



**CCMSI  
HISD WC 504 Provider Panel  
Complaint Form**



**INSTRUCTIONS**

Please complete the form below and submit to CCMSI by:

- fax – (713) 218-8579; or
- email – [Houstonisd@CCMSI.com](mailto:Houstonisd@CCMSI.com); or
- mail – CCMSI; Attn: HISD Panel Support; PO Box 3309; Bellaire, TX 77402

All complaints and concerns will be reviewed and a resolution response will be provided within 30 days after receipt of the complaint or concern.

**I. Requesting Employee Information**

First:		Last:		MI:		Date of Injury:	
Date Of Birth:		SSN:		Claim Number:			
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

**II. Provider Information**

Provider Name:							
Provider Group (if applicable):							
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

**III. Details of Complaint or Concern (Attach additional sheets if necessary)**

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