



**HOSPITAL FAIR BILLING
HOSPITAL BILL COMPLAINT PROGRAM (HBCP)
PATIENT COMPLAINT PORTAL USER GUIDE**

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The Department of Health Care Access and Information is responsible for enforcing the Hospital Fair Pricing Act (Act) beginning January 1, 2024, through its Hospital Fair Billing Program established by the implementation of Assembly Bill 1020.

Under the Hospital Fair Billing Program, the Hospital Bill Complaint Program was created to investigate patient complaints about the hospital's application of its financial assistance and debt collection policies, as well as the hospital's compliance with notice, accessibility, and website requirements.

Patient Portal

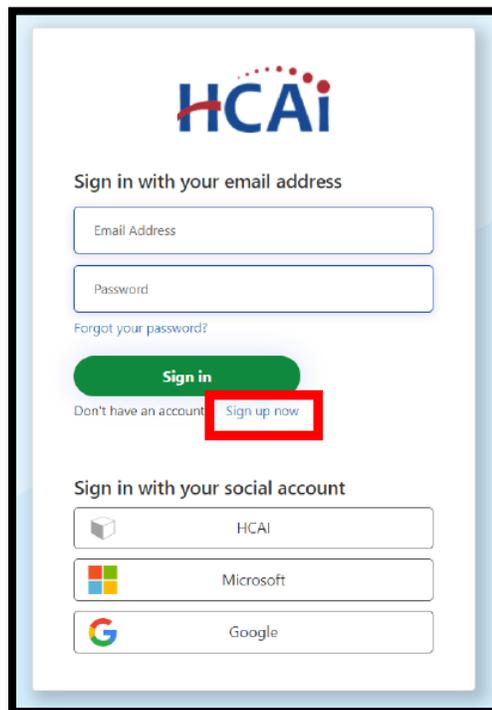
How to create an account

Step 1: Go to <https://hbcip.hcai.ca.gov>

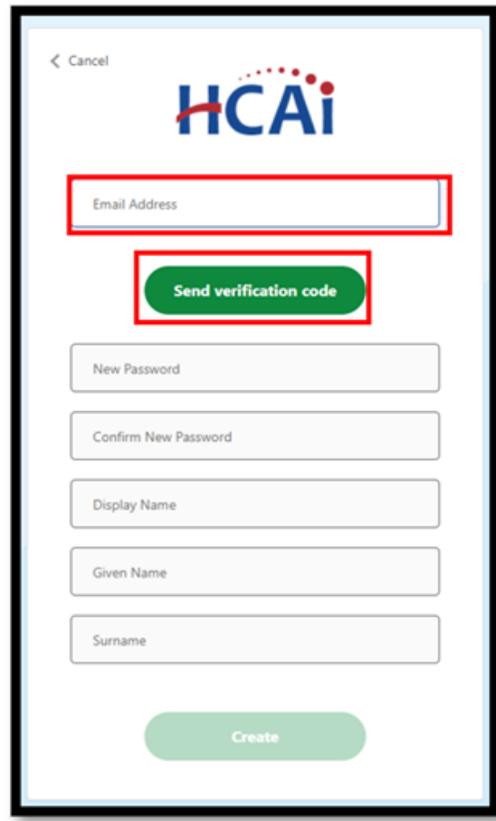
Step 2: You have two options to create an account: either click on “**Sign in**” from the top right gray banner of the homepage or select the blue “**Sign in**” tab.



Step 3: Click on “**Sign up now.**”



Step 4: Enter your email address and click on **“Send verification code.”**



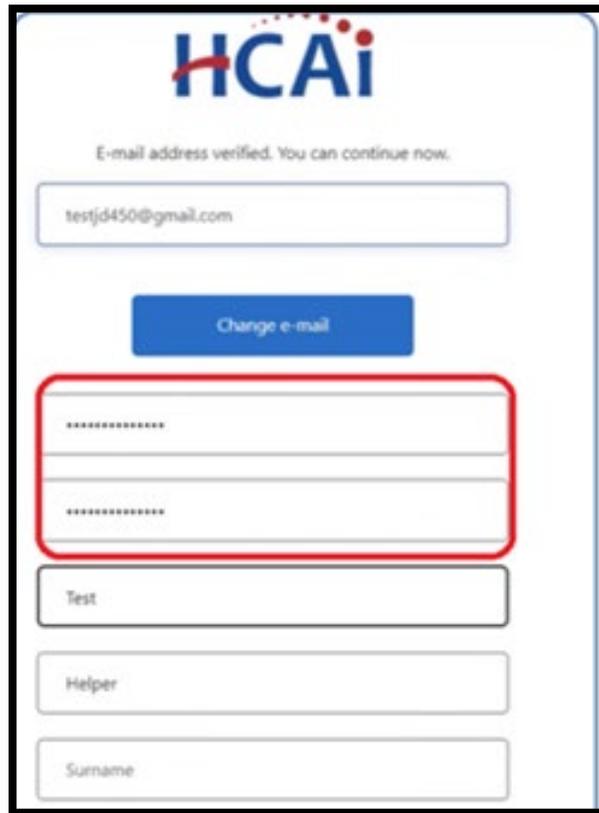
A screenshot of the HCAi registration form. At the top left is a back arrow and the word "Cancel". The HCAi logo is centered at the top. Below the logo is an "Email Address" input field, which is highlighted with a red border. Underneath the email field is a green button labeled "Send verification code", also highlighted with a red border. Below this are five more input fields: "New Password", "Confirm New Password", "Display Name", "Given Name", and "Surname". At the bottom of the form is a green button labeled "Create".

Step 5: Check your email inbox or junk mail for the verification code and type it into the verification code field. Click **“Verify code.”**



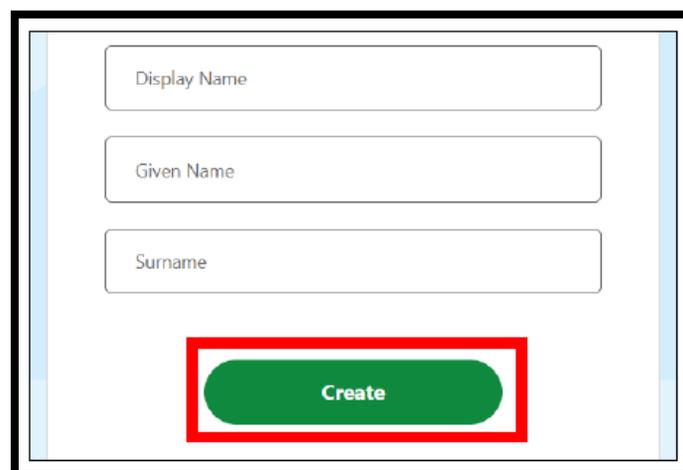
A screenshot of the HCAi verification screen. At the top is the HCAi logo. Below the logo is the text: "Verification code has been sent to your inbox. Please copy it to the input box below." Below this text is an input field containing the email address "sampleemail@gmail.com". Underneath is a "Verification Code" input field, highlighted with a red border. At the bottom are two blue buttons: "Verify code" (highlighted with a red border) and "Send new code".

