

MEMBER GRIEVANCE

If you have any problems or concerns regarding membership with GULF COAST DISCOUNT MEDICAL PLAN (DMP) and will like to file a grievance/complaint, please contact GULF COAST DMP. All matters will receive immediate attention and all necessary steps to resolve your concerns will be taken right away.

Your complaint may be filed either in writing or by contacting our offices and notifying a GULF COAST DMP employee of your grievance/complaint. The complaint will be reviewed and one of our employees will follow up by contacting you via letter or telephone.

Please complete the grievance form and submit to our offices by:

Fax : 941-751- 8329,

Phone : 941- 751- 8330/866-568-WELL, or by

Mail : P.O. BOX 445

Parrish, Florida 34219

GULF COAST
DISCOUNT MEDICAL PLAN (DMP)

MEMBER COMPLAINT/GRIEVANCE REPORT FORM

Date: _____

Member Name: _____

Address: _____

Telephone #: _____ **Member #:** _____

Person/Site Involved: _____, _____

Complaint Reported to: _____

Member contacted by: Phone () Letter () In Person ()

Problem/Complaint:

Corrective Action:

Date Member Contacted by Gulf Coast DMP: _____

Report Completed by: _____

Name/Title

Attachments: Yes () No ()

**List additional names on back. Provide complete statements. If additional space is needed, please use a plain sheet of white paper and attach to this form.