GENEX Care for South Dakota
2500 W. 49th Street # 206
Sioux Falls, SD 57105

Dispute Resolution Form

Provide all information requested below and describe your dispute in detail on the space provided below. Include dates, names, and the specific resolutions which you feel will remedy the situation.

Date: _____

From: _____
Name: _____
Address: _____
_____
Telephone Number: _____

RE: Claimant Name: _____
Date of Injury: _____
Claim Number: _____
Employer: _____

Description and Summary of Dispute:_____
_____
_____
_____
_____
_____
_____

Please attach any supporting documentation that should be considered.

Please submit to:

GENEX Care for South Dakota
2500 W. 49th Street Suite #206
Sioux Falls, SD 57105
Phone: 1-877-858-1886
Fax 605-334-5639

It is the goal of the case management plan to resolve this issue within thirty **(30)** days of receipt of this form. At that time, should resolution not be achieved, or there continues to be dissatisfaction of the results, an appeal may be made to the South Dakota Department of Labor.