



Human Resources & Payroll  
4400 University Drive, MS 3C3, Fairfax, Virginia 22030  
Phone: 703-993-2600; Fax: 703-993-2601

Panel of Physicians- Initial Visit  
(Maryland)

**SUBJECT: Panel Physician Selection**

If you are an employee injured in a work related accident and require immediate care, you should report to the nearest medical facility for treatment. All other work-related injuries or illnesses requiring a medical evaluation and all additional treatment or referrals must be reported to your supervisor and the Workers' Compensation office as soon as possible.

Please note that every employee, even if you are not seeking medical treatment, must complete and return this form to the Workers' Compensation office.

Please indicate your choice of physician from the panel listed on page 2, sign the form on page 3 and return it as soon as possible.

If you have questions regarding any part of the Workers' Compensation process, please contact a Benefits and Workers' Compensation Specialist, 703.993.2600 or [benefits@gmu.edu](mailto:benefits@gmu.edu).

The completed form needs to be sent to:

The Workers' Compensation Office  
Human Resources & Payroll  
MSN 3C3  
Fax: 703.993.2601  
Email: [benefits@gmu.edu](mailto:benefits@gmu.edu)

**Please Note: If you participate with Kaiser Permanente health please seek medical attention with Kaiser at (703)359-7878.**

<b>Providers for Initial Visits</b>		
Kaiser- if you have Kaiser go to your primary care physician		
Shady Grove Adventist Hospital	9901 Medical Center Dr. Rockville, MD 20850	240.826.6000
Montgomery General Hospital	18101 Prince Philip Dr. Olney, MD 20832	301.774.8900
Dr. Jean Ann Beaton Patient First- Silver Spring	8601 16 <sup>th</sup> St. Silver Spring, MD 20910	301.960.4682
Dr. Ramin Mazhari Patient First- Rockville	726 Rockville Pike Rockville, MD 20852	240.238.0411
Dr. Simon Boulattouf Patient First- Clinton	9000 Woodyard Rd. Clinton, MD 20735	240.546.3428
Dr. Melissa Anderson Patient First- Laurel	3357 B Corridor Marketplace Laurel, MD 20724	301.497.1820
Dr. Faranak Moghadam Patient First- Annapolis	2051 West St. Annapolis, MD 21401	443.603.0758
Dr. Michael Williams Concentra Medical Center	4451 Parliament Place Suite G Lanham, MD 20706	301.459.9113
Dr. Michael A. Sauri Occupational Health Consultants	15005 Shady Grove Road Suite 450 Rockville, MD 20850	301.738.6420

The Doctor I have selected is \_\_\_\_\_.

\_\_\_\_\_ I **am seeking** medical treatment.

\_\_\_\_\_ I **am not seeking** medical treatment at this time. However, I understand that if medical treatment becomes necessary I must use the physician I have selected above.

**NOTE: You may not choose a chiropractor or a physical therapist as a primary source for treatment. All visits to chiropractors and/or physical therapists must have a referral from a licensed physician.**

**ACKNOWLEDGMENT**

I have reviewed the panel of physicians provided. I will notify the physician's office that this may be a work related injury/illness and that the carrier is the Commonwealth of Virginia, Managed Care Innovations. The billing address for claims is P.O. Box 1140 Richmond, VA 23218. Physicians may obtain claim confirmation through Workers' Compensation Office, 703.993.2600 or [benefits@gmu.edu](mailto:benefits@gmu.edu)

Initial Here: \_\_\_\_\_

**RELEASE OF INFORMATION:**

In order to safeguard your privacy, the Workers' Compensation Office requests your signed consent to furnish information regarding your medical status and sick and/or personal leave balances to your supervisor, GMU departments of Human Resources & Payroll, and/or the ADA committee "on a need to know basis". Workers' Compensation Office asks that you consent to the acquisitions or release of such information in writing. So far as possible, this information will be kept confidential.

Initial Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you need further information regarding this procedure, please contact the Virginia Workers' Compensation Commission at (804) 367-8600.