

## 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 US Healthworks (Harold Nevels, Medical Director) Phone 615-267-2006

Address 1332 Hazelwood Drive City Smyrna State TN Zip 37167

Physician Name American Family Doctors (Dr. Steve Samudrala) Phone 615-223-7227

Address 515 Stonecrest Parkway #100 City Smyrna State TN Zip 37167

Physician Name Middle TN Occupational & Enviro (Dr. Roy Johnson) Phone 615-641-3080

Address 1227 Heil Quaker Blvd City La Vergne State TN Zip 37086

# 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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