

Patient Concerns Form

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. You may report concerns about safety or the quality of care to the West Virginia Board of Pharmacy without retaliatory action from WVU Medicine Home Infusion at: 304-974-3340 from 9:00 am to 5:00 pm, Eastern time.

Within 5 calendar days of receiving your concern, we will notify the beneficiary by letter that the matter is under investigation. If the resolution will take longer than 5 days, the acknowledgment letter will inform the patient or the patient's representative that we are actively working with to resolve the grievance and will include the current progress and the time frame for future updates.

The WVU Medicine Home Infusion team 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 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.

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.

Mail completed form to:

WVU Medicine Home Infusion
3040 University Ave, Suite 1400
Morgantown, WV 26505

Patient's Name: _____ Birth Date: _____

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

Completed by: _____ Date: _____
(print and sign)

Relationship to patient (if applicable): _____



FOR OFFICE USE ONLY

Patient's Address: _____

Patient's Telephone Number: (_____) _____ - _____ Patient's ID Number: _____

Form 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: _____ Date completed: _____ Date mailed: _____

Form completed by: _____ Date: _____