

**C-42 MONTGOMERY COUNTY GOVERNMENT, SAFETY DIVISION
P.O. BOX 368 CLARKSVILLE, TENNESSEE 37041
Telephone Number (931) 648-5715 Fax Number (931) 920-1816**

CHOICE OF PHYSICIAN AGREEMENT BETWEEN EMPLOYER/EMPLOYEE

The injured employee shall accept the Medical benefits afforded hereunder. The employer has designated a physician(s) or surgeon(s) not associated together in practice, if available in the 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 listing below of physicians or surgeons may include doctors of chiropractic within the scope of their licenses.

Gateway Occupational Medicine
651 Dunlop Lane
Clarksville, TN 37040
502-1181

Premier Medical Group
2831 Wilma Rudolph Blvd.
Clarksville, TN 37043
552-9966

The injured employee must submit himself to the examination by the employer's physician at all reasonable times if requested to do so by 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."

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 has furnished, 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:** _____

Employer's Name

Employee's Name

Street Address

Street Address

City State Zip

City State Zip

Telephone Number

Telephone Number

Employer's Signature

Employee's Signature

Received list of Panel of Physicians: In person By phone **Date Received:** _____

Employee: Requested Medical Attention Denied Medical Attention at this time

Forwarded to Risk Management: _____ **Date Received by Risk Management:** _____

Yellow – Supervisor

Blue – Employee

Green – Witness