



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 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
mstewart@washingtoncountyttn.org

Employee's Name
Street Address
City State Zip
Telephone Email

Employer's Signature

Employee's Signature

Employee's Social Security Number

State File Number