

A claimant may use this form to register a grievance about dissatisfaction with StreetSelect, a specific medical issue, or any other problem that cannot be resolved by informal discussion with the appropriate parties. The filing of a grievance is a prerequisite to obtaining a ruling that can be protested by the claimant to the West Virginia Office of Judges.

Exemptions: Items are specifically excluded from the grievance process: Indemnity benefits, vocational benefits, maximum medical improvement and permanent impairment, medical mileage reimbursement, provider payments, and compensability. Concerns regarding any of the issues listed above should be directed to an Encova Insurance claims representative.

Intent: The grievance procedure is intended to be self-executing and easy to use. Participation in the grievance process is important to the resolution of medical issues. Individuals reviewing the grievance may need to speak directly with and receive input from the grievant.

Provider name	
Claimant name	
Claim number	Date of injury
Primary care/treating physician	
Address	
Office phone number	

<p>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 date of injury appear on each page of any attachment.</p>
Date of the order being grieved? (Please include a copy of the order with this form.)
Why is this grievance being filed?
What action would you desire?
Has a grievance been previously filed for this issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date filed?

Form completed by
Claimant/medical provider signature
Date form completed