

Non-Compliance Complaint Form

Stakeholders can use this form to file a complaint with the Bronx RHIO of suspected non-compliance with any applicable laws (federal, state and Certification Requirements). Complaints must be files within 180 days of any suspected infraction.

Role of Person Submitting Complaint:

Participant Patient Provider

Participating Member Organization (if applicable): _____

Name of QE involved: _____

Name of Participant involved (if applicable): _____

Suspected Non-Compliant Category:

State Federal QE Compliance Other: _____

Why is this believed to be non-compliant? : _____

All dates related to suspected non-compliance: _____

All locations related to suspected non-compliance (if applicable): _____

Please Complete Information Below:

Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> First M.I. Last </div>
Title (if applicable) _____
Phone 1 _____ (Best direct contact number)
Phone 2 _____
Street Address (Primary Practice location if participant) _____
City _____
State _____
Zip _____
e-mail - business _____
e-mail - personal _____
State License # (if applicable) _____
NPI (if applicable) _____
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail

Please submit completed forms via email to Information@BronxRHIO.org or fax to (718) 708-7272