



**NORTH EAST**  
**MEDICAL SERVICES**  
東 北 醫 療 中 心

**Please return this form to or call for assistance.**

**請將本表格提交至以下地址或致電尋求協助**

North East Medical Services

Attention: Member Services Manager

1520 Stockton Street

San Francisco, CA 94132

1-888-500-1886

## GRIEVANCE FORM

### 申訴表

Date 日期: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### PATIENT INFORMATION 病人資料

Name: \_\_\_\_\_ NEMS MRN: \_\_\_\_\_  
姓名 黃卡號碼

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
電話號碼 最佳聯絡時間

Language: \_\_\_\_\_ Email: \_\_\_\_\_  
語言 電郵地址

Address: \_\_\_\_\_  
地址

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
城市 州 郵政編碼

Name and Relationship of Person Filing  
(If Different from Above): \_\_\_\_\_  
如填表人非上述投訴人，請註明填表人姓名及關係:



# NORTH EAST MEDICAL SERVICES 東北醫療中心

## GRIEVANCE FORM 申訴表

### INSURANCE INFORMATION 健康保險資料

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Medicare<br>聯邦醫療保險計劃 | <input type="checkbox"/> Medi-Cal<br>加州醫療補助計劃/白卡 | <input type="checkbox"/> Medi-Medi<br>加州醫藥卡及老人卡    | <input type="checkbox"/> Self-Pay<br>自付    |
| <input type="checkbox"/> SFHP<br>三藩市保健計劃      | <input type="checkbox"/> HSF<br>健康三藩市計劃          | <input type="checkbox"/> Private Insurance<br>私人保險 | <input type="checkbox"/> Blue Cross<br>藍十字 |
| <input type="checkbox"/> HPSM<br>聖馬刁健康計劃      | <input type="checkbox"/> SCFHP<br>聖塔克萊拉家庭健康計劃    |  |  |
| <input type="checkbox"/> Other<br>其它 _____    |  |  |  |

### DETAILS OF PROBLEM 問題詳細資料

Occurred Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location/Department: \_\_\_\_\_  
發生日期 地點 / 部門

Staff Name: \_\_\_\_\_  
工作人員

Describe in Detail (Add attachment if additional space is needed)  
請詳細說明 (如有需要可加附件)




**GRIEVANCE FORM**  
**申訴表**

**PATIENT'S EXPECTATION OF RESOLUTION 病人期望的解決方案**

Describe in Detail the Patient's Expectation of Resolution  
請詳細寫出投訴人期望得到的解決方案

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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\_\_\_\_\_  
Signature of Patient or Legal Representative\*  
會員或合法代表簽名

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Name of Legal Representative  
合法代表姓名

\_\_\_\_\_  
Relationship of Legal Representative  
合法代表與會員的關係

\_\_\_\_\_  
Signature of Witness (Required if patient is unable to sign)  
見證人簽名（會員無法自行簽字時此項必填）

\_\_\_\_\_  
Date  
日期



**GRIEVANCE FORM**  
**申訴表**

**FOR NEMS STAFF USE ONLY**

Date Received by Clinic

Date Received by Grievance Department

Date Entered in Epic

Grievance Report Date \_\_\_\_\_ Staff Name & Title \_\_\_\_\_

Description of problem/complaint/grievance (check appropriate boxes):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Charges                | <input type="checkbox"/> Quality of Services | <input type="checkbox"/> Facility Adequacy |
| <input type="checkbox"/> Staff Attitude | <input type="checkbox"/> Referral/Authorization | <input type="checkbox"/> Quality of Care     | <input type="checkbox"/> Discrimination    |
| <input type="checkbox"/> Other _____    |   |  | <input type="checkbox"/> Language Access   |

Action Taken:


Resolution


Resolved on \_\_\_\_\_

Staff Name \_\_\_\_\_

Staff Signature \_\_\_\_\_



## NONDISCRIMINATION DISCLOSURE

In this Disclosure, we use terms like “we” “our” or “us” to refer to North East Medical Services (NEMS) and NEMS PACE. This notice is available on our website at [nems.org](http://nems.org). We comply with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual on the basis of race, color, creed, religion (e.g., religious dress and grooming practices), age (e.g., those over 40), sex/gender (e.g., sex characteristics, intersex traits, pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, sex stereotypes, marital status, medical condition (e.g., genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (e.g., limited English proficiency, language use and possession of a driver’s license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (e.g., mental and physical, including HIV/AIDS, and cancer), genetic information, retaliation for reporting patient abuse in tax-supported institutions, enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, source of payment for care, or any other basis prohibited by law.

