

DIRECTIONS: To report a potential quality issue, email Quality Improvement support@decent.com

MEMBER INFORMATION

Member First and last Name:

Date of Birth (mm/dd/yyyy)

Member ID # if available:

Gender:

PROVIDER INFORMATION

Provider (facility) or Practitioner of Concern (if applicable):

Contracted Unsure

Non-Contracted

Contracted, Indicate Facility/Provider ID#

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PROVIDER INFORMATION

PQI INDICATOR CATEGORY (check all that apply)

Access and/or availability

Safety

Assessment/Treatment/Diagnosis

Surgical Services

Communications/Conduct

Unexpected Death

Other

Continuity of Care

Date of PQI Occurrence:

Date PQI Identified

Describe Incident or Concern (Please be as specific as possible, include witnesses if applicable)

REPORTED BY (Optional):

Name/ Title:

Phone#

Organization:

Date Submitted: