



MEDICARE COMPLAINT FORM

INSTRUCTIONS:

In accordance with Medicare DMEPOS Supplier Standard #20, all complaints need to be recorded and logged.

#20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.

- Patient's are required to sign and date their complaint form.
- Medicare site visits include a review of your Complaint Log, so be prepared with either a physical or electronic folder.
- Download and customize the following form with your facility contact information and logo.

MEDICARE BENEFICIARY COMPLAINT

Date of Receipt of Complaint:		
Patient's Name:		
Patient's Address:		
City:	State:	Zip:
Patient's Telephone Number:		
Description of Complaint:		
Action Taken to Resolve Complaint:		
Signature of Representative:		Date:
Signature of Patient:		Date:

These forms are provided by ABC for your use. Please feel free to change and/or customize them to suit your business needs.

©2022 American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.