

## OK CWMP

### **Dispute Resolution for Medical Care and Change of Treating Physician**

In accordance with Title 85, you may submit a dispute for the following reasons: 1) appeal a non-certification recommendation, 2) dispute any component of medical care, or 3) request a change of treating physician. Below are instructions for completing this form based on dispute type.

1. If you wish to file a dispute **to appeal a non-certification recommendation**, follow the instructions that accompany the non-certification recommendation or contact Coventry's Utilization Review department at (800) 691-1115; Fax: (888) 386-3243 or (800) 863-8860
2. If you wish to file a dispute **for any other component of medical care or to request a change of physician** utilize the below dispute form; obtain a copy of the dispute form from your employer or contact Coventry's Network Administrative Services at (800) 355-4434 ext. 2312. Dispute forms must be submitted to Coventry Network Admin/Tampa, 4630 Woodland Corp Blvd., Suite 300, Tampa, FL 33614; or via email: [tcmadmin@cvtty.com](mailto:tcmadmin@cvtty.com).

### **Disputes Involving Medical Care and Utilization Review Non-Certification Appeals**

1. Coventry will gather all information pertinent to evaluate your dispute.
2. Disputes will be evaluated by an appropriate peer or another licensed health professional as mutually agreed by the parties. If the dispute involves a non-certification recommendation, the evaluating professional will not have been involved in the initial decision that resulted in the non-certification.
3. Coventry will render its decision within ten (10) days of receipt of your Dispute Form unless necessary information is not available in the normal course of business. If you require emergency services and have filed a dispute you may receive the emergency care you need without regard for the ten (10) day dispute resolution period.
4. Coventry will notify you and your physician of its decision on the dispute. If you have questions about the dispute process, you may call Coventry at the appropriate numbers listed above.

### **Change of Treating Physician**

You may request 1 change of treating physician through the dispute process. Coventry will render its decision within ten (10) days of receipt of your request. When you have exhausted the Coventry Dispute process for a change of physician, you may petition the Workers' Compensation Court for a change of treating physician within the CWMP or outside the plan if a physician who is qualified to treat your injuries is not available within the CWMP. Note, treating outside the CWMP or changing within the CWMP without prior approval may result in the denial of payment for your medical treatment.

Coventry will make every reasonable effort to resolve your dispute in a timely manner so that you may continue to receive medical care for your injury.



## OKLAHOMA CWMP DISPUTE FORM

*Use this form for 1) requests for Change of Physician or 2) to dispute any medical component of the injury. For disputes to appeal a non-certification recommendation, please follow the dispute instructions that are attached to the non-certification recommendation.*

(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#:
PHYSICIAN NAME (FIRST, M, LAST or Facility Name):	PHYSICIAN TITLE:	PHYSICIAN PHONE #: (    )
PHYSICIAN OR FACILITY ADDRESS (Street, City, State and Zip):		
PHYSICIAN 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>THIS ISSUE INVOLVES:      Medical Care _____      Request for Change of Physician _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>REQUESTED ACTION:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
SIGNATURE:		
<p>Forward this form to Coventry OK CWMP Administrative Services at (800) 355-4434 ext. 2312. Coventry Network Admin/Tampa, 4630 Woodland Corp Blvd., Suite 300, Tampa, FL 33614; Email: <a href="mailto:tcmadmin@cvty.com">tcmadmin@cvty.com</a>.</p>		