

**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 Fast Pace Urgent Care (Reams Powers, Medical Director) Phone 931-253-1180

Address 1351 Tie Camp Road

City Waynesboro

State \_TN

Zip 38485

Physician Name One Stop Medical (Dr. Matthew Schantz) Phone 931-762-9797

Address 325 Geri St.

City Lawrenceburg

State \_TN

Zip 38464

Physician Name Express Med (Dr. Joe Hall) Phone 931-766-7056

Address 726 N Locust Ave

City Lawrenceburg

State \_TN

Zip 38464

# 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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