

Please respond to the questions below if you are a Kaiser member & have a complaint regarding Kaiser Permanente's services, billing, registration process, physicians, facilities, etc.

Kaiser Member's Name (Employee's First, Middle, Last Name):

Kaiser Member's Address (street, city, state, zip):

Kaiser Member's Phone Number (include area code):

Kaiser Member's Email Address:

Name of Kaiser Medical Plan (See Plan Name at top of Kaiser ID Card under the words "Kaiser Permanente"):

District 27J Employee Number (6-digits):

Patient's Name (First, Middle, Last name):

Kaiser Health Record Number (ID number) of patient:

If your complaint is about a visit to a Kaiser Medical Building/hospital, please provide:

Date of visit to Kaiser Building:

Time of visit/appointment:

Name of Kaiser Building/hospital & city located:

Reason for visit (doctor office, ER, pharmacy, lab, radiology, etc.):

If you saw a doctor, full name of Kaiser doctor (first and last name):

Nature of problem during visit and what you did to resolve the problem:

If complaint is about a phone call to/from Kaiser, please provide:

Date of phone call:

Phone number called:

What department/office did you call or that called you?

Name of Kaiser staff member spoken to:

Reason for phone call:

Nature of complaint and what you did to resolve the problem:

If your complaint is about the amount you paid for medical services or a billing you received, please provide:

- Date of service/appointment:

- Amount you paid and/or were billed:

- Amount you thought you should have paid:

- Had you met all or a part of your plan year deductible before this date of service?

- If you had met part of your plan year deductible before this date of service, how much?

- If you paid at check-in/registration, were additional services needed during your appointment?

Additional Information:

(Please submit a copy of billing statement or Explanation of Benefits form.)

Did you speak to a Kaiser staff member about your complaint, and if so, on what date?

Name of Kaiser staff member that you spoke to:

What was their response and did they attempt to resolve your complaint?

Date of completing and submitting this form:

Please include copies of any paperwork that might support your complaint. Please be thorough in your comments and use additional pages if needed. **Submit this form and supporting documents to: Sherry Primus, Benefits Specialist, sprimus@sd27j.net.**