

## 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 Physicians Urgent Care(Dr. Thomas Babcock) Phone 615-457-3864

Address 700 Old Hickory Blvd., #207 City Brentwood State TN Zip 37027

Physician Name CareNow (Dr. Jacquelyn Gaffney) Phone 615-964-6160

Address 210 Franklin Rd., #4B City Brentwood State TN Zip 37027

Physician Name Vanderbilt Walk In (Debra McCrosky, Medical Director) Phone 615-875-4200

Address 1834 W. McEwen Dr., #110 City Franklin State TN Zip 37067

# 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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