

For Internal Use Only

INVESTIGATION:

Patient Contacted: Date _____ Time _____

RESOLUTION:

Patient Notified: Date _____ Time _____

Name of Person Resolving Problem: _____

Code	Date of Service	Amount
------	-----------------	--------

PATIENT SATISFIED: YES NO Credit Issued: _____

Patient/family notified of right to appeal if unsatisfied: _____

When completed, this form is to be routed to The Outcomes Director for Quality
Improvement and/or the Privacy Officer.