

**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: \_\_\_\_\_

**CASE MANAGEMENT ELECTION**

Proof of notification has been provided to employee that employer has elected to use case management.

**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 \_\_\_\_\_