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Franklin, TN 37068
Phone: 615-373-0500
Fax: 615-377-4735

Fax

To: Claims Adjustor,

From:

Fax: 615-377-4735 / 877-622-7871

Pages:

Phone: 615-373-0500

Date:

Re: Occupational Injury

Claim Type:

**No Medical Treatment
(Report Only)**

Med Only Claim

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)
- HIPAA 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 at the number above if you have any questions.