FORM C-42

TENNESSEE
BUREAU OF WORKERS' COMPENSATION

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, signed version of this 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 _____ Date of Injury _____

Employer Contact _____ Phone _____ Email _____

Physician 1	**Physician 2**	**Physician 3**
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Address _____	Address _____	Address _____
_____	_____	_____
City _____	City _____	City _____
State _____ Zip _____	State _____ Zip _____	State _____ Zip _____
Is Telehealth available with Physician #1? Yes ☐ No ☐	Is Telehealth available with Physician #2? Yes ☐ No ☐	Is Telehealth available with Physician #3? Yes ☐ No ☐
If yes, web address	If yes, web address	If yes, web address
_____	_____	_____

(Optional) Telehealth-Only **Physician 4** Name _____ 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 _____

FORMULARIO C-42

AGENCIA DE INDEMNIZACIÓN LABORAL DE TENNESSEE

ELECCION DE MEDICO DEL EMPLEADO

Panel Médico

Empleador

- Indique al menos tres médicos y proporcione este panel al empleado siempre que haya informe de una lesión laboral.
- Mantenga el formulario original completado en sus archivos y envíe una copia al empleado para su constancia.
  - No envíe este formulario al Estado, a menos que se lo solicite.

Empleado

- Llene la parte inferior de este formulario para indicar el médico de su elección.
  - Si se niega a aceptar los servicios médicos del doctor elegido, esto podría conllevar a retrasos en sus derechos a beneficios.
  - ¿Tiene que viajar más de 15 millas (ida o vuelta) a (o desde) el tratamiento médico? Los empleados pueden solicitar reembolso de sus gastos de viaje de la aseguradora.
- **Envíe** el formulario completado **a su empleador**.

A SER COMPLETADO POR EL **EMPLEADOR**:

Nombre del empleado _____ Fecha en que se proporcionó el panel _____

Empleador _____ Fecha de la lesión _____

Contacto del empleador _____ Teléfono _____ Correo electrónico _____

Médico 1	**Médico 2**	**Médico 3**
Nombre _____ Teléfono _____ Dirección _____ _____ Ciudad _____ Estado _____ Código postal _____ ¿El médico #1 usa Telesalud? Sí ☐ No ☐ En caso afirmativo, sitio web _____	Nombre _____ Teléfono _____ Dirección _____ _____ Ciudad _____ Estado _____ Código postal _____ ¿El médico #2 usa Telesalud? Sí ☐ No ☐ En caso afirmativo, sitio web _____	Nombre _____ Teléfono _____ Dirección _____ _____ Ciudad _____ Estado _____ Código postal _____ ¿El médico #3 usa Telesalud? Sí ☐ No ☐ En caso afirmativo, sitio web _____

(Opcional) Telesalud solamente **Médico 4** Nombre _____ Teléfono _____

Dirección de correo electrónico del proveedor de Telesalud _____ Sitio web _____

A SER COMPLETADO POR EL **EMPLEADO:**

He seleccionado el siguiente médico de la lista que me proporcionó mi empleador:

Nombre del médico _____ Fecha/Hora de la cita _____

Yo selecciono: Tratamiento en persona ☐ **o** tratamiento por Telesalud ☐

¿Se le ofreció tratamiento en persona? Sí ☐ No ☐

Firma del empleado _____ Fecha _____

TENNESSEE WORKERS' COMPENSATION INSURANCE

POSTING NOTICE

How to Report Work-Related Injuries

What should be done if injured at work?

Employee

1. Immediately **report the injury** to the employer representative named below.
2. **Select a treating physician** from a panel provided by your employer.
3. If you have questions or problems, contact the employer representative or the Bureau of Workers' Compensation.

