FORM C-35A

TENNESSEE BUREAU OF WORKERS' COMPENSATION
220 French Landing Dr., 1B
Nashville, Tennessee 37243-1002
Website: www.tn.gov/workforce/section/injuries-at-work

NOTICE OF APPEAL RIGHTS FOR A UTILIZATION REVIEW DENIAL

1. **The adjuster must complete this page, attach it and the Instructions for Appealing to the UR report and provide them to the employee and the treating physician with each denial.**
2. **Failure by the adjuster to accurately complete this form and provide it timely and in its entirety to the claimant may result in a penalty referral.**

INITIAL UTILIZATION REVIEW

UR Agent: | **UR State Registration No.:**

Date of UR Report: | **Denied Treatment:**

EMPLOYEE	EMPLOYER
Employee Name:	**Company Name:**
State File No.:	**Address:**
Injury Date:	**City/State/Zip:**
SSN:	**Phone:** **Fax:**
Address:	**Email:**
City/State/Zip:	**CARRIER**
Phone: **Fax:**	**Carrier Name:**
Email:	**Adjuster Name:**
AUTHORIZED TREATING PHYSICAN	**Address:**
Name:	**City/State/Zip:**
Address:	**Phone:** **Fax:**
City/State/Zip:	**Email:**
Phone: **Fax:**	**Claim No.:**
Email:	**Carrier's Compliance Unit Email:**
EMPLOYEE ATTORNEY ***(if applicable)***	**EMPLOYER/CARRIER ATTORNEY** ***(if applicable)***
Name:	**Name:**
Address:	**Address:**
City/State/Zip:	**City/State/Zip:**
Phone: **Fax:**	**Phone:** **Fax:**
Email:	**Email:**

Printed Name of Person Submitting Request: _____

Employees who desire to appeal the denial of treatment must submit this completed form, a copy of the UR Report and all relevant medical records to the Bureau by fax: (615) 253-5265, email: UR.appeals@tn.gov, or mail to: Tennessee Bureau of Workers' Compensation, Attn: Medical Director, 220 French Landing Dr., 1B Nashville, TN 37243-1002. Failing to provide all the information requested on this form will cause a delay in processing.

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NOTICE OF APPEAL RIGHTS FOR A UTILIZATION REVIEW DENIAL

Instructions for Appealing

Employees have the right to appeal the denial of recommended medical treatment. If you disagree with the denial of your recommended medical treatment by the Utilization Review Agent, then you as an employee, your attorney or your treating physician can request the Bureau of Workers' Compensation to review the facts of your case and to issue a decision. The review will be performed at no cost to you.

To request such a review, you must:

1. Print your name and contact information on the attached FORM C-35A and submit the completed form "Notice of Appeal Rights for a Utilization Review Denial"; (Here Attached.)

2. Provide a copy of the Utilization Review Decision and Peer Reviewer's Report;

3. Provide a copy of all medical records over the past twelve (12) months pertaining to the workers' compensation injury, including office visits, diagnostic reports, operative notes, physical therapy notes, and hospital visits;

4. Provide a copy of any medical release that you have signed for the authorized treating physician or a signed "Medical Waiver and Consent," available on the Bureau's website; and,

5. Submit all of the above within thirty (30) calendar days of receiving your Utilization Review Report Denial to the Tennessee Bureau of Workers' Compensation. You may submit them:
   a. by fax to (615) 253-5265;
   b. by email to UR.appeals@tn.gov; or,
   c. by mail to Tennessee Bureau of Workers' Compensation
      ATTN: Medical Director
      220 French Landing Drive., 1B
      Nashville, TN 37243-1002

If the completed FORM C-35A and requested documents from line 2 above are not received by the Bureau of Workers' Compensation within the thirty (30) calendar days you may lose your right to appeal.

If you have any questions or need assistance in completing this form, call 1-800-332-2667 or 615-253-4397.