

## **Workers' Compensation Attending Physician Panel For University Academic Division Employees**

The University of Virginia is offering the following Attending Physician Panel in compliance with Section 65.2 of the Virginia Workers' Compensation Act. The below panel is to be used by employees in the University's Academic Division (Agency 207).

Injured Academic Division employees who have filed for Workers' Compensation benefits must choose one physician for treatment of claimed, work-related injuries. Failure to choose one of the physicians listed below may bar compensation benefits, including the cost of medical care. **Employees' Primary Care Physicians are not authorized as attending physicians on UVA's Panel.**

### **Panel of physicians**

Dr. Daniel Chan (434) 978-3998  
MedExpress  
1149 Seminole Trail Charlottesville  
<https://www.medexpress.com/>

Dr. Daniel Chan (434) 244-3027  
MedExpress  
260 Pantops Center Charlottesville  
<https://www.medexpress.com/>

Dr. Denee J. Moore (434) 227-5624  
Neighborhood Family Health Center  
901 Preston Ave., Ste 301 Charlottesville  
<http://www.cvhsinc.org/locations/nfhc>

Dr. David Rubendall (434) 243-0075  
UVA-WorkMed  
1910 Arlington Blvd., Charlottesville  
<https://uvahealth.com/locations/profile/uva-workmed-clinic?locationnamekey=uvaworkmed-clinic>

***Panel physicians will make appropriate referrals to specialists***

### **Emergency Facilities for Initial Emergency Visit Only**

UVA Health System Emergency Room (434) 924-2231  
Lee Street, Charlottesville

Martha Jefferson Emergency Room (434) 654-7150  
500 Martha Jefferson Drive, Charlottesville

I have been offered a choice of attending physicians from UVA's Workers' Compensation Panel and have chosen the following physician: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print employee Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

**Please initial** \_\_\_\_\_ I understand that I am responsible for any costs incurred in the event that Workers' Compensation denies my claim. I understand that I am also responsible for obtaining prior authorization from MC Innovations for all referrals to specialists.

Return signed form to:  
University Human Resources Benefits Division  
914 Emmet Street  
P.O. Box 400127  
Charlottesville, VA 22904-4127 Fax 434-924-4042 [askhr@virginia.edu](mailto:askhr@virginia.edu)

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