



PQI Referral Form

Potential Quality Issue (PQI) Referral Form

DIRECTIONS: To report a potential quality issue, fax to Quality Improvement [888.732.0625](tel:888.732.0625)

Member Information			
<i>Member First and Last Name:</i>		<i>Date of Birth (mm/dd/yyyy)</i>	
<i>Member ID # if available:</i>		<i>Gender:</i>	
Provider Information			
<i>Provider (facility) or Practitioner of Concern (if applicable):</i>			
Contracted <input type="checkbox"/> Non-Contracted <input type="checkbox"/>	<i>contracted, indicate Facility/Provider ID #</i>		
Unsure			
Facility or Location Where Care Was Rendered			
PQI Indicator Category (check all that apply)			
<input type="checkbox"/> Access and/or availability		<input type="checkbox"/> Pharmacy/UM Authorization	
<input type="checkbox"/> Assessment/Treatment/Diagnosis		<input type="checkbox"/> Readmission/UM	
<input type="checkbox"/> Communications/Conduct		<input type="checkbox"/> Safety	
<input type="checkbox"/> Continuity of Care		<input type="checkbox"/> Surgical Services	
<input type="checkbox"/> Other		<input type="checkbox"/> Unexpected Death	
Date of PQI Occurrence:	____/____/____	Date PQI Identified:	____/____/____
Describe Incident or Concern (Please be as specific as possible, include witnesses if applicable)			
Reported by (Optional):			
Name/Title:		Phone #:	
Organization:		Date Submitted:	