

PANEL OF PHYSICIANS



Human Resources & Payroll

4441 George Mason Blvd, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

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 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

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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		
Virginia Hospital Center	1701 N George Mason Drive Arlington, VA 22205	703.558.5000
INOVA Occupational Health Center-Alex	4320 Seminary Road Alexandria, VA 22304	703.504.6600
INOVA Emergency Care Center-Fairfax	4315 Chain Bridge Road Fairfax, VA 22030	703.877.8200
INOVA Medical Center-Dulles South	24801 Pinebrook Road Chantilly, VA 20152	703.722.2500
INOVA Urgent Care of Vienna	100 Maple Ave. East Vienna, VA 22180	703.938.5300
INOVA Urgent Care of Centreville	6201 Centreville Road Suite 200 Centreville, VA 20121	703.830.5600
INOVA Urgent Care of Purcellville	205 East Hirst Road Suite 101 Purcellville, VA 20132	540.338.4995
INOVA Emergency Care Center-Reston	11901 Baron Cameron Avenue Reston, VA 20190	703.668.8333
Patient First-Leesburg	601 Potomac Station Drive Leesburg, VA 20176	703.840.1396
Patient First- Manassas	9715 Liberia Ave Manassas, VA 20110	571.229.1797
Patient First-Garrisonville	60 Prosperity Lane Stafford, VA 22556	540.658.2811
Patient First- Fredericksburg	3031 Plank Road Fredericksburg, VA 22401	540.736.5043
Bull Run Family Practice	8640 Sudley Road Suite 203 Manassas, VA 20110	703.368.3161
Concentra Medical Center	5590 General Washington Boulevard Alexandria, VA 22312	703.914.6718
Concentra Medical Center	45305 Catalina Court, Suite 103 Sterling, VA 20166	703.435.7656
Concentra Medical Center	4451 Parliament Place Suite G Lanham, MD 20706	301.459.9113
Occupational Health Consultants	15005 Shady Grove Road Suite 450 Rockville, MD 20850	301.738.6420
Orthopedists		
Washington Orthopedic and Knee Clinic	8316 Arlington Blvd, Suite 400 Fairfax, VA 22031	703.641.5633
Commonwealth Orthopaedic	Any location	

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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.