

Email completed form to Employee Health at workerscompensation@uvahealth.org

According to the Virginia Workers' Compensation Act Section 65.2-88 "The Employer (UVA University 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 Providers selected by the UVA University Medical Center to treat injured employees who have filed for Workers' Compensation benefits:

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| 1. | UVA Employee Health
400 Brandon Avenue, Suite 110, Charlottesville, VA 22903 | 434-924-2013 |
| 2. | UVA WorkMed
1910 Arlington Boulevard, Charlottesville, VA 22903 | 434-243-0075 |
| 3. | Bon Secours UC, 1149 Seminole Trail, Charlottesville, VA
Bon Secours UC, 260 Pantops Center, Charlottesville, VA | 434-978-3998
434-244-3027 |
| 4. | Augusta Health Urgent Care Centers
201 Lew Dewitt Blvd., Waynesboro, VA
851 Statler Blvd., Staunton, VA
2570 Stuarts Draft Hwy., Stuarts Draft, VA
Dave Crieger, MD, Occupational Health | 540-245-7940
540-245-7766
540-245-7880
540-245-7520 |
| 5. | UVA Riverside
2335 Seminole Lane #200, Charlottesville, VA 22901 | 434-975-7700 |

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 submitted. Failure to do so may result in denial of Workers' Compensation benefits. Please call Employee Health at 434-924-2013 or email workerscompensation@uvahealth.org to ensure required documents are completed and submitted.

University of Virginia Health System Emergency Dept. 434 924-2231
1215 Lee Street
Charlottesville, VA 22908

Please choose one of the following:

I have been offered a choice of a provider from UVA University Medical Center's Workers' Compensation Panel and have chosen the following provider:

I have been offered a choice of a provider from the UVA University Medical Center's Workers' Compensation Panel and **decline** to be seen by a provider.

I am responsible for notifying my primary care provider and my general health insurance plan of 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:

"Physician" means a person licensed to practice medicine or osteopathy in the Commonwealth pursuant to Chapter 29 (54.1-2900et seq.) of Title 54.1.