

## Feedback Form

The Human Resources Coordinator  
Administration Department  
Bahrain National Gas Company

\* MedNet Card No.: \_\_\_\_\_ \* Name: \_\_\_\_\_

\* Mobile Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Kindly indicate with a tick the entity against which your complaint is being lodged -

Network Provider       MedNet Call Centre       Reimbursement Claims

Incident Date, Time & Place, if applicable: \_\_\_\_\_

Name of the Provider / Staff / MedNet Employee, if any: \_\_\_\_\_

**Nature of the Incident (Please tick below as applicable):**

- |   |  |
|---|--|
| <input type="checkbox"/> Staff Behavior is Unfriendly   | <input type="checkbox"/> Toll Free Line Inaccessible                                 |
| <input type="checkbox"/> Language Barrier   | <input type="checkbox"/> Delay in Answering Calls                                    |
| <input type="checkbox"/> Delayed Approval (Please Specify Timings)                                    | <input type="checkbox"/> Provider Refuses MedNet Card                                |
| <input type="checkbox"/> Delay in Service / Treatment at Provider                                     | <input type="checkbox"/> Denial of Treatment / Claim                                 |
| <input type="checkbox"/> Provider Requests You to Sign blank Claim Form Forms Before The Treatment    | <input type="checkbox"/> Provider Directs you to Specific Pharmacy and/or Laboratory |
| <input type="checkbox"/> Provider requests submission of all your Personalized Claim Forms in advance | <input type="checkbox"/> Excessive / Unjustified exposure to Tests / Medicines       |
| <input type="checkbox"/> Negative Feedback from Provider  | <input type="checkbox"/> Others  |

Briefly describe your complaint below:

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(Please attach a detailed description of your Complaint along with this form if the space above is inadequate for your purpose)

**Thank you for taking the time to report your Feedback to us.**

1. \* indicates mandatory fields without which the your feedback cannot be followed up by Solidarity
2. Solidarity will undertake to officially respond to your complaint within 7 working days of receipt. In case any additional time is required for investigation of your complaint, you will be updated about its progress until completion.