

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



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 For 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 the employee, and the original kept on file with the employer. Employees travelling 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

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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

Clinic

Nova Medical Centers
5779 Brainerd Rd
Chattanooga, TN 37411
(423) 800-7500

Clinic

Workforce Corporate Health Services
1100 E 3rd St
Ste G-150
Chattanooga, TN 37403
(423) 778-4800

Clinic

University Health Center
4687 University DR.
Collegedale, TN 37315
423-236-2713

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

Telephone Email

Telephone Email

Employer's Signature

Employee's Signature

Employee's Social Security Number

State File Number

Name: Southern Adventist University	Address: 4687 University Dr. Collegedale, TN 37315	Radius: 13.2 mile(s)	Generated: 9/4/2014
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Modern Medical Pharmacy Program – To contact your local Modern Medical Pharmacy, please call (800) 547-3330.

Notify your immediate supervisor of your injury. If you feel that you need medical attention, you may choose one of the providers listed here. Please call the provider to confirm address information and to schedule an appointment for faster service. Many clinics are open extended hours for your convenience. For urgent care needs after clinics hours, you may proceed directly to the nearest hospital. Patients will be seen on a medical priority basis. In emergency situations you may immediately seek treatment from the nearest qualified facility or provider. IF YOU NEED AN ALTERNATE TO THE PROVIDERS LISTED HERE, CALL 1-800-366-1511.

Your Employer and its Insurance Carrier utilizes Key Risk contracted providers. The above list is not a complete list of healthcare providers with Key Risk. If your situation is a medical emergency requiring immediate attention, dial 911 or proceed to the nearest hospital which provides emergency services. Use of network does not confirm or verify compensability under the Workers' Compensation Act, which is determined solely by the claims administrator.

**DEPARTAMENTO DE TRABAJO Y DESARROLLO DE LA FUERZA LABORAL DE TENNESSEE
TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT**

División de Compensación de Trabajadores / Division of Workers' Compensation

220 French Landing Dr., Nashville, Tennessee 37243-1002



**ACUERDO DE SELECCIÓN DE MÉDICOS ENTRE EL EMPLEADOR Y EL EMPLEADO
AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN**

Es un delito proveer intencionalmente información falsa, incompleta o engañosa a cualquiera de las partes de una transacción relacionada con el seguro de compensación de trabajadores con la intención de cometer un fraude. Las sanciones incluyen cárcel, multas y denegación de beneficios de seguros.

De conformidad con la Ley de Compensación de Trabajadores de Tennessee, T.C.A. Sección 50-6-204

El empleado lesionado aceptará los beneficios médicos concedidos por la presente y se estipula que el empleador designará a un grupo de tres (3) o más médicos o cirujanos de buena reputación cuyos consultorios no estarán asociados entre sí, cuando sea posible en esa comunidad, entre los cuales el empleado lesionado tendrá el privilegio de seleccionar un cirujano y un médico de cabecera. Si ocurre una lesión en la espalda, el panel exigido por ley se ampliará a 4, uno de los cuales deberá ser un quiropráctico cuyo tratamiento se limitará a 12 consultas quiroprácticas. Adicionalmente, si la lesión o enfermedad requiere tratamiento de un médico o cirujano que ejerza medicina ortopédica o neurociencia, el empleador **podrá** asignar un panel de medicina ortopédica o neurociencia que conste de 5 médicos, con no más de 4 médicos afiliados entre sí. Si el empleador provee este panel, el empleado lesionado tendrá derecho a solicitar una segunda opinión sobre el tema de cirugía, discapacidad y un diagnóstico de dicho panel.

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(d)(1) "El empleado lesionado deberá someterse a un examen por parte del médico del empleador cada vez que lo solicite razonablemente el empleador, pero el empleado tendrá derecho a que el médico particular del empleado esté presente en dicho examen, en cuyo caso el empleador será responsable ante dicho médico por sus servicios profesionales."

(7) "Si el empleado lesionado rehúsa acatar cualquier solicitud de examen médico razonable o aceptar los servicios médicos o especializados que el empleador debe proporcionar de conformidad con las disposiciones de la presente ley, se suspenderá el derecho que tiene dicho empleado lesionado a recibir compensación y no se le adeudará ni pagará ninguna compensación si el empleado lesionado mantiene dicha negativa".

De conformidad con las disposiciones del presente acuerdo, he seleccionado los siguientes médicos de la lista que me ha proporcionado mi empleador.

Médico seleccionado: _____
(Physician Chosen)

Fecha de la selección: _____
(Date of Selection)

Fecha de la lesión: _____
(Date of Injury)

Fecha de la cita: _____
(Date of Appointment)

Nombre del empleador/Employer's Name

Dirección/Street Address

Ciudad/City Estado/State Cód Postal/Zip

Teléfono/Telephone

Employer's Signature

Nombre del empleado/Employee's Name

Dirección/Street Address

Ciudad/City Estado/State Cód Postal/Zip

Teléfono/Telephone

Employee's Signature

Número de seguro social del empleado/Employee's SSN

Número de expediente estatal/State File Number