

Southeastern Ocularists, Incorporated

Acknowledgement of Receipt

Complaint Protocol

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment, and billing complaints will be communicated to management and upper management. These complaints will be documented in the Medicare Beneficiaries Complaint Log, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing or by telephone by a manager within a reasonable amount of time after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company. The patient will be informed of this complaint resolution protocol at the time of set up of service.

Statement of Warranty

Every product sold or rented by our company carries a one year manufacturer's warranty. Southeastern Ocularists, Incorporated will notify all beneficiaries of the warranty coverage, and we will honor all warranties under applicable law. Southeastern Ocularists, Incorporated will repair or replace, free of charge, equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

Notice of Privacy Practices

(see handout)

*I have been instructed in and understand the **complaint protocol** and the **warranty coverage** on the product I will/have receive(d). I also acknowledge that I have received a copy of the **Notice of Privacy Practices** for Southeastern Ocularists, Incorporated. I have also received educational information on the care of my prosthesis.*

Patient's Signature

Date