



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

Biomedical Research Lab Panel

Biomedical Research Lab (BRL) Panel Physician Selection

This panel is for the BRL Infectious Disease Program ONLY. If you do not fall into this category, please use refer to the general panel of physician form available at http://hr.gmu.edu/forms_standard/benefits/PanelOfPhysicians.pdf

If you are an employee injured in a work related accident and require immediate care, you should report to Prince William Hospital or Inova Fairfax Hospital 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 Courtney Ashmore, Benefits and Workers' Compensation Specialist, 703.993.7756 or cashmor1@gmu.edu.

The completed form needs to be sent to:

The Workers' Compensation Office
Human Resources & Payroll
MSN 3C3
Fax: 703.993.2601
Email: cashmor1@gmu.edu

September 2014

Biomedical Research Lab ONLY!

Providers for Initial Visits		
Infectious Diseases Physicians, Inc.	3289 Woodburn Rd, Suite 200 Annandale, VA 22003	703.560.7900
Occupational Health Consultants, Michael Sauri, MD	15005 Shady Grove Rd Suite 450 Rockville, MD 20850	301.738.6420
Inova Occupational Health	24801 Pinebrook Rd Chantilly, VA 20152	571.432.3122

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, Courtney Ashmore 703.993.7756

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.