

## 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 AFC Urgent Care (Natasha Ballard, Medical Director) Phone 423-531-0911

Address 1521 Gunbarrel Road, Suite 103 City Chattanooga State TN Zip 37421

Physician Name Physicians Care (William Meadows, Medical Director) Phone 423-834-9400

Address 4747 Highway 58 City Chattanooga State TN Zip 37416

Physician Name Workforce Corporate Health (Dr. Leon Cochran) Phone 423-778-4800

Address 1100 E. 3rd Street, Suite, G-150 City Chattanooga State TN Zip 37403

# 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

LB-0382 (REV 11/15) RDA 10183