



Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, I-B  
Nashville, TN 37243-1002  
800-332-2667

FORM C-42G

**GOVERNMENTAL EMPLOYEE'S CHOICE OF PHYSICIAN**

**FOR USE ONLY BY GOVERNMENTAL ENTITIES ESTABLISHED BY TCA§29-20-401  
OR  
SELF INSURED POOLS ESTABLISHED BY TCA§50-6-405(c)(1).**

State File Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: South Central Human Resource Agency FEIN: 62-0944179 Employer Contact: Gale Goggin

Address: PO Box 638

City: Fayetteville State: TN Zip: 37334

Tennessee Code Annotated §50-6-204 requires a government employer or member of a self-insured pool to offer a panel of three physicians to the injured employee. The injured employee must select a physician from the panel.

**TO BE COMPLETED BY THE EMPLOYER:**

Physician Name Medical Center Phone 931-728-6354

Address 481 Interstate Dr City Manchester State TN Zip 37355

Physician Name Urgent Team Phone 931-563-5501

Address 1802 North Jackson St, Suite 850 City Tullahoma State TN Zip 37388

Physician Name Fast Pace Phone 931-563-5469

Address 600 N Jackson St City Tullahoma State TN Zip 37388

**TO BE COMPLETED BY THE EMPLOYEE:**

**I have selected the following physician from the list provided to me by my employer:**

Physician Name \_\_\_\_\_ Date Selected \_\_\_\_\_

Employee Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_