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Cardinal Health Alliance works closely with employers, patients, providers, and third party administrators in a cooperative effort to ensure responsible and quality health care for our HMO and PPO members. It is necessary for us to be made aware of any problems associated with an individual's care. Please fill out the following patient/employee complaint form. There will be timely follow-up to insure that any problems that you have encountered are addressed

Employee Filing Complaint

Employee ID #

Employer Group

Date of Event or Occurrence

Description of Event or Occurrence:

Persons Notified

Date of Report

Individual Preparing Report

For Office Use Only

Category of Complaint

- Health Care Service
- Access
- Physician
- UM
- Benefits
- Claims
- Pharmacy
- Member Services
- Other

Resolution:

Member Notified Date: _____

www.cardinalcare.com