



Phone: (844) 527-9486
Fax: (866) 285-7628

PATIENT CONCERNS / GRIEVANCES FORM

PFSP’s staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality home care 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 or call us at the number listed below or visit our website at pfsprx.com to submit your concerns. You may report concerns about safety or the quality of care to URAC and/or ACHC without retaliatory action from PFSP by contacting URAC at their telephone number (202) 216-9010 from 8:00 AM to 5:00 PM, Eastern Time or ACHC at their telephone number (855) 937-2242 from 8:00 AM to 5:00 PM, 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:

PFSP
398 W. Grand Avenue
Rahway, NJ 07065

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: _____ DOB: _____

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’s Address: _____

Patient’s Telephone Number: _____

Patient’s 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 letter completed by: _____

(Please attach copy of letter) Date Completed: _____ Date mailed: _____

Form completed by: _____ Date: _____