



EMPLOYEE'S
CHOICE OF PHYSICIAN
Medical Panel

Employer

- List at least three physicians and provide this panel to employee upon the report of a workplace injury.
- Keep the completed original form on file and send a copy to the employee for their records.
 - Do not send this form to the State unless requested.

Employee

- Fill out the bottom portion of this form to indicate which physician you choose.
 - If you refuse to accept medical services from the chosen physician, your rights to benefits may be delayed.
 - Traveling more than 15 miles (one way) to (or from) medical treatment? Employees may seek reimbursement of their travel expenses from the insurance carrier.
- Send completed form back to your employer.

TO BE COMPLETED BY THE EMPLOYER:

Employee Name _____ Date Panel Provided _____

Employer Germantown Municipal School District Date of Injury _____

Employer Contact Gina Eddleman Phone 901-752-7890 Email gina.eddleman@gmsdk12.org

Physician 1	Physician 2	Physician 3
Name <u>GMSD Health and Wellness Center</u>	Name <u>Nova Medical Center</u>	Name <u>Methodist Minor Medical Center</u>
Phone <u>901-334-0320</u>	Phone <u>901-620-3900</u>	Phone <u>901-758-6035</u>
Address <u>7655 Poplar Ave., Suite 385</u>	Address <u>3965 S. Mendenhall, Suite 20</u>	Address <u>8035 Club Parkway</u>
City <u>Germantown</u>	City <u>Memphis</u>	City <u>Cordova</u>
State <u>TN</u> Zip <u>38138</u>	State <u>TN</u> Zip <u>38115</u>	State <u>TN</u> Zip <u>38016</u>
Is Telehealth available with Physician #1? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is Telehealth available with Physician #2? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is Telehealth available with Physician #3? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, web address _____	If yes, web address _____	If yes, web address _____
(Optional) Telehealth-Only Physician 4 Name <u>N/A</u> Phone _____		
Telehealth Provider email address _____ Web address _____		

TO BE COMPLETED BY THE EMPLOYEE:

I have selected the following physician from the list provided to me by my employer:

Physician Name _____ Appt Date/Time _____

I select: In-person treatment or Treatment by Telehealth Were you offered in-person treatment? Yes No

Employee Signature _____ Date _____

Have employee complete only if NOT choosing medical treatment or choosing to seek medical treatment at their personal physician at the own expense.

I, _____ chose not to seek medical attention:

Employee's signature: _____

Date: _____

I, _____ have been given the options to seek medical attention at one of the panel of physicians on the C-42 Form. I elect to go to the physician of my choice understanding the Germantown Municipal School District will not pay for my medical treatment since I chose not to go to one of the panel of physicians:

Employee's signature: _____

Date: _____