DME Supplier, Inc.
17 Main Street
Anywhere, SC 29999

MEDICARE BENEFICIARY COMPLAINT LOG

Date of receipt of complaint: ________________________

Patient's name: ____

Patient's address: ____

__________________________________ State ______________ Zip code ____________

Patient's telephone number: ____

Patient's Medicare or Health Insurance Claim Number: ____________________________

Description of complaint: ____
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Action taken to resolve the complaint: ____
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____

______________________________________ ____________________________
Signature of representative Date

Example provided by **Palmetto GBA**
National Supplier Clearinghouse
Supplier Audit and Compliance Unit
Post Office Box 100142 • Columbia, South Carolina • 29202-3142 • (866) 238-9652