

## 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 DoctorsCare (Stephen Kent, Medical Director) Phone (931) 645-1564

Address 2320 Wilma Rudolph City Clarksville State TN Zip 37040

Physician Name American Family Care (Dr. Michael Nelson) Phone (931) 278-8000 Address 1763 Madison Street Commons City Clarksville State TN Zip 37043

Physician Name Premier Medical Group Occupational Health (Dr. Lance Sherley) Phone (931) 245-8694

Address 490 Dunlop Lane City Clarksville State TN Zip 37040

# 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

LB-0382 (REV 11/15) RDA 10183