



County of Henrico, Department of Finance, Risk Management Division

PANEL OF PHYSICIANS

If you wish medical care related to an on-the-job injury to be considered for payment by Workers' Compensation, you must seek medical care from one of the physicians listed below. (Please have the name and telephone number of your supervisor available for the Receptionist). In case your Workers' Compensation claim is denied, the list includes information showing alternative coverage by our participating Health Insurance provider. This form must be signed, even if you do not seek medical treatment. If you select treatment by your personal physician rather than choosing from the Panel, you must pay any expense incurred.

Name of Employee: \_\_\_\_\_ Date of Injury: \_\_\_\_\_
Last First MI

PLEASE INDICATE YOUR SELECTION

Table with 2 columns and 2 rows of medical service options including EMPLOYEE HEALTH SERVICES, GLENSIDE MEDICAL ASSOCIATES, P.C., PATIENT FIRST, and BetterMed.

All medical providers below are open 24 hours and Accept Anthem HMO & PPO

Table with 3 columns listing medical providers: PARHAM DOCTORS' HOSPITAL, VCU MEDICAL CENTER, and MEMORIAL REGIONAL MEDICAL CENTER.

SIGNATURE (Sign only under your selection)

I have read the above instructions and have SELECTED a treating physician from the panel listed.

Employee's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I have read the above instructions and have REFUSED to be treated by anyone on the list. I recognize that my refusal eliminates the County's obligation to pay for my medical expenses from this injury and that my healthcare program may not reimburse me for any emergency care or follow-up treatment.

Employee's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

PLEASE SUBMIT THIS DOCUMENT AND RELATED BILLS TO PMA BY MAIL, FAX, OR EMAIL

Mail: PMA Customer Service Center, PO Box 5231, Janesville, WI 53547-5231

Fax: 800-432-9762

Email: ClaimsMail@pmagroup.com (Include the Employee's Name & Date of Injury in the Subject Line)