



PO Box 681923  
Franklin, TN 37068  
Phone: 877-622-7870  
Fax: 877-622-7871

# Fax

**To: OccuSure Claims Services      From:**

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**Fax: 877-622-7871                      Pages:**

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**Phone: 877-622-7870                  Date:**

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**Re: Occupational Injury**

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**Report Only**                       **Med Only**                       **Lost Time**

**Please make sure to complete the following when submitting the claim:**

- Employers First Report of Work Injury or Illness
- Employees Choice of Physician Form (if required)
- HIPPA Compliant Authorization for Release of Protected Health Information
- Any Medical Notes received from medical provider and Work Status Form

**Note: Please make sure forms are *completely filled out and legible* before faxing. Please contact OccuSure Claims Services at the number above if you have any questions.**