



University of Virginia Medical Workers' Compensation Attending Physician Panel

Email completed form to Employee Health at employeehealth@virginia.edu

According to the Virginia Workers' Compensation Act Section 65.2-88 "The Employer (UVa Medical Center) shall furnish or cause to be furnished, free of charge to the injured employee, a physician chosen by the injured employee from a Panel of at least three physicians selected by the employer." Below is the Panel of Physicians selected by the UVa Medical Center to treat injured employees who have filed for Workers' Compensation benefits:

- 1. UVA WorkMed
1910 Arlington Boulevard, Charlottesville, VA 22903 434-243-0075
David Rubendall, DO
UVA Same Day Clinic/Employee Health 434-924-2013
1222 Jefferson Park Ave, Charlottesville, VA 22903
- 2. Med Express, 1149 Seminole Trail, Charlottesville, VA 434-978-3998
Med Express, Pantops, 260 Pantops Center, Charlottesville, VA 434-244-3027
Christopher Howard, MD
- 3. Augusta Health Urgent Care Centers
201 Lew Dewitt Blvd, Waynesboro, VA 540-245-7940
851 Statler Blvd, Staunton, VA 540-245-7766
2570 Stuarts Draft Hwy, Stuarts Draft, VA 540-245-7880
Dave Crieger, MD, Occupational Health 540-245-7520
- 4. UVA Riverside
2335 Seminole Lane #200, Charlottesville, VA 22901 434-975-7700
John Davison, MD

Emergency Facilities Available for Initial Emergency Visit Only

Initial treatment at an emergency facility is available for an emergency due to a work related injury. After receiving emergency treatment, employees are required to contact Employee Health on the next business day to ensure required forms have been received. Failure to do so may result in denial of Workers' Compensation benefits. Please call Employee Health at 434-924-2013 or email employeehealth@virginia.edu to ensure documents needed are received.

University of VA Health System Emergency Dept. (434) 924-2231
1st Floor, New Hospital, Lee Street
Charlottesville, VA 22908

Panel physician written in for care if employee's home and work are greater than one hour.

Please choose one of the following:

I have been offered a choice of an attending physician from UVa Medical Center's Workers' Compensation Panel and have chosen the following physician: _____

I have been offered a choice of an attending physician from the UVa Medical Center's Workers' Compensation Panel and **decline** to be seen by a physician.

I am responsible for informing my primary care physician and my general health insurance plan regarding this injury. I am responsible for any costs incurred in the event that Workers' Compensation denies my claim. I have read and understand this statement, or this statement has been read to me and I understand.

Employee Signature: _____ Date: _____

Employee Name (*please print*) _____ Date of Accident: _____