

## FORM C-42

**Tennessee Bureau of Workers’ Compensation**

**220 French Landing Drive, I-B Nashville, TN 37243-1002**

**EMPLOYEE’S CHOICE OF PHYSICIAN**

**An employer must provide a partially-completed form listing at least three physicians to an employee upon the report of a workplace injury.** The employee must complete and then sign and date the section below that indicates the physician chosen. A copy of the fully-completed form should be provided to the employee with the original kept on file by the employer. If the employee refuses to accept medical services from the chosen physician, the employee’s rights to benefits may be delayed. **NOTE**: Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement of their travel expenses from the insurance carrier.

# TO BE COMPLETED BY THE EMPLOYER:

Employer Date of Injury

Employer Contact Phone Email

Physician Name American Family Care (Dr. Benjamin Barlow) Phone 865-407-2443

Address 1015 Hunters Crossing City Alcoa State TN Zip 37701

Physician Name ParkMed Urgent Care (Dr. John Rooke) Phone 865-982-3409

Address 117 Gill Street City Alcoa State TN Zip 37701

Physician Name Well-Key Urgent Care (Dr. Robin Husky) Phone 865-205-9505

Address 108 Keller Lane City Maryville State TN Zip 37801

# TO BE COMPLETED BY THE EMPLOYEE:

## I have selected the following physician from the list provided to me by my employer:

Physician Name Date Selected

Employee Name Appt Date/Time

Address City State Zip

Phone Email

Employee Signature Date

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