

**DIVISION OF WORKERS' COMPENSATION
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**

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

1.		
	Physician's Name	Telephone
	Office Address	City State Zip
2.		
	Physician's Name	Telephone
	Office Address	City State Zip
3.		
	Physician's Name	Telephone
	Office Address	City State Zip
4.		
	Physician's Or Chiropractor's Name	Telephone
	Office Address	City State Zip
5.		
	Physician's Name	Telephone
	Office Address	City State Zip

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: _____

Employer's Name

Street Address

City State Zip

Telephone Email

Employer's Signature

Employee's Name

Street Address

City State Zip

Telephone Email

Employee's Signature

Employee's Social Security Number

State File Number