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 Blount County Government Date of Injury _____

Employer Contact Lindsey Jackson Phone 865-273-5771 Email ljackson@blounttn.org

Physician 1	Physician 2	Physician 3
Name Dr. Bryan Thompson	Name Dr. Andrew Herda	Name Dr. Robin Huskey
Phone 865-268-2375	Phone 865-982-3409	Phone 865-428-2773
Address ETMG Care Today Clinic	Address Park Med Urgent Care	Address Well-Key Urgent Care
266 Joule Street	117 Gill Street	108 Keller Lane
City Alcoa	City Alcoa	City Maryville
State TN Zip 37701	State TN Zip 37701	State TN Zip 37801
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 _____