



## Consumer Issues with Medicaid Contracted Supplies

Please complete this form in its entirety so that we may gather information about issues Consumers are having with services received from the Medicaid Contracted Suppliers. Information reported on this form will be safeguarded and specifics will not be shared without express written consent of the reporting company. Please DO NOT send us patient specific information; however, have it collected and ready. Also, if you have multiple complaints, we would like to have a form for each consumer. Please fax completed forms to the AIHMES office at 678-264-4748; or email to [judyb@aihmes.org](mailto:judyb@aihmes.org).

Reporting Company: \_\_\_\_\_

Name of person completing report: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Which vendor is the patient now using?  J&B  Binson's  HPD

Help us quantify the issues being reported. Indicate what types of problems by checking the boxes below—please complete detail on each line. Are the problems with:

Quantity  Quality  Customer Service  Shipping  Other

Please explain the issues checked above. If relevant tell us what you were providing to your consumer including quantities, mfg. information, shipping information, etc. Use multiple forms if necessary.\*

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