

# KENTUCKY

# GRIEVANCE REVIEW REQUEST

An injured worker or health care provider should use this form to request a formal review about dissatisfaction with medical care issues provided by or on behalf of a workers' compensation managed health care arrangement.

**THIS GRIEVANCE IS FILED BY:**  Provider  Injured worker

*The injured worker or provider should file a grievance within 30 days of the occurrence of the event giving rise to the dispute. The managed health care system will then render a written decision upon a grievance within 30 days of receipt of the grievance.*

**Injured worker's name** \_\_\_\_\_

Date of injury \_\_\_\_\_ SS number \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Treating physician** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

*If the space provided below is inadequate for you to fully explain your concern or the action you desire, continue your statement on a sheet of plain paper. Please be sure your name and Social Security number or claim number appear on each page of any attachment.*

Why is this grievance being filed (*nature of problem*), and what corrective action do you request?

\_\_\_\_\_  
\_\_\_\_\_

Have you received any information regarding your rights and responsibilities under workers' compensation managed care?  Yes  No

**Appeal.** Any injured worker or provider dissatisfied with the managed health care system's resolution of a grievance may apply for review by an administrative law judge by filing a request for resolution within 30 days of the date of the system's final decision. Upon review by an administrative law judge the movant shall be required to prove that the system's final decision is unreasonable or otherwise fails to conform to KRS Chapter 342.

**Please note:** Any person who knowingly files, or permits to be filed on his behalf, any false or fraudulent claim could be subject to felony or misdemeanor penalties under Kentucky law. (See *Kentucky Revised Statutes (KRS) 342-335 and KRS Chapter 304.47 in the Insurance Fraud statutes.*)

Signature of worker or provider filing grievance \_\_\_\_\_ Date \_\_\_\_\_

## Issue

Issue \_\_\_\_\_

Conclusions \_\_\_\_\_

Resolution \_\_\_\_\_

Completed \_\_\_\_\_



Workers' Comp Since 1954

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%(\$'5'YI LbXfJU6j X'zG Jh' < zCj JYXcZ: @' &+\*) • Phone 1-800-+) & \$, \*

## **How to file a grievance (KY)**

- All grievance requests must be in writing. To help you file your grievance, you may use our Grievance Request form. Please complete this form and mail it to the following address:

**AmeriSys**  
**ATTN: Cheryl Gulasa, Dispute Resolution Coordinator**  
**140 Alexandria Blvd., Suite H**  
**Oviedo, FL 32765**

- All grievances must be filed within 30 days of the occurrence.
- Your grievance form must include: (1) a summary of the issues, including all specifics, such as names, dates and origin of the issue; (2) a clear explanation of how you want the situation resolved; and (3) all supporting documentation for each issue.
- Once we receive your grievance form, we will gather and review the applicable medical information. In most cases, we will make an initial determination on either granting or denying it within 30 calendar days of receipt.
- If a grievance involves the collection of information outside the service area, and all parties agree, the 30-day time frame may be extended.
- If you are dissatisfied with the outcome of the grievance process, you may apply for review by an administrative law judge. To do this you must file a request for resolution within 30 days of the date of our final decision. If you file a request for resolution, it is your responsibility to prove that our final decision is unreasonable