



TENNESSEE BUREAU OF WORKERS' COMPENSATION

220 French Landing Dr.
Nashville, Tennessee 37243-1002

UTILIZATION REVIEW 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: _____

UTILIZATION REVIEW INFORMATION

Utilization review has been instituted because of at least one of the following. Please check the applicable threshold(s).

- _____ Outpatient case where the injury results in medical costs in excess of five thousand dollars (5,000)
- _____ In-patient hospital admission
- _____ Other, explain _____

Utilization Review Provider _____

TN Registration Number _____

Utilization Review Provider Address _____

Utilization Review Provider Phone # _____

Utilization Review Provider Contact Person _____

Date Utilization Review Initiated _____

Comments _____