Step 6: Create a password and confirm the password in the corresponding fields.



The screenshot shows the HCAi registration interface. At the top is the HCAi logo. Below it, a message states "E-mail address verified. You can continue now." A text input field contains the email address "testjd450@gmail.com". A blue button labeled "Change e-mail" is positioned below the email field. Two password input fields, each with a red border and masked with asterisks, are highlighted with a red rectangle. Below these are three more text input fields labeled "Test", "Helper", and "Surname".

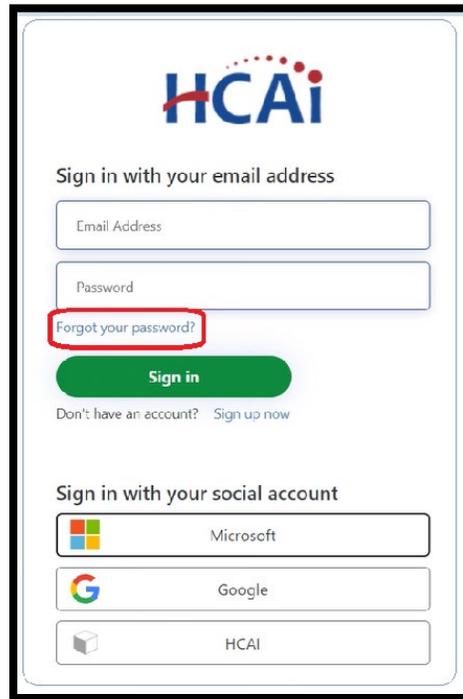
Step 7: Type your first name for the “**Display Name**” and “**Given Name**” fields then type your last name for the “**Surname**” field. Click “**Create.**”



The screenshot shows the HCAi registration interface for name entry. It features three text input fields labeled "Display Name", "Given Name", and "Surname". A green button labeled "Create" is highlighted with a red rectangle at the bottom of the form.

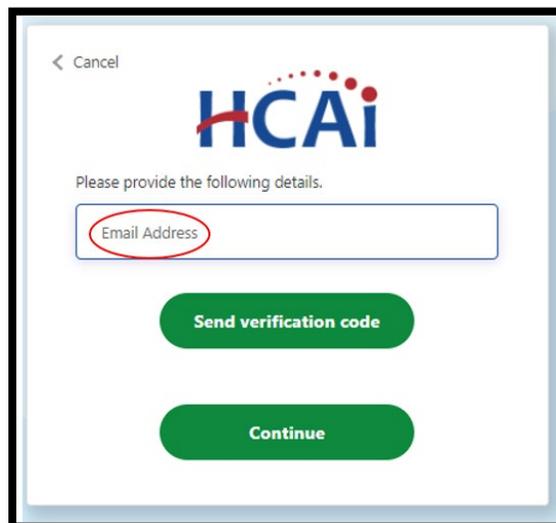
How to recover a forgotten password

- Step 1.** Go to <https://hbcg.hcai.ca.gov>
Step 2. Click on “Forgot password?”



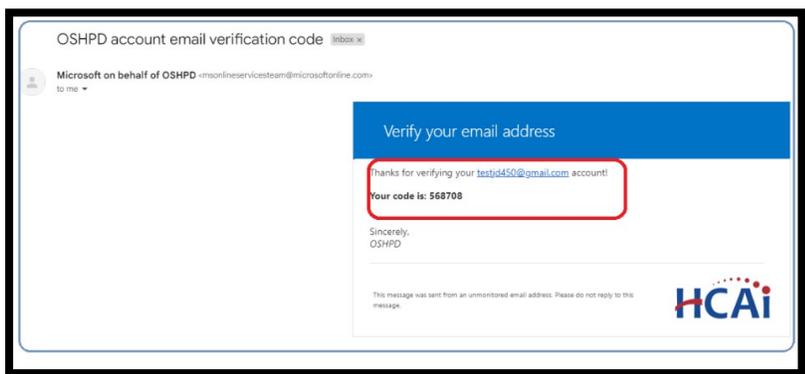
The screenshot shows the HCAI login interface. At the top is the HCAI logo. Below it, the text "Sign in with your email address" is displayed. There are two input fields: "Email Address" and "Password". A red box highlights the "Forgot your password?" link located below the password field. Below the input fields is a green "Sign in" button. Underneath the button, there is a link: "Don't have an account? Sign up now". Below this section, there is another heading: "Sign in with your social account". Underneath this heading are three buttons for social login: "Microsoft" (with the Microsoft logo), "Google" (with the Google logo), and "HCAI" (with a cube icon).

- Step 3.** Enter your email address and click “Send verification code.”

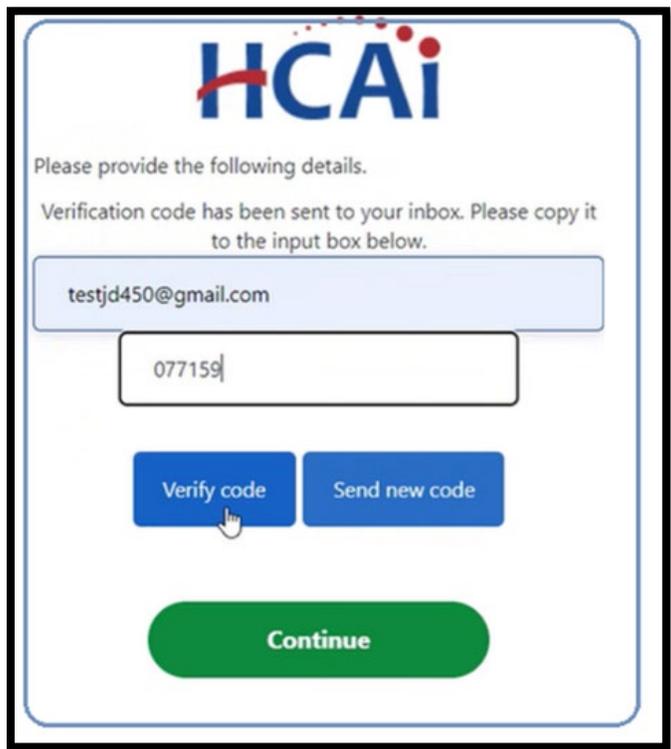


The screenshot shows the HCAI password recovery screen. At the top left is a back arrow and the word "Cancel". The HCAI logo is centered at the top. Below the logo, the text "Please provide the following details." is displayed. There is a single input field labeled "Email Address", which is highlighted with a red circle. Below the input field are two green buttons: "Send verification code" and "Continue".

