DISPUTE RESOLUTION FORM

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:

Mary Soukup
SD MCO Administrator
DynaPro Enterprises, Inc.
4009 E. Huntington Street
Sioux Falls, SD 57103
Telephone: 888-336-7577
Fax: 605-336-7579

It is the goal of the case management plan to resolve this issue within 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.