WILLIAMS BROS. HEALTH CARE PHARMACY

CLIENT/PATIENT COMMUNICATIONS FORM

At Williams Bros. Rx Express we genuinely strive to provide the highest quality in health care services for our clients. That's why your concerns are our concerns.

To insure that our service meets your total satisfaction, we ask you to describe completely any problem or concern you may have. When mailing this form use:

Williams Bros. Rx Express
1998 State St.
Washington, IN 47501

This completed form will be routed directly to the facility manager, who will promptly review this concern and will make verbal or written communications with you within 5 calendar days of receipt of concern.

We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many and valued customers.

We have also provided you with Hotline numbers if you may have a concern regarding fraud and abuse or any treatment or services provided by our organization.

Individual completing form: _____

Date of form completion: _____

Name of affected individual: _____

_____
Address City State Zip Phone

Health Insurance Claim Number (if applicable): _____

Initial date of concern: _____

Describe concern: (Use backside if necessary)

_____
_____
_____

_____ _____
Signature Date

Corrective measure(s) (To be completed by Williams Bros. employees):
_____
_____

_____ _____
Signature Date