

Fairfax Medical Facilities, Inc.  
Medicare Beneficiary Compliant Log Sheet

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**Newkirk Pharmacy**  
716 South Highway 77, Suite A  
Newkirk, OK 74647

**MEDICARE BENEFICIARY COMPLIANT LOG**

Date of receipt of complaint: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's Telephone Number: \_\_\_\_\_

Patient's Medicare or Health Insurance Claim Number: \_\_\_\_\_

Description of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken to Resolve the Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date