION ONE (Completed by Medcore Member Services or other staff member)

Member:

Name: Member Phone

Member ID #: PCP:

Health Plan: Group Name:

Call Name (if different) Caller Phone:

Intake Rep:

Department:

Intake Date: Intake Time: am / pm

Intake Description:

Forwarded to Member Services Supervisor: Date:

Intake Rep Initials Date:

SECTION TWO (Completed by Medcore Member Services Supervisor)

Research Initiated: _____

Supervisor's Initial Determination : _____ Administrative Complaint

_____ Grievance

If Administrative Complaint - Action/Follow-up:

If Grievance - Action/Follow-up:

Supervisor Initials: _____ Date: ____/____/____

SECTION THREE (Completed by Originating Member Services Rep)

Member Follow-up by Originating Member Services Rep: _____

Representative Initials: _____ Date: ____/____/____

SECTION FOUR (Completed by Medcore Medical Management Manager and/or Medical Director (if necessary))

Check all applicable areas:

Resolution fully in favor of Medcore Medicare Member ____ Yes ____ No

Yes ____:

Date of Resolution Letter Sent to Member ____/____/____

Copy of Resolution Letter to Physicians(s) ____/____/____

Copies of all supporting documentation in Member Complaint File ____ Yes

Date Member Complaint File Secured ____/____/____

No ____:

Date of Resolution Letter Sent to Member ____/____/____

Copy of Resolution Letter to DOC ____/____/____

Copy of Resolution Letter to Physician(s) ____/____/____

Notes/Comments: _____

Research Initiated: _____

Action/Follow-up: _____

Conclusion/Resolution: _____

Initials: _____ Date: ____/____/____

SECTION FIVE (Completed by Member Services Supervisor)

Final Resolution: _____

ALL SUPPORTING DOCUMENTATION MUST BE INCLUDED IN MEMBER COMPLAINT FILE

Member Services Supervisor Signature

Date