WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT (WCMCA)
ANNUAL REPORT OF GRIEVANCES FOR CALENDAR YEAR 20____.

Pursuant to paragraph 440.134(15) (g), Florida Statutes, each authorized Workers' Compensation Managed Care Arrangement (WCMCA) shall submit an annual report to the agency summarizing the grievances that have been filed by employees and/or providers. The following information must be filed in the report. The report is due by March 31, for grievances filed during the previous calendar year (January 1 through December 31).

Instructions:
Section A. - Enter the WCMCA's authorization number, name, and address.
Section B. - Enter the name of the WCMCA's, managed care organization, third party administrator, and provider network if applicable.
Section C. - Enter the designated Grievance Coordinator's name, mail address telephone number, and E-Mail address when possible.
Section D. - Enter the total number of formal grievances filed with the WCMCA or its contracted managed care organization or provider network for the calendar year.
Section E. - Complete this section with the name of the employee or provider, the type of grievance filed, (employee or provider) and a brief description of the grievance resolution. Use additional sheets if necessary.

A. WCMCA Authorization Number (5 digit): ____________

Insurer Name: ___________________________________________________________________________
Address: ________________________________________________________________________________
E-Mail Address: __________________________________________________________________________

B. Managed Care Organization Name: ________________________________________________________
Third Party Administrator Name: ___________________________________________________________________
Provider Network Name: _________________________________________________________________________

C. Grievance Coordinator Name: ___________________________________________________________________
Address: ____________________________________________________________________________________
E-Mail Address: ________________________________________________________________________________
Telephone Number: (_______) _____________________________________________________________________

D. TOTAL NUMBER OF GRIEVANCES: ___________________________________________________________________

<table>
<thead>
<tr>
<th>Employee/Provider Name</th>
<th>Type of Grievance (Employee/Provider)</th>
<th>Resolution</th>
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<tbody>
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