Employer

1. Complete your company's internal "Workplace Injury form" and **notify your workers' compensation insurance company** immediately, even if you have concerns about the validity of the claim.
2. **Offer a panel of physicians** to the employee via Form C-42 available on the Bureau's website. *In cases of emergency, call an ambulance and provide this form as soon as the injured employee has stabilized.*

_____

*Printed **name and title** of the employer representative to be notified in the event of a work-related injury*

_____

*Printed name of an **alternative employer representative** to be notified in the event of a work-related injury*

_____

***Telephone number** of employer representative to notify in event of a work-related injury*

_____

***Address** of employer representative to notify in event of a work-related injury*

The Tennessee Bureau of Workers' Compensation is available to help both employees and employers.

BWC Bureau of WORKERS' COMPENSATION

220 French Landing Dr. 1-B
Nashville, TN 37243-2667

800-332-2667

615-532-4812 *TTD: 800-332-2257*

tn.gov/workerscomp

Workers' Compensation law requires this notice to be posted in a conspicuous place at the work site at all times.

LB-0922 (REV. 4/18) Authorization No. 337545 RDA 10183

FL_6071_TN

SEGURO DE COMPENSACIÓN A TRABAJADORES DE TENNESSEE

PUBLICACIÓN DE AVISO

Cómo informar de lesiones laborales

¿Qué se debe hacer en caso de lesión laboral?

Empleado

1. **Informe** inmediatamente de **la lesión** al representante del empleador indicado aquí abajo.
2. **Seleccione un médico tratante** del panel provisto por su empleador.
3. Si tiene alguna pregunta o problema, comuníquese con el representante de empleadores de la Oficina de Compensación a Trabajadores.

Empleador

1. Complete el formulario interno de su empresa de "Lesión laboral" y **notifique a su aseguradora de compensación a trabajadores** inmediatamente, incluso aunque tenga dudas acerca de la validez de la reclamación.
2. **Ofrezca un panel de médicos** al empleado a través del Formulario C-42, disponible en el sitio web de la Agencia. *En casos de emergencia, llame a una ambulancia y proporcione este formulario en cuanto el empleado lesionado se haya estabilizado.*

_____

Nombre en letra de molde y título *del representante del empleador a ser notificado en caso de una lesión laboral*

_____

Nombre en letra de molde del ***representante del empleador alterno*** *a ser notificado en caso de una lesión laboral*

_____

Número de teléfono *del representante del empleador a ser notificado en caso de una lesión laboral*

_____

Dirección *del representante del empleador a ser notificado en caso de una lesión laboral*

La Oficina de Compensación a Trabajadores de Tennessee está disponible para ayudar a empleados y empleadores.

BWC Bureau of WORKERS' COMPENSATION

220 French Landing Dr. 1-B
Nashville, TN 37243-2667
800-332-2667
615-532-4812 *TTD: 800-332-2257*
tn.gov/workerscomp

La ley de Compensación a Trabajadores exige que se publique este aviso en un lugar visible en el centro de trabajo en todo momento.

LB-0922 (REV. 4/18) Autorización No. 337545 RDA 10183

FL_6072_TN

STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243-1002
(615) 741-2395
1-800-332-2667

Notice of Employer Rights and Responsibilities in a Workers' Compensation Claim

Your workers' compensation insurance policy covers medical and partial wage-replacement benefits for any covered employee who sustains a compensable work-related injury or illness. This document, produced by the Tennessee Bureau of Workers' Compensation and provided by your insurance carrier or TPA, is designed to give you a better understanding of your role and responsibilities under the workers' compensation system.

Your workers' compensation adjusting entity is Society Insurance, a mutual company
(Printed name of carrier, self-insured or TPA)

and your primary contact there is Doug Miller,Claims Manager, 888-576-2438, wcclaims@societyinsurance.com
(Printed name, title and contact information of primary contact)

- **Notice of a work-related injury or illness**

Your employees have the right to report workplace injuries or illnesses. Their violation of your company's policy regarding how quickly it must be reported is not sufficient grounds to prevent an injured worker from receiving worker's compensation benefits. Employers must refrain from denying a claim or refusing to acknowledge an employee's report of an injury because of how quickly it was reported. The insurance carrier must be notified of all alleged workplace injuries to allow the carrier to assign an adjuster to investigate the claim. If an injury is not reported within the timeframes defined in the workers' compensation act, the adjuster will take the steps it believes is appropriate to protect the employer's rights.

