

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
 220 French Landing Dr.
 Nashville, Tennessee 37243-1002



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

The injured employee shall accept the medical benefits afforded hereunder; provided, 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 and the attending physician. If the injury is a back injury, the statutory panel must be expanded to 4, one of whom must be a chiropractor with treatment limited to 12 chiropractic visits. Further, if the injury or illness requires the treatment of a physician or surgeon who practices orthopedic or neuroscience medicine, the employer **may** appoint a panel practicing orthopedic or neuroscience medicine consisting of 5 physicians, with no more than 4 physicians affiliated in practice. If the employer provides this panel, the injured employee shall be entitled to have a second opinion on the issue of surgery, impairment, and a diagnosis from that same panel.

1.	Concentra Health Service	(615) 895-4855
	PHYSICIAN'S NAME	PHONE
	1203 Memorial Blvd	Murfreesboro, TN 37129-2420
	OFFICE ADDRESS	CITY, STATE, ZIP
2.	Convenient Care Clinic	(931) 526-1050
	PHYSICIAN'S NAME	PHONE
	350 South Lowe Ave Ste A	Cookeville, TN 38501-4727
	OFFICE ADDRESS	CITY, STATE, ZIP
3.	Fournet, Timothy S., MD	(931) 372-0405
	PHYSICIAN'S NAME	PHONE
	228 West 4th St Ste 200	Cookeville, TN 38501-2488
	OFFICE ADDRESS	CITY, STATE, ZIP
4.	DeKalb Community Hospital	(615) 215-5000
	PHYSICIAN'S NAME	PHONE
	520 West Main St	Smithville, TN 37166-1138
	OFFICE ADDRESS	CITY, STATE, ZIP
5.	Shea, Mitchell P., DC	(931) 526-4084
	PHYSICIAN'S NAME	PHONE
	750 East Spring St Ste D	Cookeville, TN 38501-4527
	OFFICE ADDRESS	CITY, STATE, ZIP

(d)(1) "The injured employee must submit to 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 for 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 Injury: _____

Date of Selection: _____

Date of Appointment: _____

Sonic #5321

Employer's Name
559 West Main St

Street Address
Algood, TN 38506

City, State, ZIP

Phone

Employer's Signature

Employee's Name

Street Address

City, State, ZIP

Phone

Employee's Signature

Employee's SSN

State File Number