



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

FORM C-42

EMPLOYEE'S CHOICE OF PHYSICIAN

An employer must provide a partially-completed form listing at least three physicians to an employee upon the report of a workplace injury. The employee must complete and then sign and date the section below that indicates the physician chosen. A copy of the fully-completed form should be provided to the employee with the original kept on file by the employer. If the employee refuses to accept medical services from the chosen physician, the employee's rights to benefits may be delayed. **NOTE:** Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement of their travel expenses from the insurance carrier.

TO BE COMPLETED BY THE EMPLOYER:

Employer Town of Collierville Date of Injury _____

Employer Contact: Cindy Greer or Shanda Ford Phone: 901-457-2290 Email: cgreer@collierville.tn.gov, sford@collierville.tn.gov

1. Physician Name: Mark Vlasak - Vlasak Internal Medicine Phone: 901-853-5551

Address: 1164 W. Poplar Ave. City: Collierville State: Tn Zip: 38017

2. Physician Name: Ara Hanissian-Hanissian Health Care Phone: 901-853-2021

Address: 574 Greentree Cove, #101 City: Collierville State: Tn Zip: 38017

3. Physician Name: Joseph Holley - First Choice Care Phone: 901-854-5771

Address: 472 W. Poplar Ave, #101 City: Collierville State: Tn Zip: 38017

4. Physician Name: Monica Griffin-Baptist Minor Medical Phone: 901-753-7686

Address: 670 N. Germantown Pkwy #18 City: Cordova State: Tn Zip: 38018

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 _____ Appt Date/Time _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Employee Signature _____ Date _____