

CLAIMANT INFORMATION

First Name: Last Name:
 SSN: Date of Birth: Gender: M F
 Address:
 City: State: Zip:
 Phone: Employer: Life Expectancy:

CLAIM INFORMATION

Claim Number: Date of Injury: State of Jurisdiction: WCB#:
 Coventry Acct Sales Manager, Name: E-mail:
 Accepted body parts/conditions:
 Denied body parts/conditions:
 Third party administrator (TPA) Name: Address:

REFERRED BY (CLAIM ADJUSTER/EXAMINER INFORMATION)

First Name: Last Name:
 Phone: Fax: E-mail:

INSURANCE CARRIER

Name: Office Location:
 Address:
 City: State: Zip:
 Phone: Fax: E-mail:

SELECT PHARMACY SERVICES REQUESTED

- Drug Utilization Assessment (DUA) and Pharmacy Peer to Peer (P2P) DUA Only P2P Only (Select if DUA was completed within 30 days)

What are the Adjuster's/Claim Examiner's special instructions? Which medications specifically need to be addressed during the Peer Review?
 Claimant's prescribing physician, Name: Phone:
 Second physician, Name: Phone:
 Are there any co-morbidities or other pertinent medical details? Yes No If yes, please explain.

PHARMACY UTILIZED BY CLAIMANT

Name:
 Phone: FAX:

NURSE CASE MANAGER

Name:
 Company: E-mail:

IS CLAIMANT ATTORNEY REPRESENTED? Yes No If yes, please fill out info below

First Name: Last Name:
 Address:
 City: State: Zip: Phone:

RESET

REQUIRED DOCUMENTATION FOR DUA AND/OR PEER REVIEW:

If Coventry/First Script is your bill review provider AND your pharmacy benefit management (PBM):

- Simply complete the Referral Form (all fields) and send the referral to the below address, email or fax.

If Coventry is NOT your bill review provider or your PBM:

- Complete the Referral Form (all fields)
- Provide one year of current medical reports from the claimant's Prescribing Physician(s) or ALL records IF LESS than one year from DOI
- Provide 6 months of current pharmacy payout history
- Contact your Account Sales Manager if you need assistance with obtaining the required information

PLEASE SEND REQUIRED INFORMATION TO:

Coventry Workers' Comp Services (CWCS)
Attn: DUA/P2P
3535 East Valencia Road
Tucson, Arizona 85706
Email: contactus@cvty.com
Phone: 888-987-2667
Fax: 866-637-0470