FORM C-42

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
220 French Landing Dr.
Nashville, Tennessee 37243-1002

AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

In compliance with The Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204

The injured employee shall accept the medical benefits afforded hereunder; provided, the employer shall designate a group of three (3) or more reputable physicians or surgeons not associated together in practice, if available in that community, from which the injured employee shall have the privilege of selecting the operating surgeon and the attending physician. If the injury is a back injury, the statutory panel must be expanded to 4, one of whom must be a chiropractor with treatment limited to 12 chiropractic visits. Further, if the injury or illness requires the treatment of a physician or surgeon who practices orthopedic or neuroscience medicine, the employer **may** appoint a panel practicing orthopedic or neuroscience medicine consisting of 5 physicians, with no more than 4 physicians affiliated in practice. If the employer provides this panel, the injured employee shall be entitled to have a second opinion on the issue of surgery, impairment, and a diagnosis from that same panel.

1. _____ _____
PHYSICIAN'S NAME PHONE
_____
OFFICE ADDRESS CITY STATE ZIP

2. _____ _____
PHYSICIAN'S NAME PHONE
_____
OFFICE ADDRESS CITY STATE ZIP

3. _____ _____
PHYSICIAN'S NAME PHONE
_____
OFFICE ADDRESS CITY STATE ZIP

4. _____ _____
PHYSICIAN'S or CHIROPRACTOR'S NAME PHONE
_____
OFFICE ADDRESS CITY STATE ZIP

5. _____ _____
PHYSICIAN'S NAME PHONE
_____
OFFICE ADDRESS CITY STATE ZIP

(d)(1) "The injured employee must submit to examination by the employer's physician at all reasonable times if requested to do so by the employer, but the employee shall have the right to have the employee's own physician present at such examination, in which case the employee shall be liable to such physician for such physician's services."
(7) "If the injured employee refuses to comply with any reasonable request for examination or to accept the medical or specialized medical services which the employer is required to furnish under the provisions of this law, such injured employee's right to compensation shall be suspended and no compensation shall be due and payable while such injured employee continues such refusal."

According to the provisions of this agreement, I hereby have selected the following physician from the list provided to me by my employer.

Physician chosen: _____ Date of injury: _____

Date of selection: _____ Date of appointment: _____

_____ _____
Employer's Name Employee's Name
_____ _____
Street Address Street Address
_____ _____
City State Zip City State Zip
_____ _____
Phone Phone
_____ _____
Employer's Signature Employee's Signature
_____
Employee's SSN
_____
State File Number

CLEAR FORM

LB-0382 (REV. 07/08) RDA 10183

Downloaded from http://www.tidyforms.com