



**PROBLEM RESOLUTION DEPARTMENT**

Date: \_\_\_\_\_

Mr.  Mrs.  Ms.

Patient name:

\_\_\_\_\_

Last	First	Middle Initial
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Address:

\_\_\_\_\_

Street	City	State	Zip Code
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Daytime Telephone #: (    ) \_\_\_\_\_ Second Telephone #: (    ) \_\_\_\_\_

Hospital/Provider Name: \_\_\_\_\_

- Type of Complaint: \_\_\_\_\_ Hospital Billing Error  
\_\_\_\_\_ Itemized Bill not Received  
\_\_\_\_\_ Physician Charging/Billing Error  
\_\_\_\_\_ Other issue

Was the Patient an: \_\_\_\_\_ Out-Patient    \_\_\_\_\_ In-Patient    \_\_\_\_\_ Emergency Room

Hospital Account #(s): \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Balance(s) Owed: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Have you contacted Bert Fish to try and correct this situation? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Hospital Employee (s) talked with: \_\_\_\_\_ Date(s) you spoke to them: \_\_\_\_\_

Hospital Employee (s) talked with: \_\_\_\_\_ Date(s) you spoke to them: \_\_\_\_\_

What has been done to investigate your complaint? \_\_\_\_\_

\_\_\_\_\_



