

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 your supervisor. The supervisor should immediately return this form to **MANAGED CARE INNOVATIONS (MCI) at P.O. Box 1140, Richmond, VA 23218-1140. Phone 804/649-2288. Fax 804/371-2556.**

Please choose from the following list by writing the physician's name and signing the form. Return the form to your supervisor for filing with the claim application.

1) _____ NAME	2) _____ NAME	3) _____ NAME
_____ ADDRESS	_____ ADDRESS	_____ ADDRESS
_____ PHONE	_____ PHONE	_____ PHONE
Corvel PPO Physician Yes ___ No ___	Corvel PPO Physician Yes ___ No ___	Corvel PPO Physician Yes ___ No ___

If the Corvel PPO Physician is checked yes, please say the following when making your appointment with the doctor: "I am a Commonwealth of Virginia employee and you are listed as a participant in the CorVel "CorCare" PPO network and I have been directed to seek your services."

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

Social Security Number: _____