

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

NOTICE OF DENIAL OF CLAIM FOR COMPENSATION

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.

State File # _____

Claimant _____

Social Security # _____

Employer _____

FEIN # _____

Insurer _____

Insurer Claim# _____

Date of Injury _____

Date of Disability _____

1. Date compensation was denied: _____

2. Date claimant was notified of denial: _____

3. Date doctors were notified of denial: _____

State basis for denial of compensation: _____

Insurer/Self Insurer

Address

Address

Date _____