



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

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 701-328-5990
Toll Free Telephone 888-777-5871
Fax 701-328-3765
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.

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

*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.