

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
Nashville, Tennessee 37243-0661

AGREEMENT BETWEEN EMPLOYER/EMPLOYEE
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.

In compliance with The Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204(4)

"The injured employee shall accept the medical benefits afforded hereunder; provided, that 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 and, provided further, that the liability of the employer for such services rendered the employee shall be limited to such charges as prevail for similar treatment in the community where the injured employee resides. The above listing of physicians or surgeons may include doctors of chiropractic within the scope of their licenses."

1. PHYSICIAN'S NAME
STREET ADDRESS
CITY STATE ZIP
PHONE

2. PHYSICIAN'S NAME
STREET ADDRESS
CITY STATE ZIP
PHONE

3. PHYSICIAN'S NAME
STREET ADDRESS
CITY STATE ZIP
PHONE

4. PHYSICIAN'S NAME-ALTERNATE CHOICE
STREET ADDRESS
CITY STATE ZIP
PHONE

(d)(1) "The injured employee must submit himself to the 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 such physician for such physician's services."

(7) "If the injured employee refuses to comply with any reasonable request or examination or to accept the medical or specialized medical services which the employer is required to furnish under the provisions of this law, such injured employee's right to compensation shall be suspended and no compensation shall be due and payable while such injured employee continues such refusal."

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 selection:

Date of injury:
Date of appointment:

EMPLOYER'S NAME
STREET ADDRESS
CITY STATE ZIP
PHONE
EMPLOYER'S SIGNATURE

EMPLOYEE'S NAME
STREET ADDRESS
CITY STATE ZIP
PHONE
EMPLOYEE'S SIGNATURE

Physician's signature:

Date of treatment: