## FORM C-42

TENNESSEE PENSATION EMPLOYEE'S CHOICE OF PHYSICIAN Medical Panel

BUREAU OF WORKERS' COMPENSATION

## 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.
  - o 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		Date of Injury
Employer Contact	Phone	Email
Physician 1	Physician 2	Physician 3
Name	Name	Name
Phone	Phone	_ Phone
Address	Address	_ Address
City	City	City
State Zip	State Zip	_ State Zip
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 <b>Physician 4</b>	Name	Phone
Telehealth Provider email address	Web address	
TO BE COMPLETED BY THE <b>EM</b>	PLOYEE:	
I have selected the following physiciar	l from the list provided to me by my em	ployer:
Physician Name Appt Date/Time		
I select: In-person treatment or Treatment by Telehealth Were you offered in-person treatment? Yes No		
mployee Signature Date		