



OFFICE OF THE COMMISSIONER OF INSURANCE

IN ANSWERING
PLEASE REFER TO

Circular Letter No.: C-I-2-1592-2001
February 9, 2001

TO ALL AUTHORIZED HEALTH SERVICES ORGANIZATIONS IN PUERTO RICO

Re: Deadline for Filing the Complaints System
Annual Report for Health Services
Organizations

Dear Sirs:

In accordance with the provisions of Section 19.120 of the Puerto Rico Insurance Code, 26 L.P.R.A. sec. 1912, all health services organization shall file annually with the Commissioner of Insurance and the Secretary of Health their complaints system annual report.

Enclosed is the form that must be used to file said report, which must reflect the complaint activity during the 2000 calendar year.

It is hereby ordered that any health services organization authorized to transact health care plans in Puerto Rico submit said report with this Office **not later than April 30, 2001.**

Very truly yours,

SIGNED

Ramon L. Cruz-Colón, CPCU, AU
Interim Commissioner of Insurance

Enclosure

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

COMPLAINTS REPORT FOR THE YEAR _____

(If the space provided to answer any of the questions of this report is insufficient, please use the back of this sheet.)

Name of the health services organization: _____

Address : _____

Telephone no. : _____

Authorization date : _____

1. Describe the complaints system procedure used by the Organization.

2. Regarding the complaints received during the year of this report, state:

- a) Number of complaints received _____
- b) Number of complaints granted _____
- c) Number of complaints denied _____

3. Submit a list of the persons or entities that filed a complaint against you and the period of time it took to resolve each of the complaints, to be counted from the date in which the complaint was filed. Said list shall include the address and telephone number of the complainants.

4. List the main reasons the complaints were filed and their frequency (number).

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

5. Regarding the members of the Complaints Committee, state:

Individual Subscriber Representative:

- a) Name : _____
- b) Address : _____
- c) Telephone no.: : _____
- d) Workplace : _____
- e) Social Security No. : _____

f) Time occupying the position : _____

Group Plan Subscriber Representative:

a) Name : _____

b) Address : _____

c) Telephone no.: : _____

d) Workplace : _____

e) Social Security No. : _____

f) Time occupying the position : _____

Provider Representative:

a) Name : _____

b) Address : _____

c) Telephone no.: : _____

d) Workplace : _____

e) Social Security No. : _____

f) Time occupying the position : _____

Organization Representative:

a) Name : _____

b) Address : _____

c) Telephone no.: : _____

e) Social Security No. : _____

