Physician Selection for Occupational Injuries/Diseases

Instructions: To apply for benefits under the Workers' Compensation Act, VCU Employee Health Services must receive **1) this completed claim form** and **2) the Accident Report Workers' Compensation form** by hand delivery (VCU Employee Health Services, 401 North 11th Street, Richmond, VA 23298-0134, Nelson Clinic, 1st Floor), by mail (VCU Employee Health Services, PO Box 980134, Richmond, VA 23298-0134), or by encrypted email from within the VCU network to workcomp@vcu.edu.

The Virginia Workers' Compensation law requires your employer to provide to you a panel of at least three physicians. You must select a physician from this panel to treat your work related injury. If you do not use one of these physicians for your work related injury, you may be responsible for the cost of medical care. In case of an emergency, one initial Emergency Room (ER) visit to any hospital will be authorized under workers' compensation. Managed Care Innovations (MCI) will determine payment of services. Following any ER treatment, you must select one of the panel physicians listed below. You are required to keep all appointments with the selected physician and accept the treatment recommended by that physician as well as any other physician or medical care provider(s) to whom you are referred.

1) **John Downs, M.D.**
VCU Employee Health Services
Nelson Clinic, 1st Floor
401 North 11th Street
Richmond, VA 23298-0134
Phone: (804) 828-0584

Treatment by VCU Employee Health Services is available from 9 a.m. to 4 p.m. on weekdays. After 4 p.m. and on weekends and holidays, treatment is provided by VCU Medical Center Emergency Room: Main Hospital, Ground Floor.

2) **Patient First**
Choose **physician name**

Brent Miller, M.D.	**Carytown** (Richmond, VA), 12 N. Thompson St. – Phone: (804) 359-1337
G. Clifford Walton, M.D.	**Chester** (Chester, VA), 12101 S. Chalkley Rd. – Phone: (804) 796-3636
Cora Owen, D.O.	**Short Pump** (Richmond, VA), 3370 Pump Rd. – Phone: (804) 360-8061
Melissa Aquilo, M.D.	**Hanover** (Mechanicsville, VA), 7238 Mechanicsville Tpk. – Phone: (804) 559-9900
Victoria Rennie, MD	**Colonial Heights** (Colonial Heights, VA), 1260 Temple Ave. – Phone: (804) 518-2597
Andrew Kolb, D.O.	**Parham** (Richmond, VA), 2205 N. Parham Rd. – Phone: (804) 270-2150
Trenee West, M.D.	**Midlothian** (Richmond, VA), 8110 Midlothian Tpk. – Phone: (804) 320-8160
Rahul Wadnerkar, M.D.	**Woodman** (Richmond, VA), 2300 E. Parham Rd. – Phone: (804) 264-7808

3) **Concentra Telemed**
Shauna Stupart, M.D.
Patient access: www.concentratelemed.com (See "Employee Instructions" for Concentra Telemed)

I, _____(insert your name) have been presented with a panel of at least three physicians and have selected _____(insert **physician's name** from list above) to provide me with medical care for my work related injury. I understand that I am to remain under this physician's care for the treatment of my injury/disease in order to receive medical care without cost to me. Note: Only semi-private rates will be covered if hospitalization is required.

By signing this form, I release all medical information to M C Innovations (MCI). All information will be considered confidential and used only in the matter of the workers' compensation claim.

SIGNATURE: _____DATE:_____

PRINTED NAME:_____ DATE OF INJURY: _____

VCU Human Resources | Lindsey House | 600 West Franklin Street | Box 842511 | Richmond, Virginia 23284-2511 (804) 828-0177 | Fax: (804) 828-2968 | TDD: 1 (800) 828-1120 | www.hr.vcu.edu