

WORKERS' COMPENSATION

Panel Physicians Form



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.*

Please select a physician from this Panel, complete and sign this form and return it to your supervisor. The supervisor should immediately return this form to **MANAGED CARE INNOVATIONS (MCI) at P.O. Box 1140, Richmond, VA 23218-1140 Phone 804/649-2288 Fax 804/371-2556** or via e-mail to covimaging@avizentrisk.com

Please choose from the following list by writing the physician's name and signing the form. Return the form to your supervisor for filing with the claim application.

1) _____ NAME	2) _____ NAME	3) _____ NAME
_____ ADDRESS	_____ ADDRESS	_____ ADDRESS
_____ PHONE	_____ PHONE	_____ PHONE
<input type="checkbox"/> PPO Physician	<input type="checkbox"/> PPO Physician	<input type="checkbox"/> PPO Physician

(Please check the above PPO PHYSICIAN box if appropriate)

If the Sedgwick PPO Physician block is checked say the following when making your appointment with the doctor: "I am a Commonwealth of Virginia employee and you are listed as a participant in the Sedgwick PPO network and I have been directed to seek your services."

Employee

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

I have been presented with a panel of at least three physicians and have selected

Dr. _____ to provide me with medical care for my work related injury.

Signed: _____ Date: _____
NAME

Printed: _____ Date of Injury: _____
NAME

Claim Number: _____