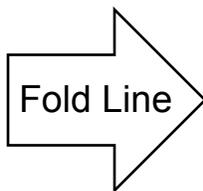


Managed Care ID Card Instructions:

1. Write the employee's first and last name in the space provided.
2. Write in the date of injury (DOI) in the space provided.
3. Cut out card along dotted lines.
4. Fold the card where indicated - the final card will be wallet-sized.
5. Employee should present this card at all health care provider visits for their work related injury.



CorVel Certified Managed Care Plan

24 Hour Employee Information Line

612-436-2542 or 866-399-8541

3001 NE Broadway Street, Suite 610

Minneapolis, MN 55413-2658

Insurer/Employer: Dept. of Administration Work Comp. Program
Phone: 651-201-3000

Medical bills should be submitted electronically.

If your Clearinghouse has electronic billing submission questions,
please contact 877-703-4240 or stmn_clearinghouse@corvel.com.

Administrator: Dept. of Administration Work Comp. Program, State of MN

Employee Name _____ DOI: _____

If you have questions, comments or complaints, call CorVel's Certified Managed Care Plan
at: 612 436-2500 or 877-703-4241. CorVel welcomes feedback regarding its services.

You may also call the Minnesota Department of Labor & Industry with questions at:

DLI – Greater Minnesota – (Toll Free) 1 (800)-342-5354 (DIAL-DLI)

Metro – (651) 284-5032, Duluth – (218) 733-7810 (Toll Free) or 1 (800) 342-5354

TTY – (651) 297-4198

Dispute Resolution Process Available to Employees:

If you wish to file a dispute regarding services you have received from CorVel's
Certified Managed Care Plan, please make a written request to initiate CorVel's Dispute
Resolution Process to the attention of the Managed Care Manager at:

CorVel Certified Managed Care Plan

3001 NE Broadway Street, Suite 600

Minneapolis, MN 55413

You may also email your request to: Minnesota_ReferralCenter@CorVel.com

This process will be completed within 30 days after your written request is received by
CorVel's Managed Care Manager.