



**Care West Claims Unit**

**Quick Reference Contact Sheet**

**Toll Free: (866) 849-4344**

**Claims Supervisor: Beth MC Cormack**

**Phone: 916 605-3800**

**Email: Beth\_McCormack@Corvel.com**

**Fax: 866 774-1846**

**Mailing Address:**

**P.O. Box 277550 Sacramento, Ca. 95827**

**Status Requests/File Review Scheduling: Ted\_Ursino@Corvel.com**

**Medical Provider Network Questions: 916 605-5197**

**Ted\_Ursino@Corvel.com**

- Postings
- Change in Primary Provider
- Provider Concerns