

IN CASE OF WORKPLACE INJURY:
ACCION a seguir en caso de un accidente en el trabajo



1-888-770-0925

▶ AVAILABLE 24 HOURS A DAY

- 1▶ Injured worker notifies supervisor.**
Empleado lesionado notifica a su supervisor.
- 2▶ Supervisor / Injured worker immediately calls injury hotline.**
Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeros/as.
- 3▶ Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**
Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.

EMPLOYER NAME
(NOMBRE DE COMPANIA)

SEARCH CODE
(CÓDIGO DEL BÚSQUEDA)

New Kent
County Public Schools

V062B

Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: www.CompanyNurse.com



VACORP

August 11, 2015

NEW KENT PUBLIC SCHOOLS
WORKER'S COMPENSATION PANEL OF PHYSICIANS

Chickahominy Family Physicians – Quinton

1850 Pocahontas Tr.
Quinton, VA 23141
804-932-4388
Anup Gokli, MD
Dennis Thomas, MD
Christina Wills, DO

Parham Doctors Occupational Health

7700 East Parham Road
Richmond, VA 23294
804-747-5627
Dale Slagel, MD
C. Bruce Spiller, NP
Laura Steeleaman, NP

Chickahominy Family Physicians – Providence Forge

9010 Pocahontas Trail
Providence Forge, VA 23140
804-932-4388
Anup Gokli, MD
Dennis Thomas, MD
Christina Wills, DO

Med Express

120 Monticello Ave.
Williamsburg, VA 23185
757-564-3627
Michael Rogowski, MD
John Reeves, MD
Eric Obie, MD

Patient First

7238 Mechanicsville Turnpike
Mechanicsville, VA 23111
804-559-9900
Melissa Aquilo, MD
Jean Ann Beaton, M
Afshan Malik, MD
James Dye, MD



VACoRP

**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 _____