



5130 Eisenhower Blvd. Attn: IFMA
Tampa, FL 33634

DUA/P2P Referral Form

Phone: 888-987-2667
Fax: 866-637-0470
Email: contactus@cvty.com

CLAIMANT'S LAST NAME	FIRST NAME	M.I.	Gender <input type="checkbox"/> M <input type="checkbox"/> F	REFERRED BY (ADJUSTER/CLAIMS EXAMINER)
ADDRESS				INSURANCE CARRIER and OFFICE LOCATION (If applicable, please include TPA Office at bottom)
CITY	STATE	ZIP	BILLING ADDRESS	
PHONE	SOCIAL SECURITY #		CITY	STATE ZIP
CLAIM #	PHONE	EXT	FAX	
CLAIMANT LIFE EXPECTANCY	ADJUSTER EMAIL ADDRESS			
CLAIMANT DATE OF BIRTH	DATE OF INJURY	CLAIMANT'S PRESCRIBING PHYSICIAN		PHONE
CLAIMANT EMPLOYER	PRESCRIBING PHYSICIAN'S ADDRESS			
STATE OF JURISDICTION:	WCB#	CITY	STATE	ZIP
Is Claimant attorney represented? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHARMACY UTILIZED BY CLAIMANT			
If Yes please provide attorney name, address and phone number:	PHARMACY PHONE		FAX	
	COVENTRY ACCOUNT SALES MANAGER (ASM)			
ACCEPTED BODY PARTS/CONDITIONS	NURSE CASE MANAGER'S NAME AND COMPANY			
DENIED BODY PARTS/CONDITIONS	NURSE CASE MANAGER'S EMAIL ADDRESS			
THIRD PARTY ADMINISTRATOR (TPA) NAME	TPA ADDRESS			

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?

Are there any other prescribing physicians besides the primary care physician? If so, please provide their name and phone number

Are there any co-morbidities or other pertinent medical details?

**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 pharmacy payout history
- Contact your ASM if you need assistance with obtaining the required information

Please send required information to:
Coventry Workers' Comp Services (CWCS)
Attn: IFMA Dept.
5130 Eisenhower Blvd.
Tampa, FL 33634
Email: contactus@cvty.com
Ph# 888-987-2667