

Complaint Form for the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Accreditation Program

DMEPOS Complaint Process

NABP will review complaints received on durable medical equipment (DME) items (eg, blood glucose monitors, diabetic testing supplies, canes) regarding facilities that currently hold a DMEPOS accreditation through NABP.

When you report a complaint against an NABP DMEPOS-accredited facility, NABP will:

- Contact the facility for an explanation or additional information, in accordance with accreditation requirements;
- Evaluate a facility's compliance with the Centers for Medicare and Medicaid Services (CMS) Quality Standards and applicable law;
- Document findings and notify CMS and appropriate state, local, or federal governmental authorities if NABP believes in good faith that the facility engaged in or is engaging in a violation of applicable law or as legally recommended; and
- Provide a response to the complainant, if contact information is provided; response time will vary depending on the depth of investigation needed.

Note: All non-DMEPOS, prescription drug, or general pharmacy complaints should be addressed directly to your state board of pharmacy. Contact information for the boards is available on the "Boards of Pharmacy" page on the NABP website at www.nabp.pharmacy/boards-of-pharmacy.

Necessary Information

Include the following information on the complaint form:

- Name and address of facility about whom the complaint is being filed.
- Medicare beneficiary/patient/client name.
- Name, mailing address, email address, and phone number of complainant (see Complainant Privacy).
- A brief narrative description of the complaint, including date of occurrence, type of DME item, and names of witnesses, staff, and others involved. Please do not provide medical or medication information.
- Desired resolution or outcome.

Complainant Privacy

While the option of anonymity is offered to complainants, it is recommended that the names of the complainant and patient be provided so that NABP may fully evaluate the complaint.

- The complainant and beneficiary name(s) will be treated as confidential and will not be disclosed unless disclosure is necessary to corroborate the complaint or is legally recommended.

If NABP believes in good faith that abuse, neglect, or exploitation of a child or disabled adult occurred or is occurring or there is or was noncompliance with state or federal laws, NABP will notify the appropriate regulatory authority(s).

- NABP does not have jurisdiction in labor relations issues, issues related to the clinical management of a patient, or customer service issues that do not address CMS standards.
- If NABP cannot corroborate the complaint, then NABP has no authority to take further action.

To submit a complaint, please print the complaint form on the next page and mail it to:

National Association of Boards of Pharmacy
DMEPOS Complaint
1600 Feehanville Dr
Mount Prospect, IL 60056



NABP DMEPOS Complaint Form

NABP will review complaints received on DME items (eg, blood glucose monitors, diabetic testing supplies, canes) regarding facilities that currently hold a DMEPOS accreditation through NABP.

Information about the facility against whom the complaint is lodged (*required information):	
Name*	
Street Address*	
City, State, Postal Code*	
Phone Number*	
Complainant information (recommended):	
Name	
Street Address	
City, State, Postal Code	
Email Address	
Best time to contact you	
Medicare beneficiary/patient/client information (recommended):	
Check here if same as complainant	
Street Address	
City, State, Postal Code	
Email Address	
Preferred Phone Number Day Evening	
Best time to contact you	
Date of Incident*	
DME Item (eg, blood glucose monitor, diabetic testing supplies, cane)*	
Provide a brief narrative description of the complaint, including date of occurrence and names of witnesses, staff, and others involved. Please do not provide medical or medication information.	
Desired resolution or outcome:	
May NABP or a regulatory agency contact you for more information or clarification? (recommended)	
Yes	No

Mail completed form to: National Association of Boards of Pharmacy
DMEPOS Complaint
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Mount Prospect, IL 60056