



CERTIFIED WORKPLACE MEDICAL PLAN

GRIEVANCE PROCESS

- ✓ **STEP 1:** If you have a dispute that is **not** related to medical care, please complete the **CWMP Grievance Form** and fax to CompCHOICE at 405-841-9375 or mail to the address shown on the form.
- ✓ **STEP 2:** Upon receipt of a completed CWMP Grievance Form, CompCHOICE will acknowledge receipt within seven (7) days.
- ✓ **STEP 3:** The grievance will be addressed by CompCHOICE and a determination letter issued within ninety (90) days of receipt, unless Step 2 contains a combined acknowledgement and determination.