



Careworks TX HCN

10535 Boyer Blvd., Ste 100
Austin, TX 78758
P: 800.580.1314 Option 1
F: 800.580.3123
E: CareWorksHCN@careworks.com

Careworks TX HCN Formal Complaint Form

Please complete and return this form to the CareWorksHCN@careworks.com in order to properly research and address your complaint:

Claimant's Name: _____

Claim Number: _____

Claimant's Address: _____

Claimant's Phone: _____

Claimant's Email: _____

Employer Name: _____

HCN Network: _____

Grievance Type: _____

Date of Service: _____

Grievance Details:

Documentation Supporting Issue (please attach):

Provider Name: _____

Provider FTIN: _____

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone Number: _____

Name(s) of Office Staff Involved (if Any): _____

Office Staff Contact Info (if Different): _____