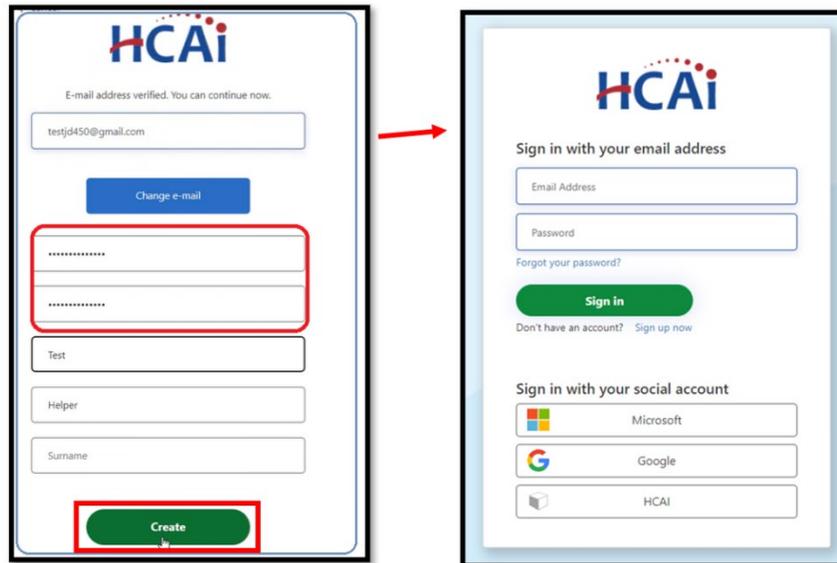
Step 4. Retrieve the verification code from your email.



Step 5. Enter the code you received via email and click on “Continue.”



Step 6. Enter the new password and click on **“Create.”** You will be redirected to the log in screen.



Step 7. Provide your profile information. Click **“Update”** once your profile information is completed. Please note: if you select **“No”** for **“Email Communication Acceptable,”** you will not receive notifications related to your complaint.

The image shows a screenshot of the HCAi Profile page. The page title is "Profile" and the user's name is "Tiffany Alexander". The page contains various input fields for personal information, including first name, last name, address, phone number, and email. A red box highlights the "Email Communication Acceptable" section, which has radio buttons for "No" and "Yes", with "Yes" selected. The "Update" button is at the bottom of the form.

Profile

Tiffany Alexander

Please provide some information about yourself.
The First Name and Last Name you provide will be displayed alongside any comments, forum posts, or ideas you make on the site.
The Email Address and Phone number are required but will not be displayed on the site.
Your Organization is required, and a Title is optional. They will be displayed with your comments and forum posts.

Your Information

First Name *
Tiffany

Preferred Name
Use Preferred Name

Middle Initial/Name

Last Name *
Alexander

Suffix

Daytime Phone
Provide a telephone number

E-mail
Benea20241@gmail.com

Title (if applicable)

Street Line 1

Street Line 2

City

State *
CA

Country *
United States of America (USA)

ZIP/Postal Code

Alternative Phone
Provide a telephone number

Email Communication Acceptable
 No Yes

Currently Employed at HCAi or Immediate Family
 No Yes

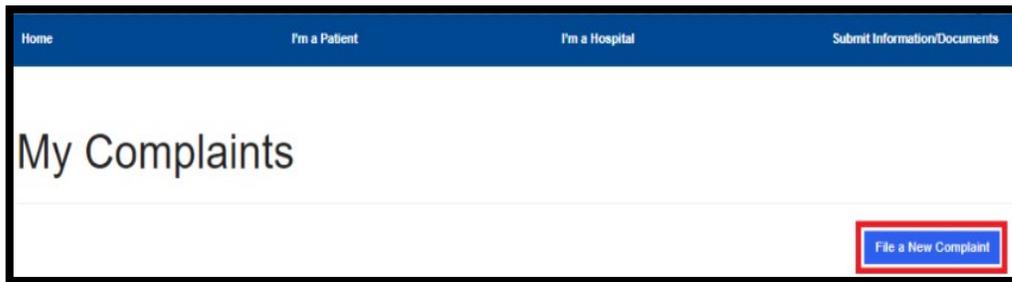
Update

How to file a complaint

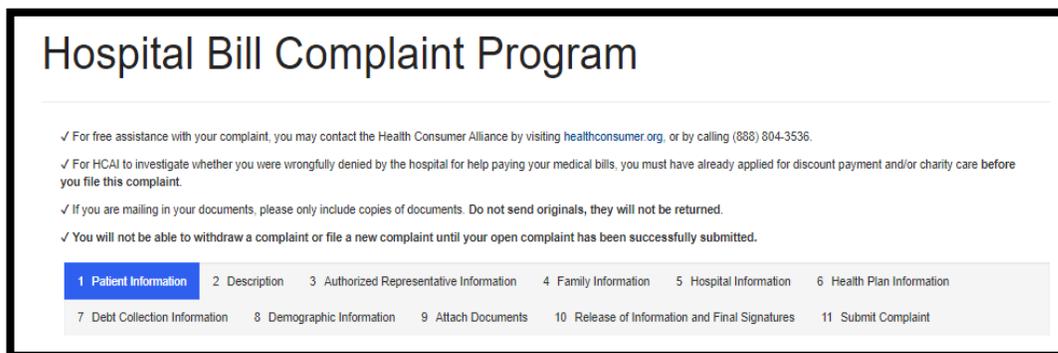
Step 1: Click on “I’m a Patient”



Step 2: Click on “File a New Complaint”



Note: The Complaint form is divided into 11 specific sections. Throughout the complaint process, there will be mandatory fields that must be completed to progress. Failure to complete these fields will result in an error message guiding the patient to the specific section that needs to be completed.



Patient information

This section is where the patient will enter identifying information, including the patient’s name, date of birth, address, phone number, and email address.

Description

In this section the patient will briefly describe the reason for the complaint. Additionally, they will indicate whether they have applied for charity care or requested a discount payment option by selecting Yes or No.

The screenshot shows a form titled "Description". At the top, there is a text input field with the placeholder text "Briefly describe the issue of your complaint. *". Below this, there are two radio button questions: "Did you submit an application to the hospital for the charity care program? *" and "Did you submit an application to the hospital for the discount payment program? *". Each question has "No" and "Yes" options, with "No" selected. At the bottom of the form, there are two buttons: "Go Back" and "Save and Continue".

Authorized Representative

In this section, the patient can appoint a representative and provide pertinent details about the person they are authorizing to represent them in the complaint process.

Step 1: Click on "Click here to download the Authorized Representative Form." The patient is to complete the form with the authorized representative's information and save it to their computer.

