

**TENNESSEE DEPARTMENT OF LABOR**

Division of Workers' Compensation

Nashville, Tennessee 37243-0661

**AGREEMENT BETWEEN EMPLOYER/EMPLOYEE  
CHOICE OF PHYSICIAN**

In compliance with The Tennessee Workers' Compensation Law T.C.A. Section 50-6-204(4),

"The injured employee shall accept the medical benefits afforded hereunder, provided, that the employer shall designate a group of (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 or the attending physician; and, provided further, that the liability of the employer for such services rendered the employee shall be limited to such charges as prevail for similar treatment in the community where the injured employee resides. The above listing of physicians or surgeons may include doctors of chiropractic within the scope of their licenses."

Concentra Medical Center  
2410 Franklin Pike  
Nashville TN 37204-2227  
(615) 297-1678

Occupational Health & Rehabilitation  
342 21<sup>st</sup> Ave  
Nashville TN 37203-1848  
(615) 284-6932

Tennessee Urgent Care  
339 White Bridge Road  
Nashville TN 37209  
(615) 356-6877

Brentwood Chiropractic Clinic  
785 Old Hickory Blvd  
Nashville TN  
(615) 373-0276

(d)(1) "The injured employee must submit himself to the 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: \_\_\_\_\_

Belmont University  
1900 Belmont Blvd  
Nashville TN 37212  
(615) 460-6000

Employees Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_