

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

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 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 _____
