



Workers' Compensation Orthopedic Panel Physicians Form

The Virginia Workers' Compensation law requires JMU 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: **JMU Human Resources, MSC7009, 752 Ott St, Harrisonburg, VA 22807 Phone (540) 568-6165 Fax (540) 568-7916 Email: benefits@jmu.edu**

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

<u>Augusta Orthopedics</u>	<u>Hess Orthopedics & Sports Medicine</u>	<u>Sentara RMH Orthopedic Center</u>
Name	Name	Name
<u>108 MacTanly Place Staunton, VA 24401</u>	<u>4165 Quarles Court Harrisonburg, VA 22801</u>	<u>2509 Pleasant Run Drive Harrisonburg, VA 22801</u>
Address	Address	Address
<u>(540) 932-5851</u>	<u>(540) 434-1664</u>	<u>(540) 689-5500</u>
Phone	Phone	Phone

Employee, please fill out the section below:

By signing this form, I release all medical information to JMU Human Resources. 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: _____

Printed: _____ Date of Injury: _____
Name

Agency Representative: _____
Printed Name Signature Date