We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS at 1-888-500-1886 or NEMS PACE at 1-888-981-8909.

### How to file a grievance with NEMS or NEMS PACE

If you believe that we failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with our Member Services. If you need help filing a grievance, our Member Services Department is available to help you.

- **By phone:** Call NEMS 1-888-500-1886, NEMS PACE 1-888-981-8909
- **By mail:** Call us and ask to have a form sent to you.
- **In person:** Visit the Member Services Department.

You may also contact our Civil Rights Coordinator  
Attn: NEMS Section 1557 Coordinator  
North East Medical Services  
1520 Stockton Street  
San Francisco, CA 94133  
[NEMSSection1557@nems.org](mailto:NEMSSection1557@nems.org)

### How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>
- **Online:** Visit the Office of Civil Rights Complaint Portal at:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



## NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

### ► Spanish (Español)

Si habla español, se encuentran disponibles servicios de asistencia lingüística gratuitos y ayudas/servicios auxiliares.

### ► Chinese (中文)

如果您說中文，我們可提供免費語言協助和輔助設施服務。

### ► Vietnamese (Tiếng Việt)

Nếu quý vị nói tiếng Việt, chúng tôi có thể cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí và các thiết bị và dịch vụ hỗ trợ phù hợp.

### ► Japanese (日本語)

日本語を話す場合は、無料の言語支援および補助器具/サービスが利用可能です。

### ► Korean (한국어)

한국어를 하신다면, 무료 언어 지원 및 보조 기기/서비스를 이용하실 수 있습니다.

### ► Tagalog (Tagalog)

Kung nagsasalita ka ng Tagalog, mayroong libreng serbisyo ng tulong sa wika at mga pantulong na kagamitan/serbisyo na magagamit.

### ► Armenian (Հայերեն)

Եթե դուք խոսում եք հայերեն, անվճար լեզվական օգնության և լրացուցիչ ծառայությունների հասանելիություն կա:

### ► Arabic (العربية)

خدمات تتوفر ، العربية تتحدث كنت إذا  
الخدمات/والمساعدات اللغوية المساعدة  
مجاً المساعدة.

### ► Persian (فارسی)

کمک خدمات ، کنیدی صحبت فارسی زبان به اگر  
دسترس در رایگان کمکی خدمات/وسایل و زبانی  
است .

### ► Russian (Русский)

Если вы говорите по-русски, бесплатная языковая помощь и вспомогательные средства/услуги доступны.

### ► Thai (ไทย)

หากคุณพูดภาษาไทย มีบริการช่วยเหลือทางภาษาและอุปกรณ์ /บริการเสริมฟรีให้บริการ

### ► Amharic (አማርኛ)

እርስዎ አማርኛ ከሚናገሩ ከሆነ፣ የቋንቋ እርዳታ እና ተጨማሪ አገልግሎቶች በነፃ ይገኛሉ።

### ► French (Français)

Si vous parlez français, des services d'assistance linguistique gratuits et des aides/services auxiliaires sont à votre disposition.

### ► German (Deutsch)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe und Hilfsmittel/Dienste zur Verfügung.

### ► Ilocano (Ilocano)

No agsao kayo ti Ilocano, adda libre a tulong iti lengguahe ken dagiti kagawaan/serbisio nga makatulong.

### ► Samoan (Samoa)

Afai e te tautala i le gagana Samoa, e avanoa auaunaga fesoasoani i gagana ma meafaigaluega /auaunaga fesoasoani e aunoa ma se totogi

### ► Hindi (हिन्दी)

यदि आप हिन्दी बोलते हैं, तो मुफ्त भाषा सहायता और सहायक उपकरण/सेवाएँ उपलब्ध हैं।

### ► Hmong (Hmoob)

Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb thiab cov cuab yeej/kev pab ntxiv muaj.

### ► Mon-Khmer, Cambodian (ភាសាខ្មែរ)

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ  
មានសេវាជំនួយភាសាដោយឥតគិតថ្លៃ  
និងឧបករណ៍/សេវាជំនួយផ្សេងទៀតមានស្រាប់។

### ► Punjabi (ਪੰਜਾਬੀ)

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ/ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

### Member Services – California

1520 Stockton Street  
San Francisco, CA 94133  
1-888-500-1886  
TTY: 1-800-735-2929

### Member Services – Nevada

5580 W. Flamingo Road, Suite 105  
Las Vegas, NV 89103  
1-888-500-1886  
TTY: 1-800-326-6868

### NEMS PACE

728 Pacific Avenue, 2<sup>nd</sup> floor  
San Francisco, CA 94133  
1-888-981-8909  
TTY: 1-800-735-2929