- Employees injured at work are entitled to receive medical treatment at no expense to them. Employers are entitled to guide treatment by providing the injured employee with a panel of at least three physicians who are willing and able to treat the injury and located within his/her community. The panel must be provided on an **Employee Choice of Physician Form C-42,** available on the "Forms" link on the Bureau's website www.tn.gov/workerscomp. Employers must provide the panel within three (3) business days of the employee notifying his/her employer of their injury. The employee should indicate the physician selected, sign the form and return it to the employer. Failure to timely provide a valid panel of physicians may subject the employer to a penalty assessed by the Bureau.
- Employers should provide the injured employee with a copy of the **Beginner's Guide to Tennessee Workers' Compensation,** available on the Bureau's website. This document provides important basic information to the employee and answers several commonly asked questions.
- Employers should immediately notify their insurance carrier after an injury is reported. Employers should report the injury to their insurance adjuster even if the injury is unwitnessed or suspicious. The adjuster will determine the claim's compensability. Failure to immediately report the injury to the adjuster may subject an employer to a penalty assessed by the Bureau.
- Employers are allowed to request a written statement from the employee reporting the injury. Having this statement will assist the insurance adjuster if an investigation is necessary.
- Employers should immediately work to eliminate the likelihood of someone else being injured in the same manner.
- If the injured employee is disabled and unable to work his/her normal job or usual number of hours, the employee may be entitled to receive temporary disability (partial wage replacement) benefits. The insurance adjuster will need the employer to provide a wage history for the injured employee on a **Wage Statement Form C-41**, available on the Bureau's website.

- **Notice to your employees**

The Tennessee workers' compensation law requires all covered employers to display the **Posting Notice** available on the "Forms" link on the Bureau's website. This notice provides your staff with the name and title of the person designated by the employer as the primary contact to receive reports of workplace injuries and illnesses. Your workers' compensation insurance carrier should also provide you with a copy of this form when you purchase or renew your policy.

- **Best Practices to Consider Implementing**

Employers can create a positive workers' compensation culture and help build a relationship of trust and mutual aid with employees. Here are some practices that you should consider.

- If one of your employees is injured at work, reinforce his/her value to you by becoming an advocate rather than an adversary. Be a resource when injured employees have questions or concerns.
- Encourage your employees to report their injuries as soon as possible. Delays in reporting injuries negatively affect recovery.
- Let your staff know how much you rely on them and want them to return. Stay in contact with injured employees during their recovery period if they are unable to work. Call them, email them, text them—even consider sending a "Get Well" card to them. It will be one of the best investments you can make in improving your workers' compensation culture and outcomes.
- Focus your workers' compensation goals on "workers' recovery". Provide work to your injured employees that comply with a treating physician's restrictions, if possible. If an employer considers an employee as disabled, the employee will view themselves as disabled, too. And, studies prove that the longer an injured worker stays off work, the less likely they are to return to work. Work to help your injured employees return to their health and to their jobs as quickly as possible. It is good for everyone!
- Provide the employee with a copy of the signed Form C-42 and assist the employee with making the appointment with the chosen physician.
- Remember, it is the responsibility of the insurance adjuster to "accept" or "deny" a workers' compensation claim, but he/she will need your assistance. Assist the insurance adjuster in investigating any claim in which you have doubts. Obtain witness statements. Take photos of the site of the injury. Do not automatically deny your employees their rights to report a claim just because you have doubts. Failure to timely provide appropriate benefits may subject an employer to a penalty assessed by the Bureau.
- Injured employees will often have questions about their benefits, their rights and what to expect. The Bureau has an Ombudsman Program designed to assist employees with these, and other questions if they are not represented by an attorney. Ombudsmen can be reached by calling 800-332-2667 or by emailing wc.info@tn.gov. The Bureau's website has information helpful to employers and injured employees. Share these resources with your supervisors before someone is injured and with injured employees after a claim is made.
- Perform an analysis concerning how injured employees have been treated in the past. If your employees routinely hire attorneys to obtain their workers' compensation benefits, work to discover why they believe that they need legal representation. Is it a reflection of their fears that can be overcome by improving the workplace culture or is it a misconception that can be overcome by training and education?
- Create a culture of safety. Stress job safety in staff meetings and new hire orientations. Recruit a Safety Committee. Work to eliminate potential injuries before they occur.
- Consider participating in the Tennessee Drug Free Workplace Program. The program is designed to increase productivity for Tennessee employers and promote safe worksites for employees by promoting drug- and alcohol-free workplaces. There are financial benefits available to employers for participating and additional information is available on the Bureau's website.
- Lead by example. Don't complain about the process. Encourage your employees to keep you informed about any changes to their ability to work. Let them know that you want them, and will help them, to recover and return to work as quickly as possible.

