

WORKERS' COMPENSATION
EMPLOYEE'S INSTRUCTIONS FOR FILING A CLAIM

The Commonwealth of Virginia selected MANAGED CARE INNOVATIONS (MCI) to manage the Commonwealth's workers' compensation program. To the extent granted by the Virginia Workers' Compensation Act, the MCI team coordinates the medical and disability benefits related to your claim.

To assist in this process, the program uses a Preferred Provider Organization (PPO) medical network (available at www.covwc.com). The coordinated process between the claims management, PPO, and medical management services are designed to provide the Commonwealth's employees with quality medical care and procedures to facilitate return to work as soon as medically possible.

The following are steps you should follow if you are injured on the job:

1. In the event of a medical emergency, seek medical attention immediately.
2. Report all details of the incident or injury to your supervisor. An investigation will be performed for investigation of safety prevention and claim compensability.
3. Complete all required agency forms with your supervisor.
4. Your employer will offer to you a panel of physicians. You must select a physician from the list provided.

**Please note, if you choose to go to a physician other than the panel provider, you may be responsible for the cost of the medical services.*

5. This program also provides for the payment of pharmacy prescriptions by your panel physician. Your supervisor can locate the closest pharmacy to you by checking www.covwc.com, page to PPO/Rx Networks, or calling 800/876-EPIC (3742).

The card below provides you with the instructions for filing a workers' compensation claim and selecting medical care. Show this card to the medical provider you select.

These procedures are in addition to any internal policies required by your agency.

WORKERS' COMPENSATION

If you are injured on the job do the following:

1. Immediately report all details of the incident to your supervisor. Complete all agency forms.
2. Select medical care from the panel offered to you by your Supervisor. If you do not use a panel physician you may be responsible for the cost of the treatment.
3. If you are to be admitted to the hospital, your medical provider should call MCI.
4. For Prescription Drugs, use an EPIC Pharmacy. Call 1/800/867-3742 for pharmacy locations or www.covwc.com, page to PPO/Rx Networks.
Question? Call MCI at 804/649-2288

Commonwealth of Virginia

Workers' Compensation Injury Management

Attention Panel Provider:

The holder of this card has reported a Workers' Compensation claim.

All billing should be sent to:

MANAGED CARE INNOVATIONS

P.O. Box 1140

Richmond, VA 23208-1121

804/649-2288 fax 804/649-2435

Attention EPIC Pharmacy:

Please call 1/800/876-3742 (800/876-EPIC) for authorization.

MANAGED CARE INNOVATIONS

Phone 804/649-2288 Fax 804/649-2435

ATTACHMENT II

NORFOLK STATE UNIVERSITY
 PANEL OF MEDICAL PROVIDERS
 FOR WORKERS' COMPENSATION

GENERAL MEDICINE

You may always use

I&O
 Ghent Family Practice
 Urgent Care
 Hospital Emergency Room (Sentara Leigh, Sentara Norfolk General)
 Walk-in clinics

NowCare

CHESAPEAKE

Dr. Hal Barnes	SHCC- Chesapeake	757-548-1400
Dr. Kenneth Mayer	910 Great Bridge Blvd., Ste 101	
Dr. Arlene Palting	Chesapeake, VA 23320	
Dr. Steven Papariello	801 Volvo Parkway Ste 111	
Dr. Meredith Rose	Chesapeake, Virginia 23320	757-548-0099
	5320 Providence Road	
	Virginia Beach, Va. 23464	757-413-7661

ORTHOPEDICS

Atlantic Orthopedics Specialists

230 Clearfield Ave. Suite 124	757-321-3300
Virginia Beach, Va. 23462-1832	
1800 Camelot Drive Ste. 300	
Virginia Beach, Virginia 23454	
733 Volvo Parkway Suite 300	
Chesapeake, Virginia 23320	
160 Kingsley Lane	
Suite 405	
Norfolk, Virginia 23505-4600	
1975 Glenn Mitchell Drive Suite 200	
Virginia Beach, Virginia 23456	
6160 Kempsville Circle Suite 200B	
Norfolk, VA 23502-2200	

Dr. David Durica

2900 London Blvd.	
Portsmouth, VA 23708	757-757-397-1201

Jordan-Young Institute
 Dr. James Dowd

5716 Cleveland Ste. 200	
Virginia Beach, VA 23462	757-490-4802

Dr. Ali Jamali

200 Medical Pkwy. Ste. 111	
Chesapeake, VA 23320	757-547-0855

Dr. Tommy Osborne, II 612 Kingsborough Square 757-548-7190
Chesapeake, VA 23320

Sports Medicine
Dr. Michael Romash 100 Wimbledon Square 757-547-5145
Chesapeake, VA 23320

HAMPTON

GENERAL MEDICINE

Dr. Sohini Majumdar 2148 West Mercury Boulevard 757-827-1940
Hampton, VA 23666

Dr. Nader Baddar 593 Aberdeen Road 757-825-1100
Hampton, VA 23661

Dr. Sandra Johnson 3000 Coliseum Dr. #200, (757) 827-0420
Hampton, VA 23666

ORTHOPEDICS

Hampton Roads Orthopaedics
& Sports Medicine – 730 Thimble Shoals Blvd. Ste. 130 757-873-1554
Dr. John Aldridge
Newport News, VA 23608

Dr. Robert Campolattaro 901 Enterprise Pkwy. Ste.900 757-827-2480
Hampton, VA 23666

Peninsula Orthopaedic Group 304 Marcella Road, Ste. B 757-864-0940
Dr. Bruce Reid
Hampton, VA 23681

NEWPORT NEWS

GENERAL MEDICINE

Dr. Tamice Jones 48 Newmarket Square 757-825-8030
Newport News, VA 23607

Dr. Nader Baddar 593 Aberdeen Road 757-825-1100
I&O Medical Care
Hampton, VA 23661

Dr. Charles Frazier 10510 Jefferson Avenue 757-594-3800
Newport News, VA 23607

ORTHOPEDICS

Dr. Michael Hooker 12200 Warwick Blvd. Ste. 310 757-645-3775
Newport News, VA 23601

Dr. John Aldridge Hampton Roads Orthopedics
730 Thimble Shoals Blvd. Ste. 130 757- 873-1554
Newport News, VA 23606

Orthopedic& Spine Center 250 Nat Turner Blvd. 757-596-1444 ext. 321
Newport News VA 23606,

NORFOLK

GENERAL MEDICINE

Ghent Urgent Care & Family Practice Dr. Andrew Knoll Dr. Frank Westmeyer	957 - E West 21st Street Norfolk, VA 23508	757-622-8358
Dr. Zarine Mistry Sentara Leigh Walk-in Clinic	830 Kempsville Rd Ste 200, Norfolk, VA 23502	757- 261-5999
Bayview Physicians Svcs. NowCare	150 Kingsley Lane Norfolk, VA 23505 7924 Chesapeake Blvd. Norfolk, VA 23518	757-889-5157 757-587-1700

ORTHOPEDICS

Dr. J. Abbott Byrd III Dr. James Devereux Dr. Stephen McCoy Dr. Donald O'Neill Dr. Thomas Markham	Atlantic Orthopedics 6160 Kempsville Circle Suite 200 B Norfolk, VA 23502 160 Kingsley Lane, Ste. 405 Norfolk, VA 23502-3979	757-321-3360 757-321-3360
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PHYSICAL THERAPY

Tidewater Physical Therapy P: 855-673-8784 F: 757-595-1681

PORTSMOUTH

ORTHOPEDICS

Dr. James Collier, Jr. 3300 High Street	Orthopedic Surgery Centers	757-397-0783
Dr. Ernesto Luciano-Perez Portsmouth, VA 23707	4041 Taylor Road, Ste. 1	757-397-0783

VIRGINIA BEACH

EMERGENCY AND GENERAL MEDICINE

Dr. Karen Hart Dr. George Wong Dr. Merih Dagli	Bayside Family Practice 2017 Pleasure House Road VA. Beach, VA 23455	757- 460-0915 not in service
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ORTHOPEDICS

Dr. Timothy Buderick Dr. Sandra Glasson Dr. Paul Krop	1016 First Colonial Rd. VA. Beach, VA 23454 1020 Independence Blvd. VA. Beach, VA 23455	OR 757-481-9500 not in service 757-464-0888 not in service
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WILLIAMSBURG

EMERGENCY AND GENERAL MEDICINE

Dr. James Barton
Dr. Douglas Brown
Dr. William Cummings
Dr. Christopher Jones
Dr. Peter Nord

Williamsburg Medical Arts, LLC
5251 John Tyler Hwy., Ste 17 OR
5601 Richmond Road
Williamsburg, VA 23185

757-220-8300 now Riverside

ORTHOPEDICS

Dr. John Grasinger
Dr. John Kona
Williamsburg, VA 23185

Orthopedics Surgery Associates
1155 Professional Drive

757- 253-1047 not in service

SPECIAL NOTE: IN THE EVENT OF INJURY, YOU MAY ALSO USE AN EMERGENCY ROOM OR AN URGENT CARE CENTER EXCEPT PATIENT FIRST, WHICH NO LONGER TAKES ANTHEM INSURANCE..

WORKERS' COMPENSATION
PANEL PHYSICIANS

The Virginia Workers' Compensation law requires your employer to provide to you a Panel of at least three physicians. You must select a physician from this Panel 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 the medical care.*

Please select a physician from this Panel, complete and sign this form and return it to your supervisor. The supervisor should immediately return this form to MANAGED CARE INNOVATIONS (MCI).

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.

1) _____ Name	2) _____ Name	3) _____ Name
_____	_____	_____
address	address	address
_____	_____	_____
Phone	Phone	Phone

Employee

By signing this form, I release all medical information to Managed Care Innovations. 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

Employee ID Number _____

EPIC Pharmacy Network

Chesapeake, VA

Great Bridge Pharmacy
Malcolm Knight
130 S. Battlefield Blvd.
Chesapeake, VA 23320
(757) 482-3332

Irwin's Pharmacy & Drug, Inc.
Lawrence Barlow
4300 E. Indian River Road
Chesapeake, VA 23325
(757) 420-8418

Lawrence Pharmacy
David Lawrence
1156 N. George Washington Hwy.
Chesapeake, VA 23323
(757) 487-3458

Franklin, VA

Jones Drug Company
Beverley Carson
114 N. Main Street
Franklin, VA 23851
(757) 562-3510

Lakeview Pharmacy #3
Bill Brown
1301 Armory Drive
Franklin, VA 23851
(757) 516-8214

Parker Drug Company
Ed Canada
102 N. Main Street
Franklin, VA 23851
(757) 562-3333

Hampton, VA

Mercury West Discount
Paul Wolf
2148 W. Mercury Blvd.
Hampton, VA 23666
(757) 827-1938

Newport News, VA ATTACHMENT VI

Denbigh Pharmacy, Inc.
Richard Woodfin, III
13349 Warwick Blvd.
Newport News, VA 23602
(757) 877-0253

East End Pharmacy, Inc.
Thomas Goode
2501 Marshall Avenue
Newport News, VA 23607
(757) 247-9554

Hiddenwood Pharmacy, Inc.
Tom Hutchens
35 Hiddenwood Shopping Center
Newport News, VA 23606
(757) 595-1151

Norfolk, VA

Bayview Plaza Pharmacy
Michael Stredler
7924-A Chesapeake Blvd.
Norfolk, VA 23518
(757) 583-7466

Jai's Apothecary Shop
J. W. Phelham, