

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.	Doctorscare	(931) 645-1564
	PHYSICIAN'S NAME	PHONE
	2320 Wilma Rudolph Blvd	Clarksville, TN 37040-8960
	OFFICE ADDRESS	CITY, STATE, ZIP
2.	Trover Health System	(270) 707-3300
	PHYSICIAN'S NAME	PHONE
	500 Clinic Dr	Hopkinsville, KY 42240-4991
	OFFICE ADDRESS	CITY, STATE, ZIP
3.	Campbell, Mark R., MD	(270) 466-9300
	PHYSICIAN'S NAME	PHONE
	120 North Main St	Trenton, KY 42286-9734
	OFFICE ADDRESS	CITY, STATE, ZIP
4.	Gateway Medical Center	(931) 502-1000
	PHYSICIAN'S NAME	PHONE
	651 Dunlop Ln	Clarksville, TN 37040-5015
	OFFICE ADDRESS	CITY, STATE, ZIP
5.	Davis, James D., DC	(931) 648-3000
	PHYSICIAN'S NAME	PHONE
	329 Warfield Blvd Ste D	Clarksville, TN 37043-8903
	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 #5499

Employer's Name
3829 Trenton

Street Address
Clarksville, TN 37043

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