



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

NOTICE OF CONTROVERSY

This form can be filed only if:

- A C-20 First Report of Injury has been filed with this Bureau in this matter;
- Temporary disability or medical benefits have been provided to the claimant and,
- The Employer/Insurer has discovered new information and is terminating those benefits.

State File Number _____

Claimant Name _____ SSN _____

Date of Injury _____ Date of Disability _____

Employer Name _____ FEIN _____

Employer Mailing Address _____

City _____ State _____ ZIP _____

Insurer _____ Insurer Claim # _____

Insurer Mailing Address _____

City _____ State _____ ZIP _____

Date benefits terminated _____ Date Claimant was notified _____

Basis for termination _____

Notice is hereby given to the Tennessee Bureau of Workers' Compensation of controversy in the above-referenced workers' compensation claim.

Signature _____ Date _____

Printed name of submitter _____ Phone # _____

Email _____ Fax # _____