CareMEDICA
Advanced Primary Care

PATIENT CALL CENTER AND/OR OFFICE INCIDENT REPORT

Date Reported:

PATIENT INFORMATION

Patient Name:

Date of Birth:

CareMedica Provider:

INCIDENT INFORMATION

Date of Incident:

☐ **Call Center Incident**

Phone Number Used to Call CareMedica:

☐ **Office Incident**

Employee/Provider Name:

DESCRIPTION OF INCIDENT

Please provide a detailed description of the incident, including the date and time of the incident, individuals involved, what occurred, and any relevant information or statements.

Reviewed By:

Date Reviewed:

Action Plan

OUR COMMITMENT TO OUR PATIENTS

At CareMedica, we truly appreciate our patients and value the trust they place in us. We care deeply about the well-being and experience of every patient we serve. This report is intended to help us understand concerns, address issues appropriately, and continually improve the quality of care and service we provide.

Thank you for bringing your concerns to our attention and giving us the opportunity to address them.