FORM C-42

TENNESSEE
BUREAU OF WORKERS' COMPENSATION

EMPLOYEE'S CHOICE OF PHYSICIAN
Medical Panel

Employer

- List at least three physicians and provide this panel to employee upon the report of a workplace injury.
- Keep the completed original form on file and send a copy to the employee for their records.
  - Do *not* send this form to the State unless requested.

Employee

- Fill out the bottom portion of this form to indicate which physician you choose.
  - If you refuse to accept medical services from the chosen physician, your rights to benefits may be delayed.
  - Traveling more than 15 miles (one way) to (or from) medical treatment? Employees may seek reimbursement of their travel expenses from the insurance carrier.
- **Send** completed form **back to your employer**.

TO BE COMPLETED BY THE **EMPLOYER:**

Employee Name _____ Date Panel Provided _____

Employer VUMC _____ Date of Injury _____

Employer Contact Teresa Overton, Director of Claims _____ Phone _____ Email _____

Physician 1	**Physician 2**	**Physician 3**
Name Dr. G. Lee L. Bryant	Name Dr. Raymond DeMoville	Name Dr. Daniel Sacks
Phone 615-889-8802	Phone 615-882-2177	Phone 615-340-4000
Address 3901 Central Pike Ste. 351	Address 107 Glenn Oak Blvd. Ste. 101	Address 2410 Patterson St. Ste 210
City Hermitage	City Hendersonville	City Nashville
State TN Zip 37076	State TN Zip 37075	State TN Zip 37203
Is Telehealth available with Physician #1? Yes ☐ No ☐	Is Telehealth available with Physician #2? Yes ☐ No ☐	Is Telehealth available with Physician #3? Yes ☐ No ☐
If yes, web address	If yes, web address	If yes, web address

(Optional) Telehealth-Only **Physician 4** Name _____ Phone _____

Telehealth Provider email address _____ Web address _____

TO BE COMPLETED BY THE **EMPLOYEE:**

I have selected the following physician from the list provided to me by my employer:

Physician Name _____ Appt Date/Time _____

I select: In-person treatment ☐ **or** Treatment by Telehealth ☐ Were you offered in-person treatment? Yes ☐ No ☐

Employee Signature _____ Date _____