

AGENCY FOR HEALTH CARE ADMINISTRATION

Subscriber Assistance Program

**Quarterly Report Of Subscriber Grievances**

Managed Care Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reporting Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reporting Period: **Year:** \_\_\_\_\_

- \_\_\_\_ January 1 to March 31
- \_\_\_\_ April 1 to June 30
- \_\_\_\_ July 1 to September 30
- \_\_\_\_ October 1 to December 31

Report should be submitted  
on a *calendar* quarter not  
a fiscal quarter.

A - Total number of formal subscriber grievances ***not resolved*** to the full satisfaction of the subscriber ***after completion of the entire grievance process***: \_\_\_\_\_

B - List each subscriber grievance included in "A" above (attach additional pages if necessary).

	<u>Subscriber Name, Address and Telephone Number</u>	<u>Nature of Grievance</u> (Authorizations, Out of Plan Services, Reimbursement, etc.)	<u>Contract Type</u> (Commercial, Medicare, EPO, Medicaid, PPO, etc.)
1.			
2.			
3.			

4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

C - List all outstanding grievances included in item B, above, that are being resolved through arbitration (attach additional pages if necessary).

	<u>Subscriber Name</u>	<u>Date Original Grievance Received</u>	<u>Date Submitted For Arbitration</u>
1.			
2.			
3.			
4.			
5.			

D - List all outstanding grievances included in item B that are being litigated in court (attach additional pages if necessary).

	<u>Subscriber Name</u>	<u>Date Original Grievance Received</u>	<u>Date Litigation Began and Case Number</u>
1.			
2.			
3.			
4.			

**The information contained herein is true and correct to the best of my knowledge.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send report to:

Subscriber Assistance Program  
 Agency for Health Care Administration  
 2727 Mahan Drive, Mail Stop 26  
 Tallahassee, FL 32308

Form may be accessed online at: <http://ahca.myflorida.com/MCHQ/Consumer/SPSAP/forms.shtml>

**ADDENDUM FOR ADDITIONAL ENTRIES FOR SECTION B ABOVE:  
List each subscriber in "A"**

	<u>Subscriber Name, Address and Telephone Number</u>	<u>Nature of Grievance</u> (Authorizations, Out of Plan Services, Reimbursement, etc.)	<u>Contract Type</u> (Commercial, Medicare, EPO, Medicaid, PPO, etc.)
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			