TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADM/CARRIER

JURISDICTION CLAIM # (STATE FILE #)

CLAIMS ADM CLAIM # (INSURER CLAIM #)

OSHA LOG CASE #

CLAIM TYPE CODE
- ☐ MED ONLY
- ☐ INDEMNITY
- ☐ BECAME LOST TIME
- ☐ BECAME MED ONLY
- ☐ NOTIFY ONLY
- ☐ TRANSFER

NAME OF INSURANCE CARRIER: TML Risk Management Pool

CARRIER FEIN: 62-1074045

CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER): TML Pool Claims

FEIN OF CLMS ADM: 59-2863407

CLAIMS ADJUSTER NAME: FAX 877-469-7611

CLMS ADJ PHONE #: 615-370-4180 800-238-0829

CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2: 5100 Maryland Way

CITY: Brentwood | STATE: TN | ZIP: 37027

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.

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.

IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD).

EMPLOYER

EMPLOYER NAME: Highland Rim Economic Corporation

EMPLOYER FEIN: 62-0757461

SIC CODE | PHONE NUMBER

EMPLOYER ADDRESS LINE 1 AND LINE 2: PO Box 208

NATURE OF BUSINESS: Community Action Agency

CITY: Erin | STATE: TN | ZIP: 37061

INSURED REPORT # | EMPLOYER LOCATION

POLICY

INSURED NAME (PARENT CO IF DIFFERENT THAN EMPLOYER)

POLICY NUMBER

SELF INSURED? ☐ YES ☐ NO

EFF DATE: 07/01/17

EXP DATE: 06/30/18

EMPLOYMENT STATUS CODE
- ☐ FULL TIME/REGULAR
- ☐ PART TIME
- ☐ PIECE WORKER
- ☐ SEASONAL
- ☐ VOLUNTEER
- ☐ APPRENTICE FULL TIME
- ☐ APPRENTICE PART TIME

EMPLOYEE

EMPLOYEE LAST NAME

PHONE INCL AREA CODE

FIRST | MI

DEPARTMENT REGULARLY WORKED

ADDRESS LINE 1 & 2

GENDER
- ☐ MALE
- ☐ FEMALE
- ☐ UNKNOWN

OCCUPATION DESCRIPTION

CITY | STATE | ZIP

MARITAL STATUS
- ☐ UNMARRIED, SINGLE, DIVORCED
- ☐ MARRIED
- ☐ SEPARATED
- ☐ UNKNOWN

NCCI CLASS CODE

SSN | DATE OF BIRTH | DATE OF HIRE

WAGE

WAGE $

PERIOD
- ☐ HOURLY
- ☐ DAILY
- ☐ WEEKLY
- ☐ BI-WEEKLY
- ☐ MONTHLY

NUMBER OF DAYS WORKED PER WEEK

SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☐ NO

FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO

ACCIDENT/INJURY

DATE OF INJURY

TIME OF INJURY ☐ AM ☐ PM ☐ COULD NOT BE DETERMINED

TIME EMPLOYEE BEGAN WORK ON INJURY DATE ☐ AM ☐ PM

DATE EMPLOYER NOTIFIED OF INJURY

BODY PART AFFECTED CODE: N/A

NATURE OF INJURY CODE: N/A

CAUSE OF INJURY CODE: N/A

DATE CLAIM ADM NOTIFIED OF INJURY

DATE LAST DAY WORKED

DATE DISABILITY BEGAN

RETURN TO WORK DATE (IF APPLICABLE)

HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE.

DATE OF DEATH (IF APPLICABLE)

IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP
- ☐ WIDOW
- ☐ WIDOWER
- ☐ MOTHER
- ☐ FATHER
- ____ DAUGHTER
- ____ SON
- ____ SISTER
- ____ BROTHER
- ____ HANDICAPPED CHILD

TOTAL # DEPENDENTS

DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO

ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES) CITY STATE ZIP

COUNTY OF INJURY

TREATMENT

PHYSICIAN NAME

HOSPITAL OR OFF SITE TREATMENT NAME

ADDRESS LINE 1 AND 2

ADDRESS LINE 1 AND 2

CITY | STATE | ZIP

CITY | STATE | ZIP

INITIAL TREATMENT
- ☐ NO MEDICAL TREATMENT
- ☐ MINOR BY EMPLOYER
- ☐ MINOR BY CLINIC/HOSPITAL
- ☐ HOSPITALIZED > 24 HRS
- ☐ EMERGENCY CARE
- ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

OTHER

DATE PREPARED | PREPARER'S NAME & TITLE | PREPARER'S COMPANY NAME | PHONE NUMBER

FORM C-42

DIVISION OF WORKERS' COMPENSATION
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPME N
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. Horizon Medical Center Emergency Room — (615) 446-0446
   Physician's Name — Telephone
   111 Hwy. 70 East — Dickson — TN — 37055
   Office Address — City — State — Zip
2. Waverly Clinic — (931) 296-7788
   Physician's Name — Telephone
   806 East Main St — Waverly — TN — 37185
   Office Address — City — State — Zip
3. Dickson Medical Association — (615) 446-2708
   Physician's Name — Telephone
   758 Hwy. 46 — Dickson — TN — 37055
   Office Address — City — State — Zip
4. Hilcrest Clinic — (931) 289-4201
   Physician's Or Chiropractor's Name — Telephone
   4891 E. Main St. — Erin — TN — 37061
   Office Address — City — State — Zip
5. Houston Co. Community Hospital Emergency Room — (931) 289-4211
   Physician's Name — Telephone
   4895 E. Main St. — Erin — TN — 37061
   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: _____

