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C-21

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
Nashville, Tennessee 37243-0661

MONTHLY REPORT OF NON-COMPENSABLE INJURIES OR DISEASES

INSTRUCTIONS

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

This report should include all claims closed in the previous month that resulted in lost time of seven days or less and/or incurred medical expenses. The report should be filed with this division by the fifteenth day of the month, covering the previous month. This report must contain the total medical expenses paid when closing out the claim.

Fatality claims, claims involving more than eight days lost time, or claims resulting in permanent disability must be reported on Form C-20 First Report of Injury

INSURANCE CARRIER NAME _____

INSURANCE CARRIER ADDRESS _____

REPORT FOR THE MONTH OF _____ IN THE YEAR _____

CLAIMS OFFICE FILING THIS REPORT _____

EMPLOYEE NAME	DATE OF ACCIDENT	EMPLOYER NAME & FEDERAL ID NUMBER	NATURE OF INJURY	DAYS LOST	MEDICAL EXPENSE

1. NUMBER OF CASES WITHOUT LOSS TIME FROM WORK _____
2. MEDICAL EXPENSE OF CASES WITHOUT LOSS TIME FROM WORK $ _____
3. NUMBER OF CASES WITH ONE TO SEVEN DAYS LOST FROM WORK _____
4. TOTAL NUMBER OF LOST WORK DAYS (CUMULATIVE OF #3) _____
5. MEDICAL EXPENSE WITH ONE TO SEVEN DAYS LOST FROM WORK $ _____

TOTAL NUMBER OF CASES FROM LINES 1 AND 3 _____

TOTAL MEDICAL EXPENSE FROM LINES 2 AND 5 $ _____

LB-0027 (rev. 8/99)

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