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Franklin, TN 37068
Phone: 877-622-7870
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Fax

To: OccuSure Claims Services From:

Fax: 877-622-7871 Pages:

Phone: 877-622-7870 Date:

Re: Occupational Injury

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.