1080 Eldridge Parkway, 12th Floor
Houston, TX 77077
Phone: 800-734-4460 Option 1
Fax: 713-621-9511
info@riverviewprovidergroup.com

Network Complaint / Appeal Form

Injured Worker

Injured worker name		
Address		
Employer	Tarrant County	
Claim number		
Date of injury		
Current treating doctor		

Complainant

Complainant name		
Complainant e-mail address		
Phone/fax numbers		
Please select a complaint category	☐ Quality of care or services ☐ Accessibility and availability of services or providers (treating or specialty) ☐ Utilization review and retrospective review ☐ Complaint procedures ☐ Providers refusing to accept older dates of injury ☐ Bill payment ☐ Preauthorization denied ☐ 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.

_____ _____

Complainant Signature Date

Complaints should be submitted to the River View Provider Group Panel Coordinator
at the above address, fax, phone or email.

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