Visit the Bureau's website at: www.tn.gov/workerscomp

NURSE TRIAGE 24/7

The Society Nurse Triage 24/7 hotline provides Society Insurance policyholders with direct access to registered nurses 24 hours a day, seven days a week to assess and manage work-related injuries.

HOW IT WORKS

First thing's first: If a work injury occurs, make sure that immediate medical needs are addressed. If the injury is an emergency, someone should certainly call 911 and ensure that necessary care is available right away.

For all non-emergency work injuries, you should contact your supervisor. Together, you can call the Society Nurse Triage 24/7 hotline at **(877) 501-3050** for recommendations before treatment is pursued. You will be connected with a registered nurse who will assist you with the following:

- A "triage" of your injuries and symptoms
- Recommendations for self-care, if appropriate, to avoid unnecessary care for you, and unnecessary expense for your employer
- Recommendations on how and where to get the best possible care at the lowest possible price if treatment is needed for your injuries

WHAT'S IN IT FOR YOU?

Benefits include:

- Streamlined process
- Peace of mind
- Reduction in claims
- Reduction in claims costs

WE'RE ALL IN THIS TOGETHER

The goal of Society Nurse Triage 24/7 is to help achieve the best possible outcome for everyone involved.

SOCIETY INSURANCE®

Small details. Big difference.℠

Medcor®

© 2023 Society Insurance

TRIAJE DE ENFERMERÍ A 24/7

El triaje de enfermería 24/7 de Society Insurance provee a sus asegurados con acceso directo a enfermeras registradas las 24 horas del día, siete días a la semana dónde asesoraran y manejaran sus lesiones relacionado con su trabajo.

¿CÓMO FUNCCIONA?

Primero: Si una lesión en el trabajo ocurré, asegurase que las necesidades médicos sean atendidos de inmediato. Si la lesión es una emergencia, alguien deberá llamar al 911 y asegurar que el cuido necesario esté disponible lo antes posible.

Para todo lesión de trabajo que no sea de emergencia, deberas contactar a su supervisor. Juntos, podrán llamar al Triaje de Enfermería Society 24/7 a su línea directa **(877) 501-3050** para recomendaciones antes de conseguir tratamiento. Seras conectado con una enfermera registrado quién le asistirá en lo siguiente:

- "Triaje" con su lesión o sínptomas
- Recomendaciones para el cuidado personal, si es apropriado, para evitar cuido y gastos inecesarios para su empleador ó la compañía
- Recomendaciones sobre cómo y dónde obtener el mejor cuidado posible al costo más bajo en caso de que tratamiento sea requerido para sus lesiones

¿CÓMO ME BENEFICIO?

Beneficios incluyen:

- Proceso más efectivo
- Paz y tranqulidad para ústed
- Reducción de reclamos
- Reducción en el costo de reclamos

ESTAMOS TODOS JUNTOS ENESTO

La meta de Triaje de Enfermía Society 24/7 es ayudar y lograr el mejor resultado para todos los involucrados.

SOCIETY INSURANCE®

Small details. Big difference.℠

Medcor®

© 2023 Society Insurance