The screenshot shows a form titled "Authorized Representative Information". At the top, there is a progress bar with 11 steps: 1 Patient Information, 2 Description, 3 Authorized Representative Information (highlighted), 4 Family Information, 5 Hospital Information, 6 Health Plan Information, 7 Debt Collection Information, 8 Demographic Information, 9 Attach Documents, 10 Release of Information and Final Signatures, and 11 Submit Complaint. Below the progress bar, there is a radio button question: "Is someone, other than a parent or legal guardian of a child under the age of 18, helping you file your complaint?". Below this, there are three text input fields: "Authorized Representative First Name", "Authorized Representative Last Name", and "Authorized Representative Email Address". At the bottom, there is a link "Click here to download the Authorized Representative Form" and a file upload section with a "Choose File" button and the text "No file selected".

Step 2: After saving the Authorized Representative Form to their computer, the patient can upload the completed and signed form to the portal. **Please Note:** If the patient is unable to make medical and/or financial decisions, wants a representative to help with the complaint, or for patients who are deceased, the patient is required to complete the Authorized Representative Form. Without a valid signature from the patient, the authorized representative must provide documentation of legal authority to act as the

patient's authorized representative (i.e., Power of Attorney, conservatorship documentation, Letter of Appointment of Executor, etc.)

1 Patient Information ✓ 2 Description ✓ 3 Authorized Representative Information 4 Family Information 5 Hospital Information 6 Health Plan Information
7 Debt Collection Information 8 Demographic Information 9 Attach Documents 10 Release of Information and Final Signatures 11 Submit Complaint

Authorized Representative Information

Is someone, other than a parent or legal guardian of a child under the age of 18, helping you file your complaint?
 No Yes

Authorized Representative First Name

Authorized Representative Last Name

Authorized Representative Email Address

[Click here to download the Authorized Representative Form](#)

Upload Authorized Representative form
 No file selected

Please Note: If the patient is unable to make medical and/or financial decisions, wants a representative to help with the complaint, or for patients who are deceased, please complete the attached Authorized Representative Form. Without a valid signature from the patient, the Authorized Representative must provide documentation of legal authority to act as the patient's authorized representative (i.e., Power of Attorney, Conservatorship documentation, Letter of Appointment of Executor, etc.)

Family Information

In this section, the patient can input the number of family members.

Note:

✓ For free assistance with your complaint, you may contact the Health Consumer Alliance by visiting healthconsumer.org, or by calling (888) 804-3536.

✓ For HCAI to investigate whether you were wrongfully denied by the hospital for help paying your medical bills, you must have already applied for discount payment and/or charity care **before you file this complaint**.

✓ If you are mailing in your documents, please only include copies of documents. **Do not send originals, they will not be returned.**

✓ **You will not be able to withdraw a complaint or file a new complaint until your open complaint has been successfully submitted.**

For patients 18 years of age and older, provide the full name, age, and relationship of the following: spouse, domestic partner, and dependent children under 21 years of age (whether living at home or not).

For patients under 18 years of age, provide the full name, age, and relationship of the following: parents, caretaker relatives, and other children under 21 years of age of the parents or caretaker relatives.

Hospital Bill Complaint Program

✓ For free assistance with your complaint, you may contact the Health Consumer Alliance by visiting healthconsumer.org, or by calling (888) 804-3536.
 ✓ For HCAI to investigate whether you were wrongfully denied by the hospital for help paying your medical bills, you must have already applied for discount payment and/or charity care **before you file this complaint.**
 ✓ If you are mailing in your documents, please only include copies of documents. **Do not send originals, they will not be returned.**
 ✓ **You will not be able to withdraw a complaint or file a new complaint until your open complaint has been successfully submitted.**

1 Patient Information ✓ 2 Description ✓ 3 Authorized Representative Information ✓ 4 **Family Information** 5 Hospital Information 6 Health Plan Information
 7 Debt Collection Information 8 Demographic Information 9 Attach Documents 10 Release of Information and Final Signatures 11 Submit Complaint

Family Information

- For patients 18 years of age and older, provide the full name, age, and relationship of the following: spouse, domestic partner, and dependent children under 21 years of age (whether living at home or not).
- For patients under 18 years of age, provide the full name, age, and relationship of the following: parents, caretaker relatives, and other children under 21 years of age of the parents or caretaker relatives.

Patient family size *

Patient family members

[Add family member](#)

Patient complaint	Full name	Age	Relationship to patient
No family members have been added.			

Family income

Family income frequency

[Go Back](#) [Save and Continue](#)

Step 3: The patient can also add additional family members as needed. Once all family members have been added, click **“Submit.”**

Create

Family member full name*

Age*

Relationship to patient*

[Submit](#)

[Add family member](#)

Hospital Information

In this section, the patient will provide the name of the hospital, date of service(s) in question, any payments made, and whether they received an estimate from the hospital. The patient also has the option to upload any documents that are relevant to their complaint.

1 Patient Information ✓ 2 Description ✓ 3 Authorized Representative Information ✓ 4 Family Information ✓ 5 Hospital Information 6 Health Plan Information

7 Debt Collection Information 8 Demographic Information 9 Attach Documents 10 Release of Information and Final Signatures 11 Submit Complaint

Hospital Information

Name of hospital *

If more than one admission or multiple separate dates of service, please submit a separate complaint.

Date of service start *

Date of service end *

Please provide a copy of any bill, if available

No file selected

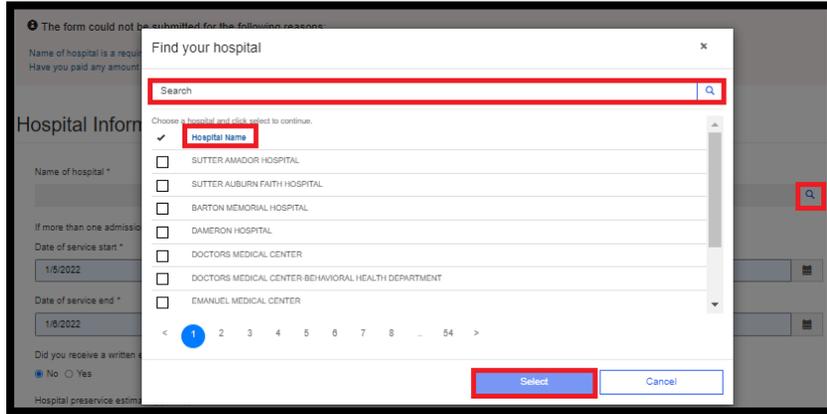
Have you paid any amount toward the service(s)? *

Upload my payments to hospital (optional)

