



BIG LAKE CLINIC

Customer Concern Form

Date: _____

Patient Name: _____

Address: _____

Date of Birth: ____/____/____

Telephone #: (____) _____-_____

Type of Insurance Plan: _____



Concern:

Nature of Concern: Billing Customer Service Quality of Care Other: _____

What Corrective Action Was Taken?

Was Patient Satisfied? (Circle One) Yes or No If "no", please explain:

Is Follow Up With Patient Required? (Circle One) Yes or No If "yes", who/what is the patient expecting for follow-up?

Date Complaint Resolved: ____/____/____

SIGNATURES:

(Employee Filing Report/Date)

(Administrator/Date)

(Provider, if applicable/Date)