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July 2012

CAROLINE COUNTY
WORKER'S COMPENSATION PANEL OF PHYSICIANS

Virginia Primary Care

121 Courthouse Drive
 Bowling Green, VA 22427
 804-633-5840
 Dr. Antonio Dapena
 Dr. Stephen Mandell
 Dr. Daniel Woodford

PrimeCare – 2 Locations

2511 Salem Church Road
 Spotsylvania, VA 22407
 9763 Courthouse Road
 Spotsylvania, VA 22553
 540-786-1200
 Dr. Joseph Marietta
 Dr. Michael Goeden

Air Park Medical & Occ Hlth Serv

11015 Leadbetter Road
 Ashland, VA 23005
 804-798-5683

Patient First - Woodman

2300 East Parham Road
 Richmond, VA 23228
 804-264-7808
 Dr. Michael Headley
 or any physician in
 this practice

Patient First - Mechanicsville

7238 Mechanicsville Road
 Mechanicsville, VA 23111
 804-559-9900
 Dr. Victoria Rennie
 or any physician in
 this practice

Patient First – Midlothian

8110 Midlothian Turnpike
 Richmond, VA 23235
 804-320-8160
 Dr. Scott Greenfield
 or any physician in
 this practice

**For therapy services ordered by the treating physician,
 contact Alignnetworks at 1-866-389-0211.**

THE CLOSEST EMERGENCY ROOM OR URGENT CARE FACILITY MAY BE USED DURING A MEDICAL EMERGENCY. ONCE EMERGENCY TREATMENT IS COMPLETE, A PANEL PHYSICIAN MUST BE CHOSEN FOR FOLLOW-UP CARE.

_____ I select _____ from the above panel.

_____ I decline to select a doctor from the above panel. I understand that I will have to pay for medical treatment and doctor bills, and that I may be denied worker's compensation benefits for any absence based on disability that is not certified by an approved physician.

_____ EMPLOYEE

_____ DATE

Medical Authorization

I hereby authorize VACoRP, the insurer, or their representatives to be furnished with any and all information requested to include, but not limited to, medical records, diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. I further agree a photographic carbonless copy of this release shall be as valid as the original. This information is to be used for the sole purpose of evaluating and handling a Virginia Workers' Compensation claim resulting from the incident occurring on or about _____ (date) and shall be used for no other purpose, now or in the future.

Employee Signature _____

Date _____