

DIVISION OF WORKERS' COMPENSATION  
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
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

1. \_\_\_\_\_  
Physician's Name Telephone \_\_\_\_\_

\_\_\_\_\_  
Office Address City State Zip

2. \_\_\_\_\_  
Physician's Name Telephone \_\_\_\_\_

\_\_\_\_\_  
Office Address City State Zip

3. \_\_\_\_\_  
Physician's Name Telephone \_\_\_\_\_

\_\_\_\_\_  
Office Address City State Zip

4. \_\_\_\_\_  
Physician's Or Chiropractor's Name Telephone \_\_\_\_\_

\_\_\_\_\_  
Office Address City State Zip

5. \_\_\_\_\_  
Physician's Name Telephone \_\_\_\_\_

\_\_\_\_\_  
Office Address City State Zip

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 selection: \_\_\_\_\_

Date of injury: \_\_\_\_\_  
Date of appointment: \_\_\_\_\_

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
State File Number

## TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

## Division of Workers' Compensation

220 French Landing Dr.

Nashville, Tennessee 37243-1002

Website: [www.tn.gov/labor-wfd/wcomp.html](http://www.tn.gov/labor-wfd/wcomp.html)**AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN**

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

Upon the report of a workplace injury, an employer should provide the employee, in writing an Agreement Between Employer/Employee Choice Of Physician Form C-42. The form must indicate the name of the physician chosen by the injured employee, be signed by the employee with a copy given to the employee, and the original kept on file with the employer. Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement from the insurance carrier for their travel expense.

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 the employee's physician for that physician's services. If the injured employee refuses to comply with any reasonable request for examination or to accept the medical or specialized medical services that the employer is required to furnish under this chapter, the injured employee's right to compensation shall be suspended and no compensation shall be due and payable while the injured employee continues to refuse.

**For injuries prior to July 1, 2014**, 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 or 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 there are not enough physicians available within the community of the injured worker, names of physicians from outside the community should be added. 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.

**For injuries on or after July 1, 2014**, the injured employee shall accept the medical benefits afforded under this section; provided, that in any case when the employee has suffered an injury and expressed a need for medical care, the employer shall designate a group of three (3) or more independent reputable physicians or surgeons, chiropractors or specialty practice groups if available in the injured employee's community, from which the injured employee shall select one (1) to be the treating physician. If three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups are not available in the employee's community, the employer shall provide a list of three (3) independent reputable physicians, surgeons, chiropractors or specialty practice groups, within a one hundred (100) mile radius of the employee's community. When necessary, the treating physician selected shall make referrals to a specialist physician, surgeon, or chiropractor and immediately notify the employer. The employer shall be deemed to have accepted the referral, unless the employer, within three (3) business days, provides the employee a panel of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups. In this case, the employee may choose a specialist physician, surgeon, chiropractor or specialty practice group to provide treatment only from the panel provided by the employer. When the treating physician or chiropractor refers the injured employee, the employee shall be entitled to have a second opinion on the issue of surgery and diagnosis from a physician or chiropractor specified in the initial panel of physicians provided by the employer. The employee's decision to obtain a second opinion shall not alter the previous selection of the treating physician or chiropractor.

**If you have any questions or need assistance in completing this form, call 1-800-332-2667.**