Tennessee Bureau of Workers’ Compensation 220 French Landing Drive, I-B

Nashville, TN 37243-1002

FORM C-42

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

**Wellmont Urgent Care**

***(Urgent Care)***

# Kevin Marsh

**2686 W State St, Bristol, TN 37620** **423.844.0026**

**Sapling Grove Family Physicians & Urgent Care**

***(Urgent Care)***

# Samuel Breeding

**240 Medical Park Boulevard #1700, Bristol, TN 37620 423.990.2466**

|  |  |  |
| --- | --- | --- |
| **Eastern Tennessee State University Family Physicians of Bristol** | **208 Medical Park Boulevard, Bristol, TN 37620** | **423.989.4050** |
| ***(Family Medicine)*** Greg Clarity |  |  |
| **Piney Flats Urgent Care*****(Urgent Care)*** Coy Stone | **6419 Bristol Highway, Piney Flats, TN 37686** | **423.538.5202** |

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

Oficina de Compensación a Trabajadores de Tennessee Tennessee Bureau of Workers’ Compensation

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

FORMULARIO C-42 FORM C-42

SELECCIÓN DE MÉDICO POR UN EMPLEADO EMPLOYEE’S CHOICE OF PHYSICIAN

Un empleador tiene que proporcionar un formulario parcialmente completado que enumere al menos tres médicos a un empleado al reportar una lesión que ocurrió en el lugar de trabajo. El empleado tiene que completar y luego firmar y fechar la sección abajo que indica el médico escojido. Una copia del formulario completado debe ser proporcionado al empleado y el original se debe mantener en los archivos del empleador. Si el empleado rehusa aceptar servicios médicos del médico escojido, los derechos a beneficios del empleado pueden ser retrasados. NOTA: Los empleados que viajan más de 15 millas de ida o de vuelta que tratamiento médico pueden pedir reembolso de sus gastos de viaje a la compañía aseguradora

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.

PARA SER COMPLETADO POR EL EMPLEADOR: TO BE COMPLETED BY THE EMPLOYER:

Empleador (Employer) ,

Fecha de Lesión (Date of Injury)

Contacto del Empleador (Employer Contact) Teléfono (Phone)

|  |  |  |
| --- | --- | --- |
| **Correo Electrónico (Email)**  **Wellmont Urgent Care** | **2686 W State St, Bristol, TN 37620** | **423.844.0026** |
| ***(Urgent Care)*** |  |  |
| **Sapling Grove Family Physicians & Urgent Care*****(Urgent Care)*** | **240 Medical Park Boulevard #1700, Bristol, TN 37620** | **423.990.2466** |
| **Eastern Tennessee State University Family Physicians of Bristol*****(Family Medicine)*** | **208 Medical Park Boulevard, Bristol, TN 37620** | **423.989.4050** |
| **Piney Flats Urgent Care*****(Urgent Care)*** | **6419 Bristol Highway, Piney Flats, TN 37686** | **423.538.5202** |

PARA SER COMPLETADO POR EL EMPLEADOR TO BE COMPLETED BY THE EMPLOYEE:

He seleccionado el siguiente médico de la lista que mi empleador me proprocionó:

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

Nombre del Médico (Physician Name) Fecha Seleccionada (Date Selected)

Nombre del Empleado (Employee Name) Teléfono (Phone)

Dirección (Address) Ciudad (City) Estado (State)

(Código Postal) Zip

Teléfono (Phone) Correo Electrónico (Email)

Firma del Empleador (Employee Signature) (Fecha) Date

LB-0382s (REV 11/15) Fecha (Date): / RDA 10183