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.

Shenandoah Valley Orthopedics and Sports Medicine	Shenandoah Valley Orthopedics and Sports Medicine	Sentara RMH Orthopedic Center
Name	Name	Name
70 Medical Center Cir Ste 110 Fishersville, VA 22939	644 University Blvd Ste A Harrisonburg, VA 22801	2509 Pleasant Run Drive Harrisonburg, VA 22801
Address	Address	Address
(540) 932-5850	(540) 932-5850	(540) 689-5500
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

Revised 5/2020