

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

Website: www.state.tn.us/labor-wfd/wcomp.html

Telephone: 1-800-332-2667

EMPLOYEE'S CHOICE OF PHYSICIAN

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.

THIS FORM IS ONLY FOR USE BY GOVERNMENTAL ENTITIES ESTABLISHED BY TCA§29-20-401 AND SELF INSURED POOLS ESTABLISHED BY TCA§50-6-405(c)(1).

State File Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: JEFFERSON CO BOE \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: P O BOX 190 \_\_\_\_\_ City: DANDRIDGE \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37725 \_

PANEL OF PHYSICIANS

Tennessee Code Annotated §50-6-204(a)(4)(A) requires an employer to offer a panel of three physicians to the injured employee. The injured employee must select a physician from the panel.

Physicians Name: JEFFERSON FAMILY PRACTICE \_\_\_\_\_ Phone: 865-475-6161 \_\_\_\_\_

Address: 150 W PRICE RD \_\_\_\_\_ City: DANDRIDGE \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37725 \_

Is Physician a Specialist? Yes  No X If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

Physicians Name: HAMBLEN FAMILY MEDICINE \_\_\_\_\_ Phone: 423-587-9777 \_\_\_\_\_

Address: 823 MCFARLAND ST \_\_\_\_\_ City: MORRISTOWN \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37814 \_

Is Physician a Specialist? Yes  No X If yes, give specialty: Ortho, Neuro, etc. o \_\_\_\_\_

Physicians Name: PHILLIPS MEDICAL GROUP \_\_\_\_\_ Phone: 865.475.0848 or 423.581.7040

Address: 204 SHAVER DRIVE \_\_\_\_\_ City: TALBOTT \_\_\_\_\_ State: TN \_\_\_\_\_ Zip: 37877 \_

Is Physician a Specialist?  Yes  No X If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is Physician a Specialist?  Yes  No If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is Physician a Specialist?  Yes  No If yes, give specialty: Ortho, Neuro, etc. \_\_\_\_\_

I hereby have selected the following physician from the list provided to me by my employer:

Physician Chosen: \_\_\_\_\_

Employee Signature: X \_\_\_\_\_ Date Selected: \_\_\_\_\_

A copy of this form must be provided to the employee. The employer must keep the original form on file and upon request provide a copy to the Division of Workers' Compensation.

This form is required to be in compliance with Tennessee Code Annotated §50-6-204.