10535 Boyer Blvd., Suite 100
Austin, Texas 78758
Phone: (800) 580-1314
Fax: (800) 580-3123
Compkey@careworksmcs.com

Network Complaint / Appeal Form

Injured Worker		
Injured worker name		
Address		
Insurance carrier & employer		
Claim number		
Date of injury		
Current treating doctor		

Complainant		
Complainant name		
Complainant address		
Phone/fax numbers		
Please select a complaint category	☐ Quality of care or services ☐ Accessibility and availability of services or providers ☐ Utilization review and retrospective review ☐ Complaint procedures ☐ Healthcare provider contracts ☐ Bill payment ☐ Fee disputes ☐ Denial of treating doctor change or specialist referral ☐ Miscellaneous	

Please explain the circumstances of the complaint. Please provide details. :________________________________

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Please attach any additional documentation and/or medical records to support this complaint.

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Complainant Signature Date

Complaints should be submitted to the CompKey Plus Network Coordinator
at the above address, fax, phone or email.

The Network shall acknowledge receipt of the complaint within seven calendar days of receipt. The network shall investigate the circumstances of each complaint and appeal received and shall issue a resolution letter not later than the 30th calendar day after the network receives the written complaint.