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 MC 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@sedgwick.com

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

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Name	Name		Name
Address	Address		Address
Phone	Phone	_	Phone
	OTHER - Pharmacy Benefits		
Concentra Telemed Dr. Shauna Stupart (877) 861-1251 Patient Access: www.concentratelemed.com Employer Information: www.concentra.com/telemedicine telemed@concentra.com	Alius Health - First Fill Pharmacy Benefit: Member ID: ALIUS + last 4 digits of patier Person Code: 01 RxGroup #: ALHFF03012021 RxBIN/IIN: 610729 RxPCN: ALIUS ATTENTION PHARMACISTS: Please proce prescriptions through Script Care. For questions, please call Alius Health at 740-661-4463. 800-563-8438	nt SSN	
	Employee		
By signing this form, I release all medica only in the matter of the workers' compe	al information to MC Innovations. All inform	nation will be consid	ered confidential and used
I have been presented with a panel of a	t least three physicians and have selected	d:	
Or to prov	ride me with medical care for my work rela	ated injury.	
Signed:	Date:		
Printed:	Date of Injury:		

Add the "Submit your Form by Email" button here, changing the email address to @sedgwick.com