

FORM C-42TENNESSEE
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, signed version of this 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 _____ 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 <input type="checkbox"/> No <input type="checkbox"/>	Is Telehealth available with Physician #2? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Telehealth available with Physician #3? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____