

Dispute Resolution Procedure Information

To file a dispute against any Coventry CWMP service denials you may utilize the Coventry Dispute Resolution Program. The dispute resolution program, unlike the grievance procedure program applies exclusively to medical care decisions. A dispute resolution procedure will be available to the injured worker and to the attending or ordering health professional.

To file a dispute:

1. Obtain a dispute form from your employer or by calling Coventry at 1-800-262-6122 to request a form.
2. Forms must be submitted to:

Coventry Workers Comp. Services
3200 Highland Ave.
Downers Grove, Illinois 60515
Attn: Grievance Coordinator
3. The Coventry Grievance Coordinator shall gather all information pertinent to your dispute and shall evaluate it and render its decision within ten (10) days of receipt of your Dispute Form.
4. If you have questions, please call Coventry at 1-800-262-6122.

Every reasonable effort will be made by Coventry and the Oklahoma State Department of Health to resolve your dispute in a timely manner so that you can continue to receive medical care for your injury.

Coventry
Grievance Form
(Please **PRINT** Clearly)

DATE:	INITIATOR'S NAME:	INITIATOR'S PHONE #: ()
CLIENT NAME:		EMPLOYER NAME:
INJURED WORKER'S NAME (FIRST, M, LAST):	DATE OF INJURY:	SSN#:
PROVIDER NAME (FIRST, M, LAST or Facility Name):	PROVIDER TITLE:	PROVIDER PHONE #: ()
PROVIDER OR FACILITY ADDRESS (Street, City, State and Zip):		
PROVIDER OR FACILITY TAX ID #:	DATE OF DISSATISFACTION:	
<p>Please describe your complaint in detail below. Include dates, names, and the specific resolutions which you feel might remedy the situation. PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.</p> <p><u>THIS ISSUE INVOLVES:</u> Service _____ Medical Care _____ Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<u>REQUESTED ACTION:</u>		

SIGNATURE:		

FORWARD FORM TO COVENTRY COMPLAINTS & GRIEVANCES, 3200 HIGHLAND AVE., DOWNERS GROVE, IL 60516 E-mail: complaintsandgrievances@cvty.com Phone Number 800-262-6122		