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. <u>If you do not use one of these physicians for your work related injury, you may be responsible for the cost of medical care</u>.

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 M C INNOVATIONS (MCI)

P O Box 1140 Richmond VA 23218-1140 Phone 804/649-2288 Fax 804/371-2556

P.O Box 1140, Richmond, VA 23218-1140 Phone 804/649-2288 Fax 804/371-2556 E-mail COVimaging@yorkrsg.com

1)	2)		3)	
NAME		NAME	NAME	
ADDRESS		ADDRESS	ADDRESS	
PHONE		PHONE	PHONE	
By signing this form 1		nployee	ons (MCI). All information will be	
, , ,		matter of the workers' co	,	
I have been presented	with a panel of at lea	st three physicians and h	ave selected:	
Dr		_ to provide me with med	ical care for my work related inju	
Signed:			Date:	
Printed:	Printed:NAME			