



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

March 14, 2005

CIRCULAR LETTER NO.: C-I-3-1735-2005

TO ALL HEALTH SERVICES ORGANIZATIONS AUTHORIZED IN PUERTO RICO

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 2004 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 March 30, 2005.

Very truly yours,

SIGNED

Edward Rivera-Maldonado
Assistant Commissioner of Insurance

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:

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