

### AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN

In compliance with the Tennessee Workers' Compensation Law, the employer shall designate a panel of 3 physicians from which the injured employee shall have the privilege of selecting. If the injury is to the back, the employee must wait and see an approved chiropractor as a second visit. The first visit after injury must be to a primary care/ urgent care/ or E.R. doctor.

Please choose from the following:

1. First Assist Urgent Care/MedWorks (4 locations)
  - a. Indian Path Medical Center, 2000 Brookside Dr., Kingsport, 423-857-5555
  - b. Wellness Center, 200 Med Tech Parkway, Johnson City, 423-915-5033
  - c. First Assist, 1019 W. Oakland Ave., Johnson City, 423-915-5128
  - d. First Assist, 314 Rogosin Dr., Elizabethton, 423-542-8929
2. Any local Emergency room, if the injury is an emergency (broken bones, excessive bleeding, etc.)
3. Appalachian Emergency Physician Services (4 locations) Main Phone: 239-939-1717
  - a. 200 Brookside Dr., Kingsport, TN
  - b. 1501 W. Elk Ave., Elizabethton, TN
  - c. 300 Med Tech Parkway, Johnson City, TN
  - d. 1901 S. Shady St., Mountain City, TN

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

Name of Entity: \_\_\_\_\_

Date of Selection: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ E#: \_\_\_\_\_

\*I understand that if I seek treatment from another provider not approved by the ETSU Office of Human Resources, my claim may be denied.

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

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Return this form along with the OSHA Form 301, the TN Accident Report, and Workers' Comp. Waiver to:

ETSU Office of Human Resources, Box 70564, 1276 Gilbreath Dr., Johnson City, TN 37614.

Phone: 423-439-4787, Fax: 423-439-8354

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