

FORM C-39

**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) _____

<u>CREDENTIALS</u>	<u>DATE ISSUED</u>	<u>DATE</u>
<u>EXPIRES</u>		

PLEASE LIST ANY PROVIDERS WITH WHOM YOU SUBCONTRACT:

SUBMITTED BY _____ TITLE _____