

IRON ROAD HEALTHCARE QUALITY OF CARE COMPLAINT FORM



Who should use this form?

Iron Road members who have had an issue with a healthcare provider, hospital, or pharmacy may use this form to file a complaint about the quality of care they have received.



What are some examples of quality of care issues?

Quality of care issues could include complaints about some of the following:

- Medication errors
- Inappropriate or unnecessary surgery
- Inappropriate or unnecessary treatment
- Unsafe or unsanitary hospital conditions
- Unprofessional treatment by a healthcare provider



What do I do after I have completed this form?

Once you have completed this form, you can mail it, fax it or email it back to us.

Iron Road Healthcare
Attention: QOC
P.O. Box 161020
Salt Lake City, UT 84116-1020
Email: help@ironroadhealthcare.com
Fax: 801-595-2084

You may also visit our website at www.ironroadhealthcare.com to complete this form electronically.



What happens with this complaint form?

We want to make sure you get the best care possible, and we take your concerns seriously. Upon receiving your complaint, we will thoroughly investigate the situation, and will contact you in a timely manner with resolution of your complaint.



What information should you include with this complaint?

Please make sure you complete the information requested in each section of this complaint form. Be sure to include your Iron Road member ID number, along with contact information for you or your authorized representative. You will also need to include a description of the issue or incident. Your description should include dates and times, description of what happened, provider information, and information from any witnesses involved, if possible.



What if I have questions?

We are always happy to hear from you and to answer any questions you have. You can contact Iron Road Member Services at **800-547-0421**, Monday through Friday from 7:30 a.m. to 3:30 p.m., MST. You can also email us at help@ironroadhealthcare.com.



STEP ONE: Select A Plan

Please provide information about the current Iron Road member.

Last name:	First name:	Middle initial:
Mailing address (that is on file with Iron Road):		
City:	State:	ZIP:
Iron Road Member ID Number:	Date of Birth:	
Preferred Phone:	Email Address:	



STEP TWO: Authorized Representative

If you are the authorized representative for the member above, please complete this section.

Last name:	First name:	Middle initial:
Phone Number:	Email Address:	
Mailing address (if different than member mailing address above):		
City:	State:	ZIP:
Relationship to Member:		



STEP THREE: Provide a Description of the Incident or Concern

Include dates, times, persons involved, witnesses, etc. You may also include attachments, if needed.

You may include additional sheets or attachments to this form.

STEP FOUR: Your Signature

By my signature below, I request that Iron Road Healthcare review my complaint.

Iron Road Member Signature (or Authorized Representative):	Date (MM/DD/YYYY):
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