

Complaint Form *for the* Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Accreditation (DMEPOS^{CM}) Program



DMEPOS Complaint Process

When you report a complaint against a DMEPOS-accredited facility NABP will:

- Review complaints received regarding facilities that currently hold DMEPOS accreditation through NABP;
- Contact the facility for an explanation or additional information, in accordance with accreditation requirements;
- Evaluate a facility's compliance with the Centers for Medicare and Medicaid Services (CMS) Quality Standards and applicable law;
- Document findings and notify CMS and appropriate state, local, or federal governmental authorities if NABP believes in good faith that the facility engaged in or is engaging in a violation of applicable law or as legally recommended; and
- Provide a response to the complainant, if contact information is provided; response time will vary depending on the depth of investigation needed.

Necessary Information

Include the following information on the complaint form:

- Name and address of facility about whom the complaint is being filed
- Medicare Beneficiary/patient/client name
- Name, mailing address, e-mail address, and phone number of complainant (see Complainant Privacy)
- A brief narrative description of the complaint, including date of occurrence and names of witnesses, staff, and others involved. Please do not provide medical or medication information. If the complaint is regarding durable medical equipment or a medication, only provide the order or prescription number.
- Desired resolution or outcome



Complainant Privacy

While the option of anonymity is offered to complainants, it is recommended that the names of the complainant and patient be provided so that NABP may fully evaluate the complaint.

- The complainant and beneficiary name(s) will be treated as confidential and will not be disclosed unless disclosure is necessary to corroborate the complaint or is legally recommended.

If NABP believes in good faith that abuse, neglect, or exploitation of a child or disabled adult occurred or is occurring or there is or was noncompliance with state or federal laws, NABP will notify the appropriate regulatory authority(s).

- NABP does not have jurisdiction in labor relations issues, issues related to the clinical management of a patient, or customer service issues that do not address CMS standards.
- If NABP cannot corroborate the complaint, then NABP has no authority to take further action.

In order to submit a complaint, please print the complaint form and send it to:

National Association of Boards of Pharmacy® (NABP®)
DMEPOS Complaint
1600 Feehanville Drive
Mount Prospect, IL 60056

**Please find the complaint form on the following page.*





NABP DMEPOS Complaint Form

Information about the Facility against whom the complaint is lodged:	
Name (required)	
Street Address (required)	
City (required), State (required), Postal Code	
Phone Number (recommended)	
Complainant Information:	
Name (recommended)	
Street Address	
City (recommended), State (recommended), Postal Code	
E-mail address (recommended)	
Preferred Phone Number (recommended) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Cell	
Best time to contact you (recommended)	
Medicare Beneficiary/patient/client information:	
<input type="checkbox"/> Check here if same as Complainant	
Street Address	
City (recommended), State (recommended), Postal Code	
E-mail address (recommended)	
Preferred Phone Number (recommended) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Cell	
Best time to contact you (recommended)	
Date of Incident (required)	
Provide a brief narrative description of the complaint, including date of occurrence and names of witnesses, staff, and others involved. Please do not provide medical or medication information. If the complaint is regarding durable medical equipment or a medication, only provide the order or prescription number.	
Desired resolution or outcome	
May NABP or a regulatory agency contact you for more information or clarification? (recommended)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mail completed form to: National Association of Boards of Pharmacy
 DMEPOS Complaint
 1600 Feehanville Drive
 Mount Prospect, IL 60056