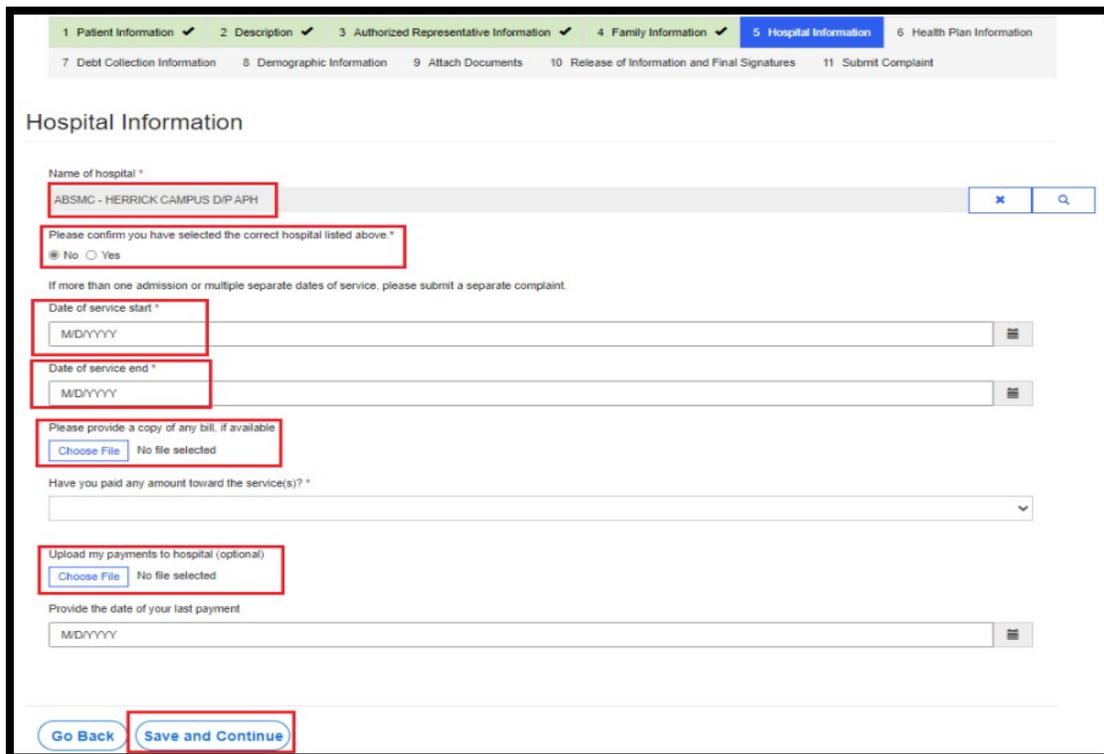
No file selected

Provide the date of your last payment

Step 1: Click on the magnifier icon to view the list of available hospitals (the list will be in alphabetical order by clicking on **“Hospital Name”**). The patient can choose from the alphabetical list or simply type the hospital’s name. Click **“Select”** once the correct hospital name has been selected.



Step 2: In this section, the patient will need to confirm the correct hospital was selected and then input the date of service, payment information for any amount(s) paid to the hospital, and upload documents if available. The patient can click **“Save and Continue”** once the section has been completed, or **“Go Back”** if they need to review previous sections.



Health Plan Information

In this section, the patient can furnish details about their health insurance coverage and specify if the hospital service was related to a third party (mandatory field). The patient can click **“Save and Continue”** once the section has been completed or **“Go Back”** if they want to review previous sections.

The screenshot shows a form titled "Health Plan Information". At the top, there is a dropdown menu labeled "Services related to injuries caused by third party *". Below this is another dropdown menu labeled "Were you enrolled in health plan/insurance plan?". A note states: "If yes, for each type of coverage, please list name of plan, effective dates of coverage, membership ID number, and check box for type of coverage below, if available. (optional)". The form contains three sections for coverage, each with a red box around its title:

- Primary Coverage (if applicable)**: Includes a dropdown for "Type of Coverage", and three input fields for "Name of Health Plan", "Dates of Coverage", and "Membership ID #".
- Secondary Coverage (if applicable)**: Includes a dropdown for "Type of Coverage", and three input fields for "Name of Health Plan", "Dates of Coverage", and "Membership ID #".
- Other Coverage (if applicable)**: Includes a label "Other Coverage" and an input field.

Debt Collection Information

In this section, the patient can provide details on whether the hospital sold the debt to a collection agency and if it was reported to a credit bureau. The patient will have the option to upload documents and may include the name of the collector along with the date the

The screenshot shows a form titled "Debt Collection Information". It contains the following fields:

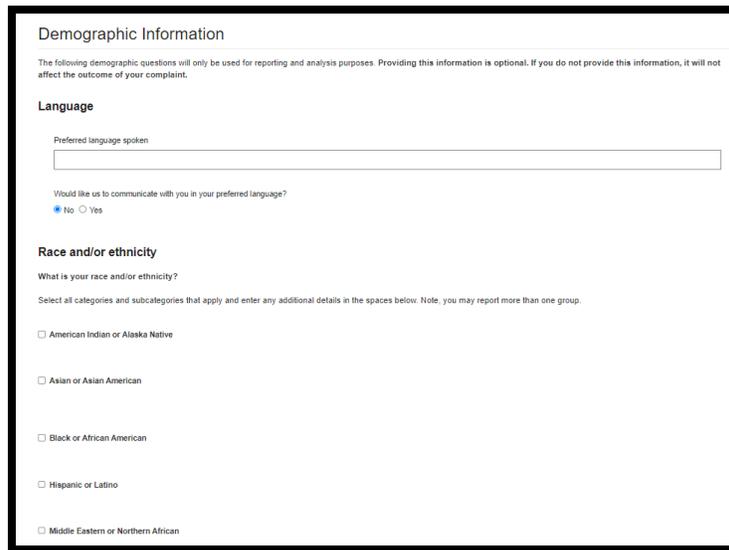
- A dropdown menu: "Has the hospital sold this debt to collection?"
- A dropdown menu: "if yes, was the debt reported to a credit bureau or has it impacted your credit report/score?"
- A file upload section: "If yes, upload my credit report (optional)" with a "Choose File" button and "No file selected" text.
- An input field: "Date debt was sold to collections or date you were notified your hospital bill was in jeopardy of being sent to collections, if applicable and available" with a date format "MM/YYYY" and a calendar icon.
- An input field: "Account number, if applicable and available (optional)".

At the bottom of the form, there are two buttons: "Go Back" and "Save and Continue".

debt was sold to collections. The patient may click **“Save and Continue”** once the section has been completed or **“Go Back”** if they need to review previous sections.

Demographic Information

This section is optional and utilized solely for reporting and analysis purposes. The patient can report their preferred spoken language, race, and/or ethnicity, including gender identity. The patient can click **“Save and Continue”** whether or not this section has been completed, or **“Go Back”** if they need to review previous sections.



The screenshot shows a form titled "Demographic Information". At the top, it states: "The following demographic questions will only be used for reporting and analysis purposes. Providing this information is optional. If you do not provide this information, it will not affect the outcome of your complaint." The form is divided into two main sections: "Language" and "Race and/or ethnicity".

