



Oklahoma CWMP Employee Grievance Procedure Overview

1. Grievances may be submitted for any non-medical issue involving Coventry and the Coventry CWMP.
2. Coventry provides a copy of its grievance overview and form to any employee, injured worker, employer, insurer, insured or provider who wishes to file a written grievance in accordance with the OK CWMP requirements under Title 85.
3. All Grievance Forms must be submitted to:

Coventry Workers Comp Services
3200 Highland Ave.
Downers Grove, Illinois 60515
Attn: Grievance Coordinator
ComplaintsandGrievances@cvtv.com
4. For questions relating to Coventry's CWMP Grievance Process, any person may call Coventry at (800) 262-6122.
5. Within seven (7) days of receipt of the grievance form, Coventry will send an initial acknowledgement to the griever.
6. Within 90 days after the grievance is filed, Coventry will resolve or make a final determination of the grievance. This period may be extended if Coventry encounters a delay in obtaining the documents or records necessary to reach a decision on the grievance. This period may also be extended by written agreement between Coventry and the griever.



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:	

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.

THIS ISSUE INVOLVES: Service _____ Medical Care _____ Other _____

REQUESTED ACTION:

SIGNATURE:

FORWARD FORM TO COVENTRY COMPLAINTS & GRIEVANCES, 3200 HIGHLAND AVE., DOWNERS GROVE, IL 60515

E-mail: complaintsandgrievances@cvty.com, Phone: (800) 262-6122