

Dear Employee:

The Employer: _____ has selected the Coventry Certified Workplace Medical Plan (“Coventry CWMP”) to assist you in your effort to recover and return to work in a safe and speedy manner in the event that you suffer a work-related injury or illness.

Coventry is an approved CWMP and has years of experience in offering its national network, care management and rehabilitation services. The Employer is providing you with this initial notice to advise you about this workers’ compensation program which will begin on _____.

What you should know about this program:

- If you have a work-related injury or illness, you will receive an Employee Notice which tells you about the rules and responsibilities of the CWMP.
- You must receive all medical care through the Coventry CWMP Network, except for emergency situations.
- For an evaluation of your injury, you will be directed to a Coventry treating provider as identified in your Coventry Network Directory. If you need assistance with locating a provider, contact your supervisor or Coventry at (800) 937-6824.
- Your provider may need to obtain approval for certain treatment by calling Coventry’s Utilization Review Department.
- If you are dissatisfied with any medical component of the treatment you receive, wish to dispute/appeal non-certification of treatment or want to change treating physicians, you may file a dispute by contacting Coventry. Copies of the dispute process and form are attached and will be available from your employer, carrier or Coventry.
- If you are dissatisfied with any other non-medical issue about the CWMP, you may file a written grievance with Coventry at 5210 Williams Circle, Suite 220, Tucson, AZ 85711. Copies of the grievance form and instructions are attached or can be obtained from your employer, carrier or by calling Coventry at (800) 262-6122.

Your recovery from a work-related injury is our primary goal. With you and your doctor’s assistance, we will work together to help you to recover and return to work. We encourage your active participation in this process. If you have any questions, you may call _____.

Employer Representative: _____