Workers' Compensation

Panel Physicians Form

www.covwc.com

MCI MC INNOVATIONS

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 23218-140. 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 filing with the claim application.

INITIAL CARE

1. _____ Name
   _____ Address
   _____ Phone

2. _____ Name
   _____ Address
   _____ Phone

3. _____ Name
   _____ Address
   _____ Phone

4. **Concentra Telemed**
   Dr. Shauna Stupart
   (877) 861-1251
   Patient Access:
   www.concentratelemed.com
   Employer Information:
   www.concentra.com/telemedicine
   telemed@concentra.com

OTHER - Pharmacy Benefits

Alius Health - First Fill Pharmacy Benefits Member ID: ALIUS + last 4 digits of patient SSN
Person Code: 01
RxGroup #: ALHFF03012021
RxBIN/IIN: 610729
RxPCN: ALIUS
ATTENTION PHARMACISTS: Please process prescriptions through Script Care. For questions, please call Alius Health at 740-661-4463. 800-563-8438

Employee

By signing this form, I release all medical information to MC 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

Employer

This is a Commonwealth of Virginia employee and authorized to treat with the above selected physician (facility).

Name:_____Date: _____

Title:_____Signature: _____

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals,uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St
Richmond, Virginia 23219

1-877-664-2566
www.workcomp.virginia.gov

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.
Effective Date: 2/2021

NOTICIA SOBRE COMPENSACIÓN LABORAL

Los empleados de ésta empresa estan cubiertos por la Ley de Compensacion Para Los Trabajadores deVirginia (Virginia Workers' Compesation Act). En caso de lesion por accidente o aviso de una enfermedadocupacional:

EL EMPLEADO DEBE:

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional ydar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" decualquier reclamo por compensación por periodos de incapacidad de más de siete dias despues delaccidente. En caso de lesiones fatales, el aviso debe ser dado por uno o mas de los dependientes oherederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audencia dentro de dos años de la fecha de lalesión por accidente or de la primera comunicación del diagnóstico de enfermedad ocupacional, sino llega a un acuerdo con el empleador en relacion al pago de compensación bajo la Ley.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTA: El reporte de accidente del empleador no es la presentacion del reclamo del empleado. El pago voluntario sueldos o compensacion durante la incapacidad o de los gastos medicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendoacuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dosanos del accidente; un año en caso de fallecimiento.

EL EMPLEADOR DEBE:

1. Al momento del accidente, dar al empleado los nombres de por lo menos tres médicos, de loscuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comision a traves de su representate o directamente a la Comisión.
3. Determinar exactamente el salario semanal del empleado, incluyendo sobretiempo, comidas,uniformes, etc.

Preguntas pueden ser contestadas llamando a la Comision. Un folleto explicando la Ley de CompensaciónPara Los Trabajadores esta disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St., Richmond, Virginia 23219
1-877-664-2566
vwc.state.va.us

Cada empleador dentro de la operacion de la Ley de Compensacion Para Trabajadores en Virginia,DEBE DE EXPONER ESTE AVISO EN UN LUGAR VISIBLE, en la empresa o lugar de negocios.

Fecha efectiva: 2/2021