



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

FORM C-23

NOTICE OF DENIAL

This form must be used by adjusters to notify workers' compensation claimants and/or their representative, the treating physician and the insured, as required in the Bureau's Claims Handling Standards, **if compensability of any element of a reported injury is denied.** The information contained in this form must also be filed with the Bureau electronically via EDI.

State File # _____ Claimant Name _____

Date of Injury _____ Date of Disability _____

Employer _____

Business Mailing Address _____

City, State, ZIP _____

Insurer _____ Ins. Claim # _____

Insurer Mailing Address _____

City, State, ZIP _____

Check one: Full Denial Partial Denial

If partial, element(s) being denied _____

Date of denial _____ Date claimant was notified of denial _____

Basis for denial _____

Printed name of submitter _____ Phone # _____

Signature _____ Date _____

Email _____ Fax # _____