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 Williamson County Government Date of Injury _____

Employer Contact Laura Honaker Phone (615) 790-5466 Email laura.honaker@williamsoncounty-tn.gov

Physician 1	Physician 2	Physician 3
Name Williamson Medical Center	Name Vanderbilt (Walk-In) Health Services	Name Vanderbilt (Walk-In) Health Services
Phone (615) 435-5000	Phone (615) 791-7373	Phone (615) 791-7373
Address 4321 Carothers Parkway	Address 919 Murfreesboro Road	Address 1834 W. McEwen Drive
		Suite 110
City Franklin	City Franklin	City Franklin
State TN Zip 37067	State TN Zip 37064	State TN Zip 37067
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
	ADDITIONAL PHYSICIANS LISTED ON NEXT PAGE	

(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 _____

FORM C-42 (Additional Physicians)

Employee Name _____ Date Panel Provided _____

Employer Williamson County Government Date of Injury _____

Employer Contact Laura Honaker Phone (615) 790-5466 Email laura.honaker@williamsoncounty-tn.gov

Physician 4

Name Vanderbilt (Walk-In) Health Services

Phone (615) 791-7373

Address 3098 Campbell Station Parkway

City Spring Hill

State TN Zip 37174

Is Telehealth available with Physician #4? Yes ☐ No ☑

If yes, web address

Physician 5

Name Bone & Joint Institute of Tennessee (Dr. Geoffrey Watson; Dr. Scott Arthur; Dr. Ian Byram; Dr. Casey Davidson; Dr. Todd Wurth)

Phone (615) 791-2630

Address 3000 Edward Curd Lane

City Franklin

State TN Zip 37067

Is Telehealth available with Physician #5? Yes ☐ No ☑

If yes, web address

Physician 6

Name Tennessee Orthopaedic Alliance (Dr. J. Bartley McGehee, III; Dr. Ryan Snowden)

Phone (615) 236-5000

Address 215 Gothic Court

City Franklin

State TN Zip 37067

Is Telehealth available with Physician #6? Yes ☐ No ☑

If yes, web address

Physician 7

Name Vanderbilt Orthopaedics (Dr. Paul Rummo; Dr. Douglas Weikert)

Phone (615) 790-3290

Address 206 Bedford Way

City Franklin

State TN Zip 37064

Is Telehealth available with Physician #7? Yes ☐ No ☑

If yes, web address

EMPLOYEE TO MAKE PHYSICIAN SELECTION ON PAGE 1