Language

Preferred language spoken

Would like us to communicate with you in your preferred language?

No Yes

Race and/or ethnicity

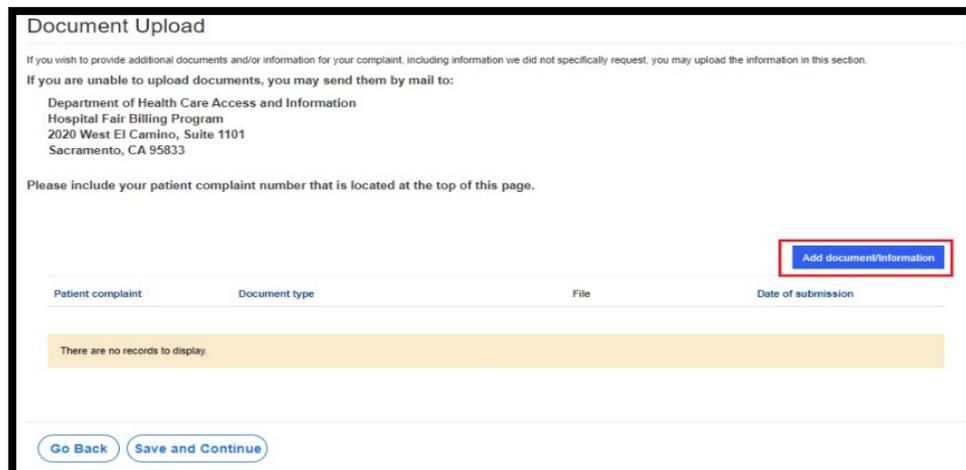
What is your race and/or ethnicity?

Select all categories and subcategories that apply and enter any additional details in the spaces below. Note, you may report more than one group.

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- Middle Eastern or Northern African

Attach Documents

The documents section provides the patient with the opportunity to attach any documents related to the complaint. The patient may click on **“Save and Continue”** once the section has been completed or **“Go Back”** if they need to review previous sections.



The screenshot shows a form titled "Document Upload". It includes the following text: "If you wish to provide additional documents and/or information for your complaint, including information we did not specifically request, you may upload the information in this section. If you are unable to upload documents, you may send them by mail to: Department of Health Care Access and Information, Hospital Fair Billing Program, 2020 West El Camino, Suite 1101, Sacramento, CA 95833." Below this, it says: "Please include your patient complaint number that is located at the top of this page." There is a table with columns for "Patient complaint", "Document type", "File", and "Date of submission". A red box highlights an "Add document/information" button. Below the table, a yellow message box says "There are no records to display." At the bottom, there are "Go Back" and "Save and Continue" buttons.

Release of Information and Final Signatures

This is a mandatory field where the patient authorizes the hospital to release to the Department any information related to the complaint, including financial information, medical bills, mental health records, substance abuse records, HIV-related information, diagnostic imaging reports, and other records associated with the complaints. In this section, the patient will sign the Release of Information by typing their name and the date.

The patient must sign the Release of Information. If an authorized representative is assisting the patient with the complaint and the patient is unable to sign, the authorized representative must provide documentation of the legal authority to sign the form on the patient's behalf. The patient or representative can click "Save and Continue" once the section has been completed or "Go Back" if they need to review previous sections.

Release of Information and Final Signatures

Signature of patient, parent/legal guardian if patient is a minor, or person with legal authority to act on behalf of the patient:

Date

If someone other than the patient is signing this form, please provide a brief description how the signer has legal authority to sign this form:

[Go Back](#) [Save and Continue](#)

Submit Complaint

In this section, the patient must confirm that the information provided is true and correct to the best of their knowledge. The patient's signature is required by typing the patient's name, or the name of a parent/legal guardian for a minor, along with the date. If an authorized representative has been designated, their signature and date are also required. After reviewing the patient's complaint and validating all the information, the patient may click on **"Submit"** to submit their complaint. If the patient wishes to make any additional revisions, they can utilize the **"Go Back"** option to revisit previous sections. The patient can withdraw their complaint at any time.

Submit Complaint

All the information that I provided in filing this complaint is true and correct to the best of my knowledge. *

Signature of patient, parent/legal guardian if patient is a minor, or person with legal authority to act on behalf of the patient:

Date

M/D/YYYY

Go Back Submit

How to check a complaint Status

To check the status of a complaint, the patient can select **"I am a patient,"** and the list of complaints will be displayed.

The patient can click on the specific complaint number to check its status under the **"Complaint status"** column.

Home I'm a Patient I'm a Hospital Submit Information/Documents

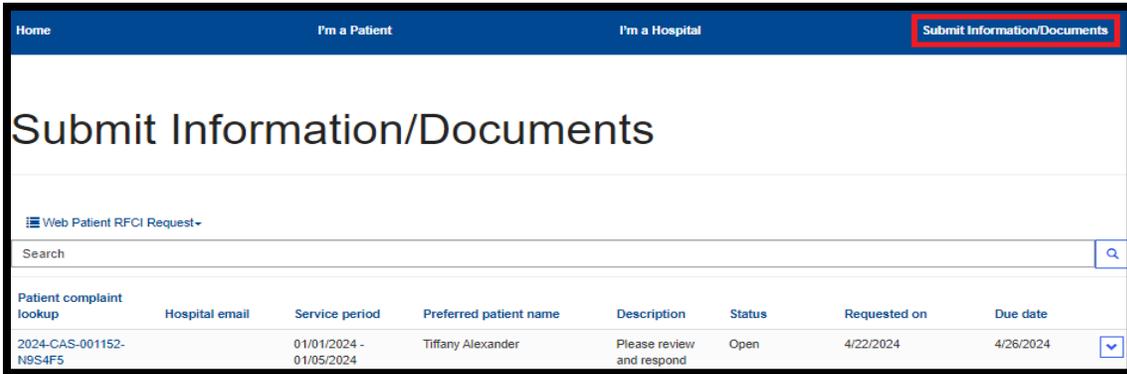
My Complaints

File a New Complaint

Patient complaint	Hospital name	Service period	Preferred name of patient	Authorized representative	Complaint Status	Created on
2024-CAS-001152-N9S4F5	ALTA BATES SUMMIT MEDICAL CENTER- HERRICK CAMPUS	01/01/2024 - 01/05/2024	Tiffany Alexander		Complaint Submitted	4/19/2024 3:58 PM

