

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: _____ FEIN: _____
Address: _____ City: _____ State: _____ Zip: _____

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.

Williamson Medical Center
4321 Carothers Parkway
Franklin, TN 37067

Vanderbilt (Walk-In) Health Services
3098 Campbell Station Parkway
Spring Hill, TN 37174

Vanderbilt (Walk-In) Health Services
919 Murfreesboro Road
Franklin, TN 37064

Vanderbilt (Walk-In) Health Services
1834 W. McEwen Drive, Suite 110
Franklin, TN 37067

Elite Sports Medicine & Orthopaedic Center
D1 Medical Office Building
7105 South Springs Drive, Ste 100
Franklin, TN 37067
Dr. Chris Glattes
Dr. Jeffrey Willers
Dr. Thomas Dovon

Tennessee Orthopaedic Alliance
Williamson Medical Center - Williamson Tower
4323 Carothers Parkway, Suite 600
Franklin, TN 37067
Dr. Bartley McGehee, III

Vanderbilt Orthopaedic Group
324 Cool Springs Boulevard
Franklin, TN 37067
Dr. Paul Rummo

Vanderbilt Bone and Joint Clinic
206 Bedford Way
Franklin, Tennessee 37064
Dr. Todd Wurth
Dr. James Fiechtl
Dr. Scott Arthur

Vanderbilt Bone and Joint Clinic
302 Royal Oaks Boulevard
Franklin, TN 37064
Dr. John Klekamp
Dr. Geoffrey Watson

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.