



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

FORM C-23

NOTICE OF DENIAL OF CLAIM FOR COMPENSATION

This form can be filed only if:

- A C-20 First Report of Injury has been filed with this Bureau in this matter; and,
- No temporary disability or medical benefits have been provided to the claimant.

State File # _____ Claimant Name _____

Date of Injury _____ Date of Disability _____ SSN _____

Employer _____ FEIN _____

Business Mailing Address _____

City, State, ZIP _____

Insurer _____ Ins. Claim # _____

Insurer Mailing Address _____

City, State, ZIP _____

Date compensation was denied _____ Date claimant was notified of denial _____

Basis for denial _____

Printed name of submitter _____ Phone # _____

Signature _____ Date _____

Email _____ Fax # _____