



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER INSURANCE

March 31, 2004

**CIRCULAR LETTER NO.: C-I-3-1707-2004**

**TO ALL HEALTH SERVICES ORGANIZATIONS AUTHORIZED IN PUERTO RICO**

**RE: DEADLINE FOR FILING ANNUAL REPORT ON COMPLAINT SYSTEM**

Dear Sirs and Madams:

Under the provisions of section 19.120 of the Puerto Rico Insurance Code, 26 L.P.R.A. sec. 1912, every health services organization must file an annual report on its complaint system with the Commissioner of Insurance and the Secretary of the Department of Health.

We enclose the form that should be used for this report, which should show complaint activity during the 2003 calendar year.

All health services organizations that provide health care plans in Puerto Rico are hereby ordered to file this report with this Office not later than May 14, 2004.

Very truly yours,

SIGNED

Dorelisse Juarbe-Jiménez  
Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER INSURANCE**

April 29, 2004

**REQUEST FOR REPORT ON COMPLAINTS**

**TO ALL HEALTH SERVICES ORGANIZATIONS AUTHORIZED IN PUERTO RICO**

**RE: DEADLINE FOR FILING ANNUAL REPORT ON COMPLAINT SYSTEM**

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Under the provisions of section 19.120 of the Puerto Rico Insurance Code, 26 L.P.R.A. sec. 1912, every health services organization must file an annual report on its complaint system with the Commissioner of Insurance and the Secretary of the Department of Health.

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Enclosure

Commonwealth of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE  
San Juan, Puerto Rico

COMPLAINTS REPORT FOR \_\_\_\_\_

(If the space provided is not sufficient to answer any of the questions in this report, please use the other side of each of these sheets and identify appropriately the question that is being answered.)

Name of the Health Services  
Organization

\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

Telephone No.

\_\_\_\_\_

Date of authorization

\_\_\_\_\_

1. Describe the complaint procedure used by the Organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. With regard to the complaints received during the year covered in this report, indicate:

- a) Number of complaints received \_\_\_\_\_
- b) Number of complaints accepted \_\_\_\_\_
- c) Number of complaints dismissed \_\_\_\_\_

3. Provide a list of individuals or entities that filed a complaint and the time consumed to resolve each complaint, counted from the date complaint was filed. The list should show the address and telephone number of the complainants.

4. Mention the basic reasons for the complaints and frequency (number) of each reason.

<u>Reason</u>	<u>Frequency</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. With regard to the members of the Complaints Committee state:

Representative of the Individual Policyholders:

- a) Name \_\_\_\_\_
- b) Address \_\_\_\_\_  
\_\_\_\_\_
- c) Telephone number \_\_\_\_\_
- d) Place of work \_\_\_\_\_

e) Social Security Number: \_\_\_\_\_

f) Time in the position \_\_\_\_\_

Representative of the Group Plan Policyholders:

a) Name \_\_\_\_\_

b) Address \_\_\_\_\_

c) Telephone number \_\_\_\_\_

d) Place of work \_\_\_\_\_

e) Social Security Number: \_\_\_\_\_

f) Time in this position \_\_\_\_\_

Representative of the Providers:

a) Name \_\_\_\_\_

b) Address \_\_\_\_\_

c) Telephone number \_\_\_\_\_

d) Place of work \_\_\_\_\_

e) Social Security Number: \_\_\_\_\_

f) Time in this position \_\_\_\_\_

Representative of the Organization:

a) Name \_\_\_\_\_

b) Address \_\_\_\_\_

c) Telephone number \_\_\_\_\_

d) Social Security Number: \_\_\_\_\_

e) Time in the position \_\_\_\_\_

6. Describe the procedure used to elect the members of the Complaints Committee:

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7. State the number of times that the Committee met during the year covered in this report: \_\_\_\_\_

We certify that the above information is true and faithfully describes the complaint activity that the organization had during the year covered in this report.

\_\_\_\_\_  
Name of the Chair of the Complaints Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the President of the Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the Secretary of the Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date