

## 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 Ballad Health Urgent Care ( Dr. Nick Smith) Phone 423-224-3950

Address 4600 Fort Henry Drive City Kingsport State TN Zip 37663

Physician Name Ballad Occupational Medicine (Dr. Marylin Bishop) Phone 423-224-5126

Address 111 West Stone Drive, Ste 110 City Kingsport State TN Zip 37660

Physician Name HMG Urgent Care (Dr. Samuel Breeding) Phone 423-230-2420

Address 105 W Stone Drive City Kingsport State TN Zip 37660

# 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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