

: RUNHUV · & RPSHQVDWLRQ 3DQHO 3K\

7KH 9LUJLQLD : RUNHUV · & RPSHQVDWLRQ 3DQHO 3K\ Panel of at least three physicians. You must select a physician from this Panel to treat your work-related

injury. Appointments are not necessary. **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 Human

5HVRXUFHV DORQJ ZLWK WKH FRPSHWHG : RUNHUV · & RPSHQVDWLRQ

Dr. Anthony Russo

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1326 E. Little Creek Road
Norfolk, VA 23518
757- -

Dr. Maulin Desai

Patient First
3432 Holland Road
Virginia Beach, VA 23452
757-468-1855

Dr. 0LFKDHO %DGGHU

, 2 OHGLFDO & HQWHU
7 7KLPEOH 6KRDOV %OYG
Newport News, VA 2360
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By signing this form, I release all medical information to Managed Care Innovations WKH VWDW

ZRUNHUV · FRPSHQVDWLRQ FAIDIP Be Considered Confidential and

XVHG RQO\ LQ WKH PDWWHU RI WKH. ZRUNHUV · FRPSHQVDWLRQ

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

, P S R U W D Q W , Q I R U P D W L R Q D E F

Compensation

Medical expenses for work related injuries are payable, provided a claim has been filed within the required time frame and the insurance carrier accepts your claim and determines the accident/injury falls within the parameters of the Workers' Compensation Act and in the course of employment. If your panel physician certifies that you are unable to work at all, and the claim is determined to be