



**TriWest Healthcare Alliance  
Department of Veterans Affairs (VA) Programs**

## Health Care Quality Concern Form

**Instructions:**

Please complete this form if you have a concern regarding the **quality of health care** performed by a TriWest provider.

If you have a complaint regarding staff rudeness, cleanliness of office, wait time in office, discrimination, etc., please complete the [Complaint/Grievance form](#).

After completing this form please mail or fax it to:

**TriWest Healthcare Alliance  
Clinical Quality Management  
PO Box 41970  
Phoenix, AZ 85080-1970**

**Fax: (866) 299-4235**

Your First Name:		Your Last Name:	
Relationship to Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Family/Caregiver <input type="checkbox"/> Provider <input type="checkbox"/> VA/VA Medical Center <input type="checkbox"/> Other:			
Your Telephone:		Your Email:	
<b>VETERAN'S INFORMATION</b>			
First Name:		Last Name:	
Date of Birth:		Last 4 of SSN:	
Telephone Number(s):		Choice Member ID:	
Email address (If applicable):			
Address:			
City:		State:	ZIP:
<b>QUALITY OF HEALTH CARE CONCERN INFORMATION</b>			
Health Care Provider's Name:			
Health Care Provider's Address (If Known):			
Date(s) of Incident(s):			
<b>Describe your concern(s):</b> Please be as specific as possible about the nature of your concerns. We will contact you if more information is needed. You may attach additional pages of documentation.			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be assured that TriWest takes all concerns seriously and will thoroughly investigate the matter and take all appropriate actions. Due to federal and/or state privacy regulations, we are unable to share the results of our investigation or actions taken as it pertains to a clinical quality program.

The Information collected with this form is subject to the Privacy Act of 1974 (5 U.S.C. 552A, as amended) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information shall be considered for official use only and protected accordingly. Any individual responsible for unauthorized disclosure or misuse of this information may be subject to a fine of up to \$50,000 and/or other sanctions as appropriate.