

## 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 Baptist Minor Med (Dr. Amy Barringer) Phone (901) 385-7817

Address 7424 US Highway 64 City Bartlett State TN Zip 38133

Physician Name Carespot (Dr. Donald Edgerly) Phone (901) 562-0933

Address 3025 Kirby Whitten Road City Bartlett State TN Zip 38134

Physician Name Prime Urgent Care (Dr. Dustin Inman) Phone (901) 791-9060 Address 1520 Bonnie Lane City Cordova State TN Zip 38016

# 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 Phone

Address City State Zip

Phone Email

Employee Signature Date

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