

FHM Insurance Company
WECARE®
WORKERS' COMPENSATION

GRIEVANCE PROCEDURE / DISPUTE RESOLUTION

IF YOU ARE INJURED ON THE JOB

Your employer and Workers' Compensation carrier are concerned that you receive appropriate medical treatment.

Your employer has a list of health care providers and can assist you in selecting a provider from within the Coventry Network. If you need to be referred to another provider or need emergency care, you may choose from the list of providers participating in the Network.

If you are dissatisfied or have questions concerning the medical care and treatment provided by a **WECARE** provider, you may, within one year from the date of treatment or care in question, file a complaint by contacting the Grievance Coordinator at 888-346-3461.

The Grievance Coordinator and/or Nurse Case-Manager will coordinate a resolution to the complaint/grievance. The Dispute Resolution process will be completed within thirty (30) days of receipt of the written notice. This process is in compliance with Georgia MCO rule.

If you have any questions concerning the Coventry Network, call 888-346-3461, ext. 131.

AmeriSys

Dispute Resolution/Grievance Form

Employee Name:	Provider Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone #	Phone #
SS#:	SS#:

Please describe your grievance in detail below. Include dates, names and the specific resolutions which you feel would remedy the situation. Then mail this form to the address noted below or call 800-752-0886, Cheryl Gulasa RN, CPUR, CCM

Issue: Service _____ Medical Care _____ Other: _____

Date of injury: _____ Date of dissatisfaction: _____

Please describe:

Signature

Date

Cheryl Gulasa, Dispute Resolution Coordinator



140 Alexandria Blvd., Suite H
Oviedo, FL 32765

(800) 752-0886