

City of Alexandria Public Schools Panel of Physicians

Work Related Injuries and Illnesses

According to Section 65.2-603 of the Virginia Workers' Compensation Act, an injured employee must select his/her treating physician from a list of at least three (3) physicians chosen by his/her employer or insurance carrier. Failure to choose and treat with one of the physicians from the Panel can result in suspension of benefits: both wages and payment of unauthorized medical expenses.

Please notate your selection of one of these physicians on the Authorized Panel of Physicians Acknowledgement & Selection Form.

URGENT MEDICAL CARE/OCCUPATIONAL MEDICINE

- | | | |
|--|---|--|
| <input type="checkbox"/> Patient First-Alexandria
6311 Richmond Highway
Alexandria, VA 22306
P: 703-647-6087
F: 703-647-6088
Everyday 8 AM-10PM | <input type="checkbox"/> Alexandria Immediate Care
6020 Richmond Highway
Suite 102
Alexandria, VA 22303
P: 571-308-6776
F: 877-991-8997
Everyday 9AM -8PM | <input type="checkbox"/> All Care Family Medicine Practice
4167 Merchant Plaza
Woodbridge, VA 22192
P: 703-878-8800
F: 703-878-2133
M-F 8AM-8PM
Sat-Sun 8AM-2PM |
| <input type="checkbox"/> Inova Alexandria
Occupational Health Center
4700 King Street, #201
Alexandria, VA 22302
P: 571-665-6600
F: 571-665-6601
M-F 7AM – 4PM
by appointment | <input type="checkbox"/> Virginia Urgent and Primary Care
5501 Backlick Road, #105
Springfield, VA 22151
P: 703-564-5998
F: 703-564-6544
M-F 8AM-7:30 PM
Sat-Sun 10AM-3:30PM | <input type="checkbox"/> Concentra Medical Center
5590 General Washington Drive
Alexandria, VA 22312
P: 703-914-6718
F: 703-914-1963
M-F 8AM-5PM |

If a Panel Physician/Facility is not selected, please place a check in the box below where applicable:

- I have been offered the City's panel and have elected to receive treatment elsewhere. I understand that all bills and any disability will be my responsibility.
- Please check if medical treatment is not desired at this time.

By signing below, I hereby affirm that my employer has offered me a panel of physicians and that I have chosen the physician indicated as my treating physician for medical attention required by my job-related injury/illness or otherwise have declined offered treatment. I also understand that I am required to continue treatment of this injury under this physician until I am released or referred by this physician. **I understand that I am to contact Alexandria City Public Schools Human Resources Office with any questions.**

Signature: _____

Date: _____

Print Name: _____

Department: _____

Injury: _____

Date of Injury: _____

Witness: _____

Date: _____