

B-R-56

IDAHO DEPARTMENT OF CORRECTION
Resident Concern Form

Resident Name: Jason D. Hodge IDOC Number: 134001

Institution, Housing Unit, & Cell: TMSI B-2-56 Date: 12-01-21

To: HSR Accountant - Tonja Reidly
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: I have been waiting patiently for the receipts on 4 HSR's (numbers: 1361676, 1608534, 1621182, and 1572127) that I have recently been charged for. per S.O.P. 411.06.03.01-(7) on assessing CO-pays, the third page (Goldenrod) is returned to me once charges are documented. I would like my receipt, please.

Thank you for your time and consideration.
(Description of the issue must be written only on the lines provided above.)

Resident signature: Jason Hodge

Staff Section
[Signature] / 11/1/21 Collected/Received: 11/1/21
(Signature of Staff Member Acknowledging receipt) / Associate ID # (Date collected or Received)

Reply: NO RESPONSE

Responding Staff Signature: _____ Associate ID #: _____ Date: _____

Level 2 - Reviewing Authority Response

Date Forwarded:	12/22/2021	Grievance Disposition:	MODIFIED
Date Due Back:	01/07/2022	Level 2 Responder:	REIDY, TONJA
Date Returned:	12/22/2021	Response sent to offender:	12/22/2021

Your grievance has been reviewed and I find:

Once the HSRs are received, they are reviewed and triaged according to the acuity of the request. With that said, once the HSR is entered the receipt is returned. I can follow up with our medical records clerk who processes our HSRs to find out more information.

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Offender Appeal

Offender Comments:

Level 3 - Appellate Authority Response

Date Appealed:	Grievance Disposition:
Date Forwarded:	Level 3 Responder:
Date Due Back:	Response sent to offender:
Date Returned:	

Your appeal has been reviewed and I find: