

## 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 Fast Pace (Dr. Jonathan Rey) Phone 423-746-5973

Address 1874 Decatur Pike City Athens State TN Zip 37303

Physician Name AFC Urgent Care (Todd Rudolph, Medical Director) Phone 423-458-1426

Address 170 Mouse Creek Rd NW City Cleveland State TN Zip 37312

Physician Name Fast Pace (Reams Powers, Medical Director) Phone 423-836-9304

Address 791 New Highway 68, #1 City Sweetwater State TN Zip 37874

# 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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