



**INDEPENDENT EXERCISE  
REQUEST**  
UTILIZATION REVIEW DIVISION  
SFN 53630 (05/2017)

1600 E Century Ave, Ste 1  
PO Box 5585  
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Telephone 701-328-5990  
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Toll Free Fax 866-356-6433  
TTY (hearing impaired) 800-366-6888  
www.workforcesafety.com

**Fax recent medical notes with request to 866-356-6433. To prevent a delay of your review complete required sections 1-3.**

<b>SECTION 1 – Injured worker's information</b>			
Date	Claim number	Injured worker's (First name)	(Last name)
Date of injury	Date of birth	Social Security number*	
Area of body			
<b>SECTION 2 – Facility requesting services</b>			
Person to notify with decision		Preferred method of notification of recommendation <input type="checkbox"/> Telephone call <b>OR</b> <input type="checkbox"/> Fax	
Telephone number		Fax number	
Facility name		Facility mailing address	
City	State	ZIP code	
Facility telephone number		Facility fax number	
<b>SECTION 3 – Facility where services will be provided</b>			
Cost	Start date	End date	
Facility name		Facility mailing address	
City	State	ZIP code	
Facility Federal Tax ID		Facility telephone number	
<b>SECTION 4 – Additional information</b>			

\*In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is mandatory pursuant to N.D.C.C. 65-05-02. The social security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.