NEMS NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心
SF: 1520 Stockton St | 2574 San Bruno Ave | 82 Leland Ave
1033 Clement St | 1400 Noriega St | 1450 Noriega St
2308 Taraval St | **Daly City:** 211 Eastmoor Ave
San Jose: 1715 Lundy Ave #108-116 | 1870 Lundy Ave
(415) 391-9686 | (650) 550-3923 | (408) 573-9686

MEMBER COMPLAINT/GRIEVANCE FORM 會員投訴 / 申訴表

Patient Information 病人資料

Name: _____ NEMS#: _____ Today's Date: _____
姓名 黃卡號碼 日期

Address: _____ Phone #: _____
地址 電話號碼

Alternate Number: _____ Best Time to Call: _____ Language: _____
其他聯絡電話 最佳聯絡時間 語言

Name & Relationship of person filling if different from above: _____
如填表人非上述投訴人，請註明填表人姓名及關係

Insurance Information 健康保險資料

☐ Self-Pay 自付 ☐ Medicare 聯邦醫療保險計劃(老人卡) ☐ Medi-Medi 加州醫藥卡及老人卡 ☐ M/Cal: 加州醫藥卡 ☐ B/Cross 藍十字 ☐ SFHP 三藩市保健計劃 ☐ SCFHP 聖塔克萊拉家庭健康計劃 ☐ Regular 其他保險

☐ HSF 健康三藩市計劃 ☐ H/Fam: Plan _____ 健康家庭計劃 ☐ H/Kids: Plan _____ 健康兒童計劃 ☐ Private Insurance 私人保險

Details of Problem 問題詳細資料

Occurred Date: _____ Location/Dept: _____ Staff Name: _____
發生日期 地點 / 部門 工作人員

Describe in detail (Use back of form if necessary):

請詳細說明 （如有需要可用背面填寫）

Member/Staff Signature: _____ **Date:** _____
會員 / 工作人員簽名 日期

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MEMBER COMPLAINT/GRIEVANCE FORM 會員投訴 / 申訴表

Please return this form to 請把表格交回以下地址:
North East Medical Services
Attention: Member Services Manager
1520 Stockton Street
San Francisco, CA 94133

OR
或

Call Member Services Department at (415) 391-9686 extension 8160 for assistance.
撥打(415) 391-9686 轉內線 8160 聯絡會員服務部。

Name: _____ **NEMS#:** _____
姓名 黃卡號碼

Member's Expectation of Resolution 會員期望的解決方案

Describe in detail the patient's expectation of resolution 請詳細寫出投訴人期望得到的解決方案：

For NEMS Staff Use Only
Description of Problem/Complaint/Grievance (Check Appropriate boxes):

☐ Access to Care ☐ Charges ☐ Quality of Services ☐ Facility Adequacy ☐ Quality of Care
☐ Staff Attitude ☐ Referral/Authorization ☐ Other:

Grievance Report Date: _____ Staff Name & Title: _____

For NEMS staff use only:
Action Taken:

Resolution:

Resolved on: _____ **Staff Name:** _____ **Staff Signature:** _____

NORTH EAST MEDICAL SERVICES
東 北 醫 療 中 心

Non-discrimination Disclosure

North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. NEMS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

NEMS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact NEMS Member Services Department. If you believe that NEMS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: NEMS Member Services Department 1520 Stockton St, San Francisco, CA 94133, (415) 391-9686 ext. 8160, Fax: 415-433-4726. You can file a grievance in person, by mail or fax. If you need help filing a grievance, NEMS Member Services Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–868–1019, 800–537–7697 (TDD). Complaint forms are available at *http:// www.hhs.gov/ocr/office/file/index.html*.

Language Assistance Services Available

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)。

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)번으로 전화해 주십시오.

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (415) 391-9686 ext. 8160 (телетайп: 1-800-735-2929).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (415) 391-9686 ext. 8160 (رقم هاتف الصم والبكم: 1-800-735-2929).

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(415) 391-9686 ext. 8160（TTY:1-800-735-2929）まで、お電話にてご連絡ください。

Armenian
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (415) 391-9686 ext. 8160 (TTY (հեռատիպ)՝ 1-800-735-2929):

Farsi
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) تماس بگیرید.

Punjabi
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929)។

Hmong
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें।

Thai
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).