



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

Panel of Physicians- Orthopedic

SUBJECT: Panel Physician Selection- Orthopedic

This panel is for use if your initial provider refers you to an orthopedic doctor. You may not use this panel for your initial visit. Please use this panel for your initial visit:

<http://hr.gmu.edu/benefits/docs/InitialVisitPanel-6-27-2016.pdf>

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 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 the Benefits Office at benefits@gmu.edu or 703.993.2600.

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

November 2017

Please Note: If you participate with Kaiser Permanente health, contact a member of the Benefits team for claim updates.

Orthopedic Doctors		
Kaiser- if you have Kaiser ask for claim update from Benefits office		703.359.7878
Dr. Alexander Croog OrthoVirginia	Any OrthoVirginia Location	703.293.5184
Dr. Bradford Knight Prince William Orthopaedics	8525 Rolling Rd, Ste. 300 Manassas, VA 20110	703.393.1667
Dr. Paymaun Lotfi NoVA Orthopedic and Spine Care	14605 Potomac Branch Dr., #300 Woodbridge, VA 22191	703.490.1112
Dr. Cyrus Press NOVA Orthopedic and Spine Care	1515 Chain Bridge Rd., #202 McLean, VA 22101	703.490.1112
Dr. Vinh Tran NOVA Orthopaedics and Sports Medicine Center	8206 Leesburg Pike, Ste. 409 Vienna, VA 22182	703.288.0094
Dr. Thomas Fleeter Town Center Orthopedics	1860 Town Center Dr., #300 Reston, VA 20190	703.435.6604
Dr. Nadim Hallal INOVA Orthopaedics	6355 Walker Ln., Ste. 300 Alexandria, VA 22310	703.797.6980
Dr. Jeff Schulman INOVA Orthopaedics	8501 Arlington Blvd., Ste. 200 Fairfax, VA 22031	703.970.6464
Dr. Jeffrey Wise Blue Ridge Orthopaedic & Spine Center- Warrenton	52 West Shirley Avenue, Warrenton, VA 20186	540.347.9220
Dr. James Ward Blue Ridge Orthopaedic & Spine Center- Gainesville	14370 Lee Highway, Suite 102 Gainesville, VA 20155	703.743.2814
Dr. John Kim Northern Virginia Orthopaedic Specialists- Manassas	8644 Sudley Road, Suite 308 Manassas, VA 20110	703.369.9070
Dr. Kevin Peltier Northern Virginia Orthopaedic Specialists- Haymarket	15195 Heathcote Blvd, Suite 334 Haymarket, VA 20169	703.369.9070
Dr. Barry Boden The Orthopaedic Center-- Rockville Clinic	9420 Key West Ave., Ste. 300 Rockville, MD 20850	301.294.0050
Dr. Kenneth Fine The Orthopaedic Center— Germantown Clinic	Suburban Wellness Center 20500 Seneca Meadows Parkway Ste 2100 Germantown, MD 20874	301.972.4752

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 the Benefits Office, 703.993.2600

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.