



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

**Panel of Physicians- Initial Visit
(Front Royal)**

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.

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**

PANEL OF PHYSICIANS

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

Providers for Initial Visits		
Kaiser- if you have Kaiser go to your primary care physician		
Dr. Anil Suwal Valley Health Urgent Care	607 E. Jubal Early Dr. Winchester, VA 22601	540.536.2200
Dr. John Sealander Valley Health Urgent Care	65 Riverton Commons Plaza Front Royal, VA 22630	540.635.0700
Dr. Jillian Rogers Valley Health Urgent Care	97 Administrative Dr. Martinsburg, WV 25401	304.350.3200
Dr. Graham Dondlinger NOVA Urgent Care	6950 Piedmont Center Plaza Gainesville, VA 20155	540.347.0400
Dr. Catherine Pipan INOVA Medical Center-Dulles South	24801 Pinebrook Road Chantilly, VA 20152	703.722.2500
Dr. Kurt Rodney INOVA Urgent Care of Purcellville	740 East Main St Purcellville, VA 20132	540.338.4995
Dr. George Jastrzebski INOVA Emergency Care Center-Reston	11901 Baron Cameron Avenue Suite A Reston, VA 20190	703.668.8333
Dr. Kathy Floyd Patient First-Leesburg	601 Potomac Station Drive Leesburg, VA 20176	703.840.1396
Dr. John Bigbee Patient First- Manassas	9715 Liberia Ave Manassas, VA 20110	571.229.1797
Dr. Kelvin Kemp Patient First-Garrisonville	60 Prosperity Lane Stafford, VA 22556	540.658.2811
Dr. Kevin Donaghey Patient First- Fredericksburg	3031 Plank Road Fredericksburg, VA 22401	540.736.5043
Dr. Robert Latimer, Jr. Bull Run Family Practice	8640 Sudley Road Suite 203 Manassas, VA 20110	703.368.3161

PANEL OF PHYSICIANS

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

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.