



TENNESSEE BUREAU OF WORKERS' COMPENSATION
220 French Landing Dr., 1B
Nashville, Tennessee 37243-1002
tn.gov/workerscomp

CASE MANAGEMENT NOTIFICATION

Please **submit** the
Case Management Notification Form, (C-33)
via the CM/UR **Portal**:
<https://cmur.app.tn.gov/cmur/>

Paper copies will not be accepted.

Medical Case Managers who are
registered with the BWC
and have an active status
may access the CM/UR portal.

For additional information,
email wccase.management@tn.gov.



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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 Address: _____
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 _____
