

## **Patient Complaint & Grievance Procedure**

Valley Ambulatory Surgery Center's patient representatives are:

## Lauren Blanchard – Administrator Robin Johnson RN, BSN – Clinical Director Tammy Cotton – Business Office Manager

Notify either of the patient representatives if you feel that any rights have been violated, or if you have a complaint, or suggestion for improvement. This can be accomplished by completing and returning your patient questionnaire or by direct contact:

## Valley Ambulatory Surgery Center 2475 Dean Street Saint Charles, IL 60175 (630) 584-9800

Complaints or concerns may be given verbally or in writing at any time to any staff member and will be submitted to one of the patient representatives by the next working day. Complaints that cannot be resolved by the patient representatives shall be referred to the Risk Manager no later than three (3) days after the receipt of the report of the patient representative to the patient. The Risk Manager shall make an additional investigation and provide results of their investigation to the complainant within seven (7) days.

If a concern has not been addressed to your satisfaction, the problem may be referred in writing to the:

<u>Surgery Partners</u> <u>Corporate Compliance Officer</u> 310 Seven Springs Way, Suite 500 Nashville, TN 37027 Compliance Hotline: (877) 363-3069 Illinois Department of Public Health Office of Health Care Regulation Central Complaint Registry 535 W. Jefferson Street Springfield, IL 62761 http://www.idph.state.il.us Tele: (217) 782-4977 TTY: (800) 547-0466

Medicare Beneficiary Ombudsman

https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home

If a concern has not been addressed to your satisfaction, excluding fee disputes, a complaint may be filed with the appropriate oversight board of the Illinois Department of Financial and Professional Regulation.

Illinois Department of Financial and Professional Regulation Tele: (312) 814-6910 http://www.idfpr.com/admin/complaints.asp