BIG ISLAND Healthcare
ECARE Hawaii LLC

633 Ponahawai St.
Ste. 101 – Upper Level
Hilo, HI 96720

409 Kilauea Avenue.
Hilo, HI 96720

PATIENT FEEDBACK FORM

Big Island Healthcare (BIHC) wants to meet your expectations. We welcome your comments and feedback. Our goal is to address situations when expectations are not met and follow up in a timely and reasonable manner.

Our practice administrator and staff are available to assist you with completing this form, presenting a formal complaint, or answering questions at (808) 885-3627. Please return this form to: Big Island Healthcare, ATTN: Patient Feedback, 633 Ponahawai St., Ste. 101, Hilo, HI 96720.

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____

_____

Telephone: _____

Date of Birth: _____/_____/_____ ☐ **Check if you would like to remain anonymous**

PROVIDE DETAILS BELOW

Please call the office if you have any questions.

_____

_____

_____

_____

_____

_____ _____
Date **Signature of Patient or Legal Representative**

If Legal Representative, state relationship: _____

THIS SECTION TO BE COMPLETED BY THE REVIEWER

Date Received: _____ Reviewed by: _____

Reviewer's Comments: _____

_____

Date patient was notified of resolution by mail to address stated above: _____

Date: _____ Healthcare Representative Signature: _____