

WORKERS' COMPENSATION

Panel Physicians Form



The Virginia Workers' Compensation law requires your employer to provide to you a Panel of at least three physicians. You must select a physician from this Panel to treat your work related injury. If you do not use one of these physicians for your work related injury, you may be responsible for the cost of medical care.

Please select a physician from this Panel, complete and sign this form and return it to Libby MacDonald
Watermens Hall Room 231 (804) 684-7201.

The form will then be returned to:

**MANAGED CARE INNOVATIONS (MCI) at P.O Box 1140, Richmond, VA 23218-1140.
Phone 804/649-2288. Fax 804/371-2556.**

1) Dan Naumann, M.D.

NAME
Velocity Urgent Care

ADDRESS
4374 New Town Ave., Ste. 100
Williamsburg, VA 23188

Office: 757-772-6124

PHONE
8am – 8pm
7 days a week

2) Phi Lam, M.D.

NAME
Patient First

ADDRESS
611 Denbigh Blvd.
Newport News, VA 23608

Office: 757-283-8300
Fax: 757-283-8301

PHONE
8am – 10 pm
7 days a week

3) Eric Obie, M.D.

NAME
MD Express

ADDRESS
120 Monticello Ave
Williamsburg, VA 23185

Office: 757-564-3627

PHONE
9am – 9pm
7 days a week

Employee

By signing this form, I release all medical information to Managed Care Innovations. All information will be considered confidential and used only in the matter of the workers' compensation claim.

I have been presented with a panel of at least three physicians and have selected

Dr. _____ to provide me with medical care for my work related injury.

Signed: _____ Date: _____
NAME

Printed: _____ Date of Injury: _____
NAME

Agency Representative: _____
Printed name Signature Date