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 Celebration Family Care Phone 931-270-9729

Address 529 W Commerce St City Lewisburg State TN Zip 37091

Physician Name Marshall Medical Center Phone 931-359-6241

Address 1080 N Ellington Pkwy City Lewisburg State TN Zip 37091

Physician Name Fast Pace Phone 931-359-4555

Address 641 E Commerce St City Lewisburg State TN Zip 37091

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 _____