

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

Nashville, Tennessee 37243-1002

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 County School System _____ FEIN: 62-6000685 _____
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 Physicians _____ Phone: 865.475.6161 _____
Address: 1810 Bishop Avenue _____ City: Jefferson City _____ State: TN _____ Zip:37760 _____
Is Physician a Specialist? [] Yes [X] No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: Jefferson Family Physicians _____ Phone: 865.397.2897 _____
Address: 118 E. Meeting Street _____ City: Dandridge _____ State: TN _____ Zip:37725 _____
Is Physician a Specialist? [] Yes [X] No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: Jefferson Family Physicians _____ Phone: 865.674.6603 _____
Address: 1403 State Street _____ City: White Pine _____ State: TN _____ Zip:37890 _____
Is Physician a Specialist? [] Yes [X] No If yes, give specialty: Ortho, Neuro, etc. _____

Physicians Name: Saint Mary's Jefferson Memorial Hospital _____ Phone: 865.471.2500 _____
Address: 110 Hospital Drive _____ City: Jefferson City _____ State: TN _____ Zip:37760 _____
Is Physician a Specialist? [] Yes [X] 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: _____ 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.