Submit Information/Documents

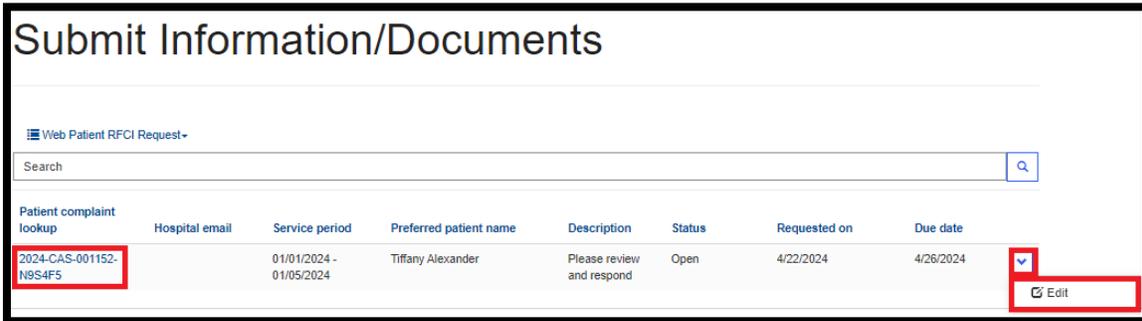
In this section, the patient can review requests for additional information from the Department. Notifications of additional information requests are sent to the patient and their authorized representative via e-mail. Upon receiving a notification via e-mail, the patient will need to visit <https://hbcpc.hcai.ca.gov> to review the request and provide a response.



The screenshot shows the 'Submit Information/Documents' page. At the top, there are navigation links for 'Home', 'I'm a Patient', and 'I'm a Hospital'. A red box highlights the 'Submit Information/Documents' link. Below the navigation is a search bar and a table of patient complaint lookups. The table has columns for Patient complaint lookup, Hospital email, Service period, Preferred patient name, Description, Status, Requested on, and Due date. A red box highlights the first row of the table.

Patient complaint lookup	Hospital email	Service period	Preferred patient name	Description	Status	Requested on	Due date
2024-CAS-001152-N9S4F5		01/01/2024 - 01/05/2024	Tiffany Alexander	Please review and respond	Open	4/22/2024	4/26/2024

Step 1: The patient can select the patient complaint number listed in the e-mail notification they received or click on the down arrow button and choose “**Edit.**”



The screenshot shows the 'Submit Information/Documents' page with the 'Edit' button highlighted. A red box highlights the first row of the table, and another red box highlights the 'Edit' button in the bottom right corner of the table.

Patient complaint lookup	Hospital email	Service period	Preferred patient name	Description	Status	Requested on	Due date
2024-CAS-001152-N9S4F5		01/01/2024 - 01/05/2024	Tiffany Alexander	Please review and respond	Open	4/22/2024	4/26/2024

Step 2: After “Edit” is selected, a new page will open, allowing the patient to review the description of the request from the Department. Any attachments submitted by the Department will be viewable under the “**Request letter**” section. The patient can upload documents to be submitted to the Department by clicking the “**Upload Document**” button.

Edit Information/Documents

Patient complaint *
2024-CAS-001152-N9S4F5 - ALTA BATES SUMMIT MEDICAL CENTER-HERRICK CAMPUS

Description
Please review and respond

Due date *
4/26/2024

Request letter (click on link below)
[Request for Additional Information.pdf](#)

If you are done uploading supporting documents, check the box to close the request and notify the Department

Related documents

[Upload documents](#)

Patient complaint Document type File Date of submission

Step 3: After clicking on “Upload documents,” a new page will open, enabling the patient to select the document type by clicking the down arrow button. Once a document type has been selected, the patient can click “**Next.**”

Home I'm a Patient I'm a Hospital Submit Information/Documents

Upload Document

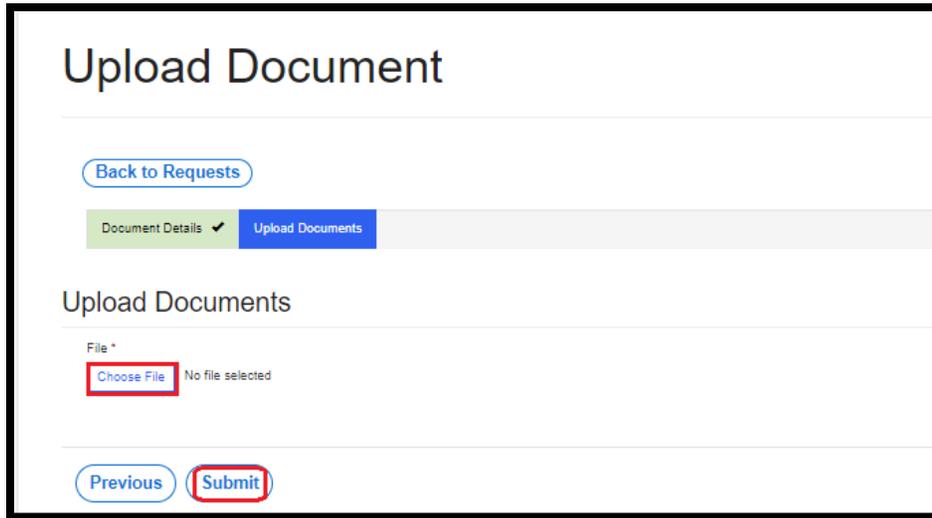
[Back to Requests](#)

Document Details Upload Documents

Document type

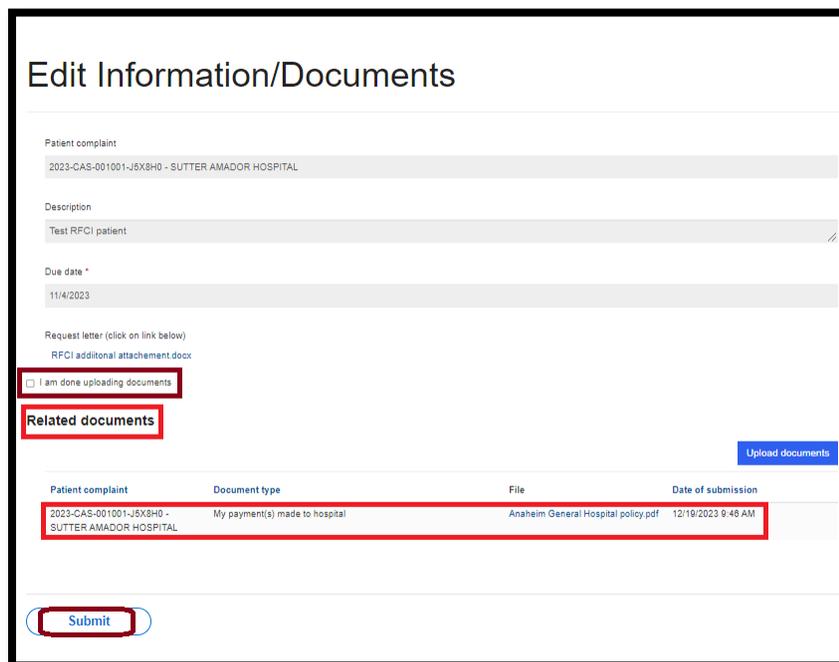
- Authorized Representative
- Documentation of Legal Authority to Represent
- Hospital Pre-Service Estimate
- My payment(s) made to hospital
- Complaint/Appeal Letter with my insurance
- My Credit Report
- Additional Documents For My Complaint
- Release of Information

Step 4: The patient can choose the file they want to upload by clicking “**Choose File**” and then clicking “**Submit**.”



