



VACORP

July 9, 2015

FLUVANNA COUNTY
WORKER'S COMPENSATION PANEL OF PHYSICIANS

UVA Primary & Specialty Clinic

1015 Spring Creek Parkway
Zion Crossroads, VA 22942
434-243-9466
Alexander Salomon, MD
Luna Asrar, MD
Karl Clebak, MD

Med Express Urgent Care

260 Pantops Center
Charlottesville, VA 22911
434-244-3027
Craig Seto, MD
Daniel Chan, MD
Gabriel Spring, MD
David Cleverson, MD
Ashley Taylor, NP

First Med Inc

125 Riverbend Drive
Charlottesville, VA 22911
434-984-4200
William Talbott, MD
Karen Poehailos, MD
Michael Sty, MD

Downtown Family Healthcare

310 Avon St. Ste 9
Charlottesville, VA 22902
434-817-1818
William Maloney, MD
Deirdra Donovan, MD
Jackie Curtis, NP
Greg Gelburd, DO
Ashley Rogan, NP
Monica Clark-Covert, NP

Fluvanna Family Medicine

5766 Thomas Jefferson Pkwy
Palmyra, VA 22963
434-591-1314
Peter Generally, MD
Vicki Generally, MD

Lake Monicello Primary Care

112 Crofton Place
Palmyra, VA 22963
434-589-9030
Karl Clebak III, MD
Kimberly Bednar, NP



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Crossroads Family Practice

4916 Plank Rd
North Garden, VA 22959
434-243-4660
Andrew Lockman, MD
Kathleen Barry, MD
Katherine Degeorge, MD
Peter Ham, MD
David Slawson, MD

Med Express

1149 Seminole Trail
Charlottesville, VA 22901
434-978-3998
Sally Tucker, MD
Shelly Dawson, MD

**For therapy services ordered by the treating physician,
contact Alignetworks 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 _____