

Patient Concerns / Grievances Form

PANTHERx® Rare Pharmacy's staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Rights and Responsibilities, you have the right to be given appropriate and professional quality services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained, or discriminated against.

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either complete this form, call us at the number listed below. You may report concerns about safety or the quality of care to any regulatory board below without retaliatory action from PANTHERx Rare Pharmacy by contacting:

URAC: (202) 216-9010, 8:30 AM to 5:00PM, Eastern Time

ACHC: (855) YES-ACHC (937-2242), 8:30 AM to 5:00PM, Eastern Time

Pennsylvania State Board of Pharmacy: (717) 783-7156, 8:30 AM to 5:00PM, Eastern Time

Within 5 calendar days of receiving your concern, we will notify the beneficiary by using telephone, email, fax, or letter format that the matter is under investigation. Within 14 calendar days, the organization will provide written notification to the beneficiary with the results of its investigation and response.

Mail form to: PANTHERx Rare Pharmacy
24 Summit Park Drive
Pittsburgh, PA 15275

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

Patient's Name: _____ Date of Birth: _____

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

Completed by (signature): _____ Date: _____

Relationship to patient (if applicable): _____

FOR OFFICE USE ONLY

Patient Address: _____ Patient Phone Number: _____

Patient Medicare or Health Insurance Claim Number: _____

Date Received: _____ By: _____

Follow-up by phone completed by: _____ Date: _____ Time: _____ AM/PM

Items Discussed: _____

Resolution/ Action taken to resolve the complaint: _____

Follow-up by letter completed by: _____ please attach copy Date completed: _____

Form completed by: _____ Date mailed: _____ Date: _____

