

## 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 Concentra (Dr. Chae Ko) Phone (615) 883-6995

Address 2531 Elm Hill Pike City Nashville State TN Zip 37214

Physician Name TN Urgent Care (Harold Nevels, Medical Director) Phone (615) 399-6898

Address 2553 Murfreesboro Road City Nashville State TN Zip 37217

Physician Name Physicians Medical Care (Dr. Martin Glynn) Phone (615) 217-7236 Address 1525 S. Church Street City Murfreesboro State TN Zip 37130

# 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

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