

## 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 (Dr. Jonathan Rey, Medical Director) Phone 865-290-2313

Address 19536 Alberta St

City Oneida

State TN Zip 37841

Physician Name Neighborhood Urgent Care (Dr. Jonathan Kerley) Phone 423-201-9937

Address 120 Tanner Lane City Clinton State TN Zip 37716

Physician Name Park Med Urgent Care (Dr. Timothy Oesch) Phone 865-637-7962

Address 115 B South Illinois Avenue City Oak Ridge State TN Zip 37830

# 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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