

## 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 Occupational Health System (Dr. John McElligott) Phone 865-558-3038

Address 9135 Middlebrook Pike City Knoxville State TN Zip 37923

Physician Name University Occupational Health Services (Dr. Jon Parham) Phone 865-305-8831

Address 1923 Alcoa Highway City Knoxville State TN Zip 37920

Physician Name Parkmed Urgent Care (Dr. John Rooke) Phone 865-982-3409

Address 117 Gill Street City Alcoa State TN Zip 37701

# 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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