

Supplier Performance Report - MASS 80

To be completed by any person who has comments about the performance of a commercial supplier or manufacturer

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, or if required or authorised by law.

Section A – Supplier / Manufacturer Information

Supplier's / Manufacturer's name:
What is the problem / comment?
Any other comments regarding the supply of the aid/service (attach separate sheet if necessary)?

Tick the appropriate square to indicate your evaluation of supplier/manufacturer performance.

☐ Very good
 ☐ Good
 ☐ Satisfactory
 ☐ Poor
 ☐ Very poor

Section B – Applicant and Aid Details

Applicant's name (if applicable):	DOB:
Aid description:	MASS Plaque number:
Signature:	Date:
I consent to MASS providing the supplier with my name and details of my complaint/compliment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section C – Prescriber Details

Prescriber's name:	Occupation:
Organisation:	Branch:
Telephone:	Contact hours:
Signature:	Date:
I consent to MASS providing the supplier with my name and details of my complaint/compliment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Post OR Fax completed forms to a MASS Service Centre

Brisbane:

Medical Aids Subsidy Scheme
 PO Box 281, Cannon Hill Qld 4170
 Telephone: 3136 3636 Fax: 3136 3500
 Email: mass184@health.qld.gov.au
 Website: www.health.qld.gov.au/mass

Townsville:

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