

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE  
DEVELOPMENT

Division of Workers' Compensation  
Nashville, Tennessee 37243-0661

**PROVIDER REGISTRATION FOR UTILIZATION REVIEW**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

TN LICENSE (ASSIGNED BY COMMERCE & INSURANCE) \_\_\_\_\_

CREDENTIALS

DATE ISSUED

DATE EXPIRES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY PROVIDERS WITH WHOM YOU SUBCONTRACT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ TITLE \_\_\_\_\_