

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

CASE MANAGEMENT NOTIFICATION

EMPLOYEE INFORMATION

State File # \_\_\_\_\_ Date of Injury \_\_\_\_\_ Social Security # \_\_\_\_\_
Claimant \_\_\_\_\_

EMPLOYER INFORMATION

FEIN: \_\_\_\_\_ Employer: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

INSURER INFORMATION

Insurer: \_\_\_\_\_
Insurer Claim #, \_\_\_\_\_ Policy Number: \_\_\_\_\_

THRESHOLD INFORMATION

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

- \_\_\_\_\_ the employee requires inpatient hospitalization
\_\_\_\_\_ the injury results in medical costs in excess of ten thousand dollars (10,000)
\_\_\_\_\_ the lost work time for an individual case reaches a cumulative total of (8) weeks of full- time employment
\_\_\_\_\_ other, explain

PROVIDER INFORMATION

Case Management Provider \_\_\_\_\_ I.D.# \_\_\_\_\_

Case Management Provider Address
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

CASE MANAGER INFORMATION

Case Management Provider Phone # \_\_\_\_\_

Date Case Manager received referral \_\_\_\_\_

Date Face to Face Meeting took place between CM and Employee
\_\_\_\_\_

Case Manager \_\_\_\_\_ TN CM Registration # \_\_\_\_\_

Comments \_\_\_\_\_