

Vaccine Hassle Factor Form

Your Practice Information

Practice Name _____

Name of Contact _____ Title _____

Address _____ City _____

Telephone _____ Email _____

Your Complaint

Choose from the following CT Vaccine Program (CVP) related issues that describe your hassle. If one does not fully address your issue, choose "Other Problem" and complete a detailed description in the next section.

When talking to anyone at DPH or an insurance company, please get the name and phone number of that person.

Contact Name _____ Company _____

Phone Number _____ Date/Time of Contact _____

Ordering

- Length of time to order using current form
- Not allowed to order as needed

Product Receipt

- Delay in receiving
- Did not get entire order
- Received incorrect vaccine

Patient Care

_____ Number of patients NOT vaccinated due to CVP per day/week/month (*circle one*)

Returns/Exchanges

- DPH Vaccine problem with your exchange
Please explain details below

Communication

- Calls not returned
- Communication from DPH or Insurers is inadequate

Billing Issues

- Denial of payment
- Payment incorrect

Other Problem/Description of above complaint

Briefly describe the problem(s) including action you have taken

Use additional paper if you need more space