



Helping You Navigate Your Benefits

Please let us know any concerns and/or issues that you may have or had with your current “Health Care Benefits”.

Name: _____

Preferred Method of Contact (email or phone): _____

Date of Service: _____

Name of Doctor: _____

Name of Hospital: _____

Issue:

- ☐ Provider does not participate in Cofinity Network
- ☐ Claim did not get paid and should have
- ☐ Poor customer support when contacting CoreSource
- ☐ Other

Explanation of issue: _____

Please submit your completed form to HR@udmercy.edu