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

<table>
<thead>
<tr>
<th>Orthopedic Doctors</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
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<tbody>
<tr>
<td>Kaiser- if you have Kaiser go to your primary care physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington Orthopedic and Knee Clinic</td>
<td>8316 Arlington Blvd, Suite 400, Fairfax, VA 22031</td>
<td>703.641.5633</td>
</tr>
<tr>
<td>Commonwealth Orthopaedic</td>
<td>Any location</td>
<td></td>
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<tr>
<td>Blue Ridge Orthopaedic &amp; Spine Center- Warrenton</td>
<td>52 West Shirley Avenue, Warrenton, VA 20186</td>
<td>540.347.9220</td>
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<tr>
<td>Blue Ridge Orthopaedic &amp; Spine Center- Gainesville</td>
<td>14370 Lee Highway, Suite 102, Gainesville, VA 20155</td>
<td>703.743.2814</td>
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<tr>
<td>Northern Virginia Orthopaedic Specialists- Manassas</td>
<td>8644 Sudley Road, Suite 308, Manassas, VA 20110</td>
<td>703.369.9070</td>
</tr>
<tr>
<td>Northern Virginia Orthopaedic Specialists- Haymarket</td>
<td>15195 Heathcote Blvd, Suite 334, Haymarket, VA 20169</td>
<td>703.369.9070</td>
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</tbody>
</table>
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.