



NOTICE TO ALL EMPLOYEES

Virginia Workers' Compensation Act (VA WCA) Section 65.2-603 requires that an employer must offer an injured employee a panel of three physicians to choose from. Listed below is a panel of physicians.

Please place a check next to the physician or group of physicians you have chosen.

INITIAL CARE

- | | | |
|--|---|---|
| <p>1. Medexpress Urgent Care <i>Urgent Care Clinic</i> 5610 Williamson Rd Roanoke, VA 24012 540-265-8924 <i>Est Dist: 4.3 mi</i> <i>Medical Director: Nathan Miller</i></p> | <p>2. Carilion Clinic Occupational Health <i>Occupational Medicine Clinic</i> 512 Mcdowell Ave NE Ste B Roanoke, VA 24016 540-853-4200 <i>Est Dist: 0.8</i> <i>Medical Director: Dr. Gregory Leland Potter, DO</i></p> | <p>3. Velocity Urgent Care, LLC <i>Urgent Care Clinic</i> 4035 Electric Rd Roanoke, VA 24018 540-772-8670 <i>Est Dist: 3.9</i> <i>Medical Director: Dums. Robert, MD</i></p> |
| <p>4. Jones, Micah, DO Lewis-Gale Physicians, LLC <i>Orthopedic: Surgery</i> 1802 Braeburn Dr Salem, VA 24153 540-772-3530 <i>Est Dist: 4.9 mi</i></p> | <p>5. Gray, Kenneth W., MD <i>Orthopedic: Surgery</i> 601 Harvey St Radford, VA 24141 540-639-9315 <i>Est Dist: 36.0 mi</i></p> | <p>6. Eastwood, Bart Lafayette, MD ORTHOVIRGINIA <i>Orthopedic: Surgery</i> 250 S Main St Ste 224a Blacksburg, VA 24060 540-552-7133 <i>Est Dist: 26.1</i></p> |

EMERGENCY ROOM

7. **Carilion Roanoke Memorial Hospital**
Hospital: Acute Care
1906 Bellview Ave
Roanoke, VA 24014
540-981-7000, 540-931-7000
Est Dist: 1.0 mi

Reminder to Employee

If this claim is not compensable under the Workers' Compensation Act, any medical bills incurred will be the responsibility of the employee, and you should file these bills under your regular health insurance, if applicable. If the employee does not seek treatment with an authorized panel physician, it can jeopardize all indemnity and medical benefits.

Your Signature/Date

IN CASE OF EXTREME EMERGENCIES, GO TO YOUR NEAREST HOSPITAL EMERGENCY ROOM.

If the employee does not choose a panel doctor neither their indemnity nor medical benefits for this accident will be paid.

= Denotes that the original provider record has been changed.

10/19/2023

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WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St
Richmond, Virginia 23219

1-877-664-2566

www.workcomp.virginia.gov

Every employer within the operation of the Virginia Workers' Compensation Act MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.

Effective Date: 2/2021

NOTICIA SOBRE COMPENSACIÓN LABORAL

Los empleados de ésta empresa están cubiertos por la Ley de Compensación Para Los Trabajadores de Virginia (Virginia Workers' Compensation Act). En caso de lesión por accidente o aviso de una enfermedad ocupacional:

EL EMPLEADO DEBE:

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional y dar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" de cualquier reclamo por compensación por periodos de incapacidad de más de siete días después del accidente. En caso de lesiones fatales, el aviso debe ser dado por uno o más de los dependientes o herederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audiencia dentro de dos años de la fecha de la lesión por accidente o de la primera comunicación del diagnóstico de enfermedad ocupacional, sino llega a un acuerdo con el empleador en relación al pago de compensación bajo la Ley.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTA: El reporte de accidente del empleador no es la presentación del reclamo del empleado. El pago voluntario de sueldos o compensación durante la incapacidad o de los gastos médicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendo acuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dos años del accidente; un año en caso de fallecimiento.

EL EMPLEADOR DEBE:

1. Al momento del accidente, dar al empleado los nombres de por lo menos tres médicos, de los cuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comisión a través de su representante o directamente a la Comisión.
3. Determinar exactamente el salario semanal del empleado, incluyendo sobretiempo, comidas, uniformes, etc.

Preguntas pueden ser contestadas llamando a la Comisión. Un folleto explicando la Ley de Compensación Para Los Trabajadores está disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St., Richmond, Virginia 23219
1-877-664-2566
vwc.state.va.us

Cada empleador dentro de la operación de la Ley de Compensación Para Trabajadores en Virginia, DEBE DE EXPONER ESTE AVISO EN UN LUGAR VISIBLE, en la empresa o lugar de negocios.

Fecha efectiva: 2/2021