KIMBALL HEALTH SERVICES PATIENT COMPLAINT FORM

INSTRUCTIONS:

KIMBALL HEALTH SERVICES is committed to respecting your right to privacy of your personal health information and in providing quality healthcare. We take all complaints very seriously, and will not retaliate for filing a complaint. To file a complaint, complete this form and return it to the CEO.

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TTED: In Person	☐ Via Mail	☐ Via Phone
TTED BY: Patien	t Other	
	E OF INCIDENT:	
STATE:	ZIP CODE:	
NT:		
Quality of Care	Billing	Customer Service
ES:		
Radiology I	Lab Rehab	Outpatient Services
ministration Health In	nformation	Provider
	DATE:	
	TTED:	DATE OF INCIDENT: STATE:ZIP CODE: NT: Quality of CareBilling