

Patient Concern Form

Advanced Care Scripts (ACS) continually strives to provide the highest quality health care services to the patients and clients we service. All patients, caregivers, and clients are urged to voice concerns or complaints. Your concerns or complaints are crucial to us in improving the services we provide.

You may use this form at any time. When completed, mail it back to ACS in the self-addressed, stamped envelope provided in the packet. This information will be forwarded to the ACS Quality department. You can expect to receive a prompt response.

You may also call the ACS Quality line at (866) 944-9511 to register your concern.

Person Completing Form: _____

Mailing Address: _____

Patient Name: _____

Patient Date of Birth: _____ Date of Concern: _____

Describe Concern Regarding Service Provided By ACS:

Signature

Date

Please Mail To: Advanced Care Scripts
6251 Chancellor Drive, suite 101
Orlando, Florida 32809

Or

Please Fax To: (866) 679-7131

For Office Use Only

Corrective Action by the Quality Department:

Signature

Date