

The Virginia Workers' Compensation law requires Radford University to provide to you a Panel of at least three physicians. You ***must*** select a physician from this form to treat your work-related injury. ***If you do not use one of these physicians for your work-related injury, you may be responsible for the cost of medical care.***

Please select a physician from this form, complete and sign this form and return it to your supervisor. The supervisor should immediately return this form to **Radford University Human Resources, P.O Box 6889, Radford, VA 24142 Phone (540)831-5008 Fax (540)831-6278 E-mail: benefits@radford.edu**

Please choose from the following list by writing the physician's name and signing the form. Return the form to your supervisor for filing with the claim application.

Blacksburg

Academic Primary Care Associates

Michael Clary, D.O.
825 Davis Drive
Suite C
Blacksburg, VA 24060
(At Montgomery Regional Hospital)
(540) 443-7180

Carilion Clinic Family Medicine - Blacksburg

David M. Hudgins, M.D.
901 Plantation Road
Blacksburg, VA 24060
(540) 951-0352

Employee:

Christiansburg

Lewis Gale Physicians Family Medicine

Carl Hannah, M.D.
6 Hickok Street
Christiansburg, VA 24073
(540) 382-6148

Med-Express Urgent Care – Christiansburg

100 Spradlin Farm Drive
Christiansburg, VA 24073
(540) 381-2745

Velocity Urgent Care

434 Peppers Ferry Rd
Christiansburg, VA 24073
(540) 382-6000

Radford

Carilion Clinic Family Medicine – Radford

701 Randolph St
Suite 120
Radford, VA 24141
(540) 731-3200

Roanoke

Express Family Care, LLC David Alligood, M.D.

3960 Valley Gateway Blvd
Suite A-1
Roanoke, VA 24001
(540) 400-6676

Med-Express Urgent Care - Hollins

5610 Williamson Rd
Roanoke, VA 24012
(540) 265-8924

Carilion Clinic Occupational Medicine – Velocity Care

Joseph Coates, M.D.
4035 Electric Road
Suite A
Roanoke, VA 24018
(540) 772-8670

By signing this form, I release all medical information to MC Innovations (MCI). All information will be considered confidential and used only in the matter of the workers' compensation claim.

I have been presented with a panel of at least three physicians and have selected:

Dr. _____ to provide me with medical care for my work-related injury.

Signed: _____ Date: _____
NAME

Printed: _____ Date of Injury: _____
NAME