



TENNESSEE BUREAU OF WORKERS' COMPENSATION

220 French Landing Dr., 1B

Nashville, Tennessee 37243-1002

Website: [www.tn.gov/workforce/section/injuries-at-work](http://www.tn.gov/workforce/section/injuries-at-work)

CASE MANAGEMENT NOTIFICATION

**EMPLOYEE INFORMATION**

State File # \_\_\_\_\_ Date of Injury \_\_\_\_\_ Social Security # \_\_\_\_\_  
Claimant \_\_\_\_\_

**EMPLOYER INFORMATION**

FEIN: \_\_\_\_\_ Employer: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURER INFORMATION**

Insurer: \_\_\_\_\_  
Insurer Address: \_\_\_\_\_  
Insurer Claim #: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CASE MANAGEMENT ELECTION**

\_\_\_\_\_ Proof of notification has been provided to employee that employer has elected to use Case Management.

**PROVIDER INFORMATION**

Case Management Provider \_\_\_\_\_ I.D. # \_\_\_\_\_  
Case Management Provider Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASE MANAGER INFORMATION**

Case Management Provider Phone # \_\_\_\_\_  
Date Case Manager received referral \_\_\_\_\_  
Date Face to Face Meeting took place between CM and Employee \_\_\_\_\_  
\_\_\_\_\_  
Case Manager \_\_\_\_\_ TN CM Registration # \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_