

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

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

Medical bills must be submitted electronically. If your Clearinghouse
has electronic billing submission questions, please contact
877-703-4240 or stmn_clearinghouse@corvel.com for more
information.

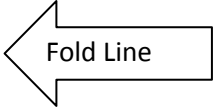
Administrator: Dept. of Administration Work Comp. Program, State of MN

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.



Fold Line