Workers' Compensation 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 the 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, MSC 7009, 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. Please return the form to your supervisor.

- ☐ Concentra Telemed, Dr. Shauna Stupart, www.concentratelemed.com
  *See Employee Instructions for Concentra Telemed Account Setup
- ☐ Emergicare, Dr. Jonathan Shank, 343 Neff Ave, Suite C, Harrisonburg, VA 22801 Phone: (540) 432-9996
- ☐ Bon Secours Urgent Care, Carlton Stadler, MD, 1840 E. Market St, Harrisonburg, VA 22801 Phone: (540) 432-3080
- ☐ Valley Urgent Care, Dr. Michelle Seekford, 1921 Medical Ave, Suite A, Harrisonburg, VA 22801 Phone: (540) 434-5709
- ☐ Sentara Urgent Care, John Gray, MD, 3841 Stone Spring Rd, Rockingham, VA 22801 Phone: (540) 346-6288

Employee, please fill out the section below:

By signing this form, I release all medical information concerning this incident 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.

Print Name: _____Date: _____
Sign Name: _____Date of Injury: _____

Agency Representative: _____ _____ **Date:** _____
Print Name **Sign Name**

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