

VIRGINIA WORKERS' COMPENSATION PHYSICIAN PANEL

Virginia Workers' Compensation law requires your employer to provide you with a panel of at least three physicians. You must select a physician from this panel for treatment of your work-related injury. ***If you use a physician who is not listed on this panel, you may be responsible for the cost of medical care.***

Please select a physician from the panel below. Complete the employee section, including writing in the name of the physician you've selected. Once complete, return this form to your supervisor.

PANEL OF PHYSICIANS [To be completed by the employer.]

Family Practice
David Cox
David B Cox MD
501 N Main St
Gordonsville VA 22942-9137
(540)832-2211
Approximate mileage to Provider 12.0

Family Practice
Andrea Courtney
Orange Family Physicians
13198 James Madison Hwy
Orange VA 22960-2808
(540)672-3010
Approximate mileage to Provider 18.4

Family Practice
Kenneth Johnson
Rapidan Medical Center
4444 Germanna Hwy Ste 310
Locust Grove VA 22508-2039
(540)972-6222
Approximate mileage to Provider 36.5

PHYSICIAN SELECTION [To be completed by the employee.]

By signing this form, I release all medical information to Summit. All information will be considered confidential and used for purposes of administering my workers' compensation claim.

I have been presented with a panel of at least three physicians and have selected:

_____ to provide medical care for my work-related injury.

Signature of the injured worker

Date

Printed name of injured worker

Date of injury

The employer should promptly return this form to the Summit Claims Center by mailing it to
PO Box 600, Gainesville, GA 30503-0600 or by faxing it to 678-989-5858.

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