

**CUSTOMER COMPLAINTS LOG**

<b>NAME OF COMPLAINANT</b>	
<b>EMAIL -ID / CONTACT NUMBER</b>	
<b>SOURCE OF COMPLAINT</b>	
<b>CORPORATE NAME</b>	
<b>NAME OF THE PATIENT</b>	
<b>DATE OF COMPLAINT</b>	
<b>NAME OF THE STAFF MEMBER RECEIVING AND REGISTER</b>	
<b>WHOM THE COMPLAINT HAS BEEN DIRECTED</b>	
<b>POLICY DETAILS</b>	
1-POLICY NUMBER	
2-MEMBER CARD NUMBER	
3-EMPLOYER NAME	
<b>NAME OF INSURER</b>	
<b>NAME OF INTERMEDIARY</b>	
<b>NAME OF ADVISOR</b>	
<b>COMPLAINT CATEGORY</b>	
1-DENIAL OF COVERAGE	
2-REJECTION OF CLAIM	
3-ACCURACY OF DOCUMENTATION PROVIDED	
4-DELAYS IN PROCESS	
A-REFUNDS	
B-REIMBURSEMENTS	
C-APPROVALS	
D-CARD ISSUES	
E-ADDITION OR DELETION	
5-ADMINISTRATIVE OR OPERATIONAL	
6.PRODUCT DISSATISFACTION	
7.CHANGES TO POLICY TERMS	
8-SERVICE PROVIDED BY STAFF OF DEPART	
<b>DETAILS OF COMPLAINT</b>	