Highland Rim Economic Corporation
Employer's Name

PO Box 208
Street Address

Erin — TN — 37061
City — State — Zip

931-289-4101 — bfinch@hghlndrim.org
Telephone — Email

Employer's Signature

Employee's Name

Street Address

City — State — Zip

Telephone — Email

Employee's Signature

Employee's Social Security Number

State File Number

FORM C-42

DIVISION OF WORKERS' COMPENSATION
TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPME N
220 French Landing Dr.
Nashville, Tennessee 37243-1002

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In compliance with the Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204

1. Henry County Medical Center — (731) 642-1220
   Physician's Name — Telephone
   301 Tyson Ave — Paris — TN — 38242
   Office Address — City — State — Zip
2. Tennova Family Medicine — (931) 232-5141
   Physician's Name — Telephone
   133 Dr. Robert H. Lee Dr — Dover — TN — 37058
   Office Address — City — State — Zip
3. Three Rivers Hospital Emergency Room — (931) 296-4203
   Physician's Name — Telephone
   451 State Spur 13 — Waverly — TN — 37185
   Office Address — City — State — Zip
4. Tennova Healthcare — (931) 502-1000
   Physician's Or Chiropractor's Name — Telephone
   651 Dunlop Ln — Clarksville — TN — 37040
   Office Address — City — State — Zip
5. _____ — _____
   Physician's Name — Telephone
   Office Address — City — State — Zip

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Highland Rim Economic Corporation
Employer's Name

PO Box 208
Street Address

Erin — TN — 37061
City — State — Zip

931-289-4101 — bfinch@hghlndrim.org
Telephone — Email

Employer's Signature

Employee's Name

Street Address

City — State — Zip

Telephone — Email

Employee's Signature

Employee's Social Security Number

State File Number

FORM C-42

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
220 French Landing Dr.
Nashville, Tennessee 37243-1002
Website: www.tn.gov/labor-wfd/wcomp.html

AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN

In compliance with the Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204

Upon the report of a workplace injury, an employer should provide the employee, in writing an Agreement Between Employer/Employee Choice Of Physician Form C-42. The form must indicate the name of the physician chosen by the injured employee, be signed by the employee with a copy given to the employee, and the original kept on file with the employer. Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement from the insurance carrier for their travel expense.

The injured employee must submit to examination by the employer's physician at all reasonable times if requested to do so by the 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 the employee's physician for that 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 that the employer is required to furnish under this chapter, the injured employee's right to compensation shall be suspended and no compensation shall be due and payable while the injured employee continues to refuse.

For injuries prior to July 1, 2014, the injured employee shall accept the medical benefits afforded hereunder; provided, the employer shall designate a group of three (3) or more reputable physicians or surgeons not associated together in practice, if available in that community, from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician. If the injury is a back injury, the statutory panel must be expanded to 4, one of whom must be a chiropractor with treatment limited to 12 chiropractic visits. Further, if the injury or illness requires the treatment of a physician or surgeon who practices orthopedic or neuroscience medicine, the employer **may** appoint a panel practicing orthopedic or neuroscience medicine consisting of 5 physicians, with no more than 4 physicians affiliated in practice. If there are not enough physicians available within the community of the injured worker, names of physicians from outside the community should be added. If the employer provides this panel, the injured employee shall be entitled to have a second opinion on the issue of surgery, impairment, and a diagnosis from that same panel.

For injuries on or after July 1, 2014, the injured employee shall accept the medical benefits afforded under this section; provided, that in any case when the employee has suffered an injury and expressed a need for medical care, the employer shall designate a group of three (3) or more independent reputable physicians or surgeons, chiropractors or specialty practice groups if available in the injured employee's community, from which the injured employee shall select one (1) to be the treating physician. If three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups are not available in the employee's community, the employer shall provide a list of three (3) independent reputable physicians, surgeons, chiropractors or specialty practice groups, within a one hundred (100) mile radius of the employee's community. When necessary, the treating physician selected shall make referrals to a specialist physician, surgeon, or chiropractor and immediately notify the employer. The employer shall be deemed to have accepted the referral, unless the employer, within three (3) business days, provides the employee a panel of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups. In this case, the employee may choose a specialist physician, surgeon, chiropractor or specialty practice group to provide treatment only from the panel provided by the employer. When the treating physician or chiropractor refers the injured employee, the employee shall be entitled to have a second opinion on the issue of surgery and diagnosis from a physician or chiropractor specified in the initial panel of physicians provided by the employer. The employee's decision to obtain a second opinion shall not alter the previous selection of the treating physician or chiropractor.

If you have any questions or need assistance in completing this form, call 1-800-332-2667.