Genex Care for Kentucky
1329 E. Kemper Road, Suite 4218
Cincinnati, OH 45246

GRIEVANCE & DISPUTE RESOLUTION FORM

Person filing the dispute: You have the right to file a written grievance if you have a complaint with the managed care plan. Please check one of the following: ( ) Employee ( ) Provider ( ) Employer ( ) Insurer/Claims Admin.

Before you complete this form, have you contacted Genex Care for Kentucky by phone or fax and discussed your complaint with a Genex representative at 800.447.6250?

Please remember Grievances must be filed within thirty days (30) days of the event giving rise to the dispute. You will be provided a grievance resolution letter to your dispute within thirty (30) days of receipt of your grievance by Genex Care for Kentucky. In all cases involving urgent treatment issues, resolution mechanisms include an expeditious review to prevent any undue delay in care. If you are dissatisfied with the resolution provided by Genex Care for Kentucky you have the right to apply for review by an administrative law judge by filing a request for resolution within thirty (30) days of the date of the system's final decision.

Provide all information requested below and describe your grievance in detail on the space provided on the back of this form. Include dates, names, and the specific resolutions which you feel would remedy the situation. Mail this form to the address noted on the back of this form or fax it to 888.275.9719. Attach additional pages or information if necessary.

EMPLOYEE INFORMATION

Name:_____Social Security #: _____

Address: _____

City:_____State:_____Zip:_____

Telephone #:_____Fax #:_____

PROVIDER INFORMATION

Name: _____

Address: _____

City:_____State:_____Zip:_____

Telephone #:_____Fax #:_____

PPO Provider: ( ) Yes ( ) No* *Authorized Family Physician ( ) Yes ( ) No

INSURER/ CLAIMS HANDLER INFORMATION

Name:_____

Representative Name:_____

Address: _____

City:_____State:_____Zip:_____

Telephone #:_____Fax #:_____

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GRIEVANCE & DISPUTE RESOLUTION FORM (page 2)

Signature:	Date:

Genex Care for Kentucky
1329 E. Kemper Road, Suite 4218
Cincinnati, OH 45246
Phone: 800-447-6250
Fax: 877-239-5769
Attention: Grievance Coordinator