FORM C-35A

Tennessee Bureau of Workers' Compensation
220 French Landing Drive, 1-B Nashville, TN 37243-1002
(800) 332-2667 | tn.gov/workerscomp

Notice of Appeal Rights for a Utilization Review Denial

Adjusters: For every UR denial, adjusters must pre-fill this form and send it with the Utilization Review Denial and Utilization Reviewer's Report to the employee, treating physician or other provider and any attorneys listed. Delays, incomplete or inaccurate information could result in a penalty referral.

Employee/Physician/Attorney: Receiving this pre-filled notice means the requested treatment was reviewed and denied or modified by the carrier's Utilization Review Organization and denied by the adjuster. You have the right to ask the Bureau of Workers' Compensation to review the denial or modification by submitting this form. Follow the instructions on page 3. If no appeal is desired, you may keep this for your records.

Employee

Name:

State File No.:

Injury Date:

Address:

City/State/Zip:

Phone:

Email:

Initial Utilization Review

UR Organization:

Date of UR Report:

UR State Registration No.:

Denied Treatment:

Carrier/TPA/Self-Insured

Carrier:

Adjuster Name:

Adjuster Email:

Phone:

Fax:

Claim No.:

Compliance Unit Email:

Supervisor Name:

Supervisor Email:

Authorized Treating Physician

Name:

Address:

City/State/Zip:

Phone:

Fax:

Email:

Office Contact Name:

Contact Email:

Employer

Company Name:

Address:

City/State/Zip:

Phone:

Fax:

Email:

Employee Attorney

(if applicable)

Name:

Firm Name

Address:

Address 2:

City/State/Zip:

Phone:

Fax:

Email:

Employer/Carrier Attorney

(if applicable)

Name:

Firm Name

Address:

Address 2:

City/State/Zip:

Phone:

Fax:

Email:

Submitter

Person Submitting This Form

Name:

Title:

Organization:

Phone, Fax, or Email:

Signature:

Instructions for Appealing

To request a review, follow the instructions below and submit this signed form and the required documents to the Tennessee Bureau of Workers' Compensation within thirty (30) calendar days of receiving the Utilization Review Denial:

1. Complete and sign the "Submitter" section on page 2 of **this form**.
2. Attach the **Utilization Review Denial** and **Utilization Reviewer's Report** that were included with this document when it was provided to you.
3. Attach any **medical records** you have from the past twelve (12) months pertaining to this injury, including office visits, diagnostic reports, operative notes, physical therapy notes, and hospital visits.

Send via

Email: UR.appeals@tn.gov

Fax: (615) 253-5265

Mail: Tennessee
Bureau of Workers' Compensation
ATTN: Medical Director
220 French Landing Drive, 1B
Nashville, TN 37243-1002

30 Day Deadline

If the requested documents are not sent to the Bureau within thirty calendar days, you may lose your right to appeal.

Questions?

If you have any questions or need assistance in completing this form, call 1-800-332-2667 or 615-253-4397.

UR.appeals@tn.gov