HEALTH CARE QUALITY CONCERN FORM

TriWest Healthcare Alliance Department of Veterans Affairs (VA) Programs

Please complete this form if you have a concern regarding the **quality of health** care performed by a TriWest provider. **If you have a complaint regarding staff rudeness, cleanliness of office, wait time in office, discrimination, etc., please complete the Complaint/Grievance form.**

TriWest Healthcare Alliance
Clinical Quality Management
P.O. Box 41970 Phoenix, AZ 85080-1970

Email: MMOPSCQM@TriWest.com
Fax: 866-299-4235

Person Completing Information

Last Name:	First Name:
Telephone:	Email:

Relationship to Veteran:

☐ Self ☐ Provider ☐ Family/Caregiver ☐ VA/VA Medical Center ☐ Other:

Veteran Information

Last Name:	First Name:	
Date of Birth (MM/DD/YYYY):	Last Four of SSN:	
Telephone:	Member ID:	
Email (if applicable):		
Mailing Address:		
City:	State:	ZIP Code:

Quality of Health Care Concern Information

Health Care Provider's Name (if applicable):	
Health Care Provider's Address (if known):	
VA Authorization Number:	VAMC Name:
Date(s) of Incident(s):	

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Describe your concern(s): Please be as specific as possible about the nature of your concerns. We will contact you if more information is needed. You may attach additional pages or supporting documentation.

Signature	Date (MM/DD/YYYY):

Please be assured that TriWest takes all concerns seriously and will thoroughly investigate the matter and take all appropriate actions. Due to federal and/or state privacy regulations, we are unable to share the results of our investigation or actions taken as it pertains to a clinical quality program.

The Information collected with this form is subject to the Privacy Act of 1974 (5 U.S.C. 552A, as amended) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information shall be considered for official use only and protected accordingly. Any individual responsible for unauthorized disclosure or misuse of this information may be subject to a fine of up to $50,000 and/or other sanctions as appropriate.