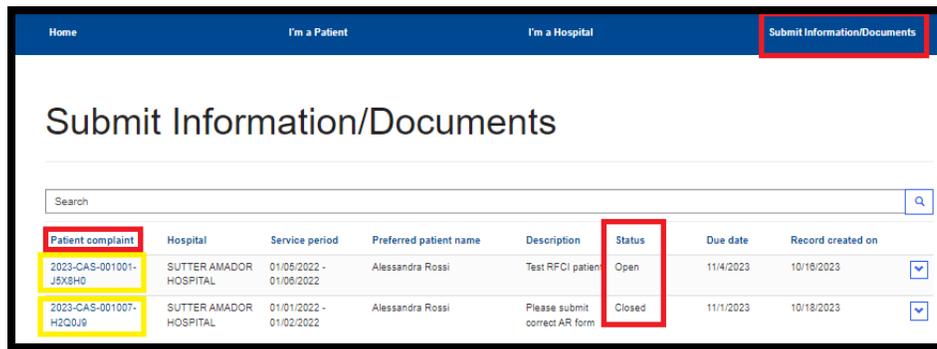
Step 5: After uploading a document, you can review it under the “Related documents” section. If you do not have additional documents to submit, select “**I am done uploading documents**,” which will close the request. Click on “**Submit**” to complete the Department’s Request for Information.

Note: The patient can review all documents uploaded throughout the course of the complaint investigation. However, once submitted, the patient will not be able to remove them.



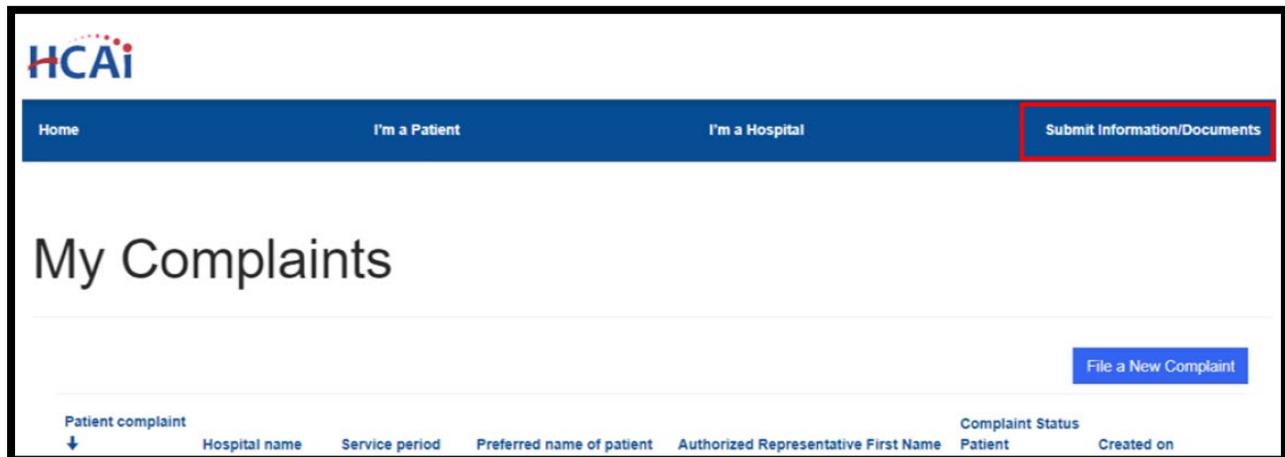
Patient complaint	Document type	File	Date of submission
2023-CAS-001001-J5X8H0 - SUTTER AMADOR HOSPITAL	My payment(s) made to hospital	Anaheim General Hospital policy.pdf	12/19/2023 9:48 AM

Step 6: To check the status of a request for additional information, the patient may revisit the home page of the **“Submit Information/Documents”** section.



How to Communicate with the Department

Step 1: If you have to communicate with the Department, you can do so by going to the **“Submit Information/Documents”** section and finding your most recent complaint.



Step 2: Search for your most recent complaint and make sure it reads: “To Communicate with the Hospital Bill Complaint Program. (Note: No action required. If you need to communicate with us add a comment to the “Response” field.)”

Web Patient RFCI Request ▾

Search

Patient complaint lookup	Hospital email	Service period	Preferred patient name	Requested Information	Status	Requested on	Due date
2023-CAS-001078-Y0S5T6	AURORA VISTA DEL MAR HOSPITAL	08/01/2023 - 08/10/2023	Patient Name		Open	10/30/2023	10/30/2023
2024-CAS-001166-Y4J2W6	MAYERS MEMORIAL HOSPITAL	01/05/2024 - 01/08/2024	Patient Name		Submitted	6/10/2024	6/11/2025
2024-CAS-001169-P4G0G6	MAYERS MEMORIAL HOSPITAL	05/01/2024 - 05/07/2024	Patient Name	To Communicate with the Hospital Bill Complaint Program (Note: No action required. If you need to communicate with us add a comment to the "Response" field.)	Open	6/24/2024	6/28/2025

Click on the dropdown arrow menu and select **“Edit”**.

2024-CAS-001169-P4G0G6	MAYERS MEMORIAL HOSPITAL	05/01/2024 - 05/07/2024	Patient Name	To Communicate with the Hospital Bill Complaint Program (Note: No action required. If you need to communicate with us add a comment to the "Response" field.)	Open	6/24/2024	6/28/2025
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Step 3: A new window titled **“Requested Information/Documents”** will open. Here you can send the Department a question or comment, by writing in the text box under the **“Response”** field. You can also upload documents.

Requested Information/Documents

Patient complaint *

2024-CAS-001169-P4G0G6 - MAYERS MEMORIAL HOSPITAL

Requested Information

To Communicate with the Hospital Bill Complaint Program

(Note: No action required. If you need to communicate with us add a comment to the "Response" field.)

Due date *

6/28/2025

Response

Request letter (click on link below)

No file selected

Related documents

Upload documents

Step 4: Once you have entered a question or comment in the text box under the **"Response"** field scroll to the bottom and hit **"Submit"**. The Department will receive and respond to your question or comment.

Requested Information/Documents

Patient complaint *

2024-CAS-001169-P4G0G6 - MAYERS MEMORIAL HOSPITAL

Requested Information

To Communicate with the Hospital Bill Complaint Program

(Note: No action required. If you need to communicate with us add a comment to the "Response" field.)

Due date *

6/28/2025

Response

Request letter (click on link below)

No file selected

Related documents

Upload documents

Submit