

Compliment and Complaint/Grievance



If you wish submit a compliment or a complaint/grievance', please contact the Customer Service Center at (800) 460-8988. If you do not have access to a phone, you can complete this form or write a letter that includes the information requested below. The completed form or your letter should be mailed to:

Compliment and Complaint/Grievance Processing
 US Script, Inc.
 2425 W. Shaw Ave.
 Fresno, CA 93711

 Or fax to (559) 244-3793

Please note: You must submit, in writing, comments, documents, records or other information relevant to the complaint/grievance. Your benefit plan design, including co-payments, prior authorization requirements, and formulary, are all determined by your prescription plan sponsor. If you have a comment or complaint about your benefit plan restrictions, please contact your health plan sponsor.

I. MEMBER INFORMATION		II. PRESCRIPTION PLAN INFORMATION	
Member Name/Provider Name:		Insured Member's ID#:	
Address:		Group#:	
Birth Date:	Phone:	Plan Sponsor:	
III. COMPLIMENT OR COMPLAINT/GRIEVANCE SUBMITTER'S INFORMATION			
Date and Time of Submission:			
Submitter's Name/Title:		Submitter's Phone:	
Has this matter been brought to the attention of a US Script employee before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, to whom:			
Nature of Compliment or Complaint/Grievance: (Please state all details relating to the matter in question, including names, dates, places, etc. Please attach additional sheets of supporting documentation about your complaint/grievance, if necessary and applicable.):			

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IV: INVESTIGATION (THE FOLLOWING SECTION WILL BE COMPLETED BY US SCRIPT IF A COMPLAINT/GRIEVANCE IS RECEIVED)

Findings: (Please provide a detailed summary to include the date and time of findings, contact names and titles, and modes of communication used to investigate, i.e., phone conversation, e-mail, letter, fax, etc. Please attach additional sheets of supporting documentation about your complaint/grievance, if necessary.)

Corrective Action: (Please provide dates and times and detailed corrective action plan, if applicable.)

V. PROCESS DESCRIPTION

If submitting a complaint/grievance, please note US Script has thirty (30) days to acknowledge, investigate, and resolve the complaint/grievance after a formal or written complaint/grievance is received.

VI. MEMBER RIGHT TO APPEAL

Should you disagree with the stated findings and/or corrective action plan, you have the right to appeal² the complaint decision (grievance is not entitled to an appeal). Please submit your appeal in writing to:

Complaint Appeal Processing
 US Script, Inc.
 2425 W. Shaw Ave.

 Fresno, CA 93711
 Or fax to (559) 244-3793

You will receive a letter acknowledging your appeal within five (5) business days of receipt of your appeal request. Following a thorough investigation, you will receive a letter informing you of the final decision for your appeal. You will receive an explanation regarding the criteria used in the decision-making process regarding the outcome of your appeal.

¹ *Complaint/Grievance: An oral or written expression of dissatisfaction.*
² *Appeal: A request to change an adverse decision made by the organization. A member or authorized representative of a member may appeal any adverse decision.*