Revised 10/20/2017

ARIZONA MEDICAL BOARD
Complaint Form

The Arizona Medical Board's Authority: The Arizona Medical Board (Board) has the statutory authority to regulate allopathic physicians (M.D.) under the Arizona Medical Practice Act. The Board's jurisdiction and authority are limited to violations of the Arizona Medical Practice Act only. A.R.S. § 32-1401 et seq.

<u>If you wish to file a complaint against an M.D., please complete the information below:</u>

<u>Person filing the complaint:</u>

Name: ____

Mailing Address: ____

City:___________________________State:__________________Zip Code: __________________

Telephone Number where you wish to be contacted during business hours:_____-_____- ______

Email Address____________________________________(If you change email, please notify us.)

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<u>Patient:</u>

Name of Patient: ____

Patient's Date of Birth:_________________(Optional, but assists us in obtaining medical records)

If you are not the patient, please state your relationship to patient: ___________________________

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<u>This complaint is being filed against:</u>

Full Name of M.D.: ____

Office Address: ____
(Street Address)

____
(City) (State) (Zip Code)

Date(s) of Incident: ____

Summary of allegation(s), (who, what, when, where):

- Please print clearly, as our review of your complaint will be delayed if we cannot read your writing.
- Please note, if an investigation is opened, an investigator will contact you regarding your complaint and obtain additional information if necessary.
- If necessary, please fill out the treatment information form on the next page.
- Provide a copy of any supporting documents you have in your possession pertaining to your specific complaint, i.e. explanation of Medicare Benefits (EOMB) or other insurance payments, billings, correspondence, etc. Please do not provide the Board with your original documents.

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(Signature of Person Filing Complaint) (Date)

Please fax your complaint to (480) 551-2702 or mail it to the following address:

Arizona Medical Board
Attn: Intake
1740 W. Adams St., Suite 4000, Phoenix, AZ 85007

Please be advised, the Board's complaint files and records are confidential investigative materials, and by law, availability is restricted pursuant to Arizona Revised Statutes (A.R.S.) § 32- 1451.01.
Please note that a copy of your complaint will be provided to the physician to obtain a response to the allegation(s).

The Board may take disciplinary or non –disciplinary action, including reimbursement, pursuant to A.R.S. § 32-3225. Reimbursement may be requested on the complaint form submitted to the Board. Please note, a request for reimbursement does not guarantee that reimbursement will be provided upon adjudication of the case.

ARIZONA MEDICAL BOARD
TREATMENT INFORMATION

(PLEASE PRINT OR TYPE)

Name of Patient's Primary Care Physician: _____

Who referred the patient to the subject physician? _____

The patient has been evaluated or treated by the following additional health care providers:

	Name of Provider	Dates of Service
Physicians		
Hospitals and Emergency Rooms		
X-rays:		
Other Providers:		

Do you have x-rays related to your complaint in your possession? Yes ❑ No ❑

If so, where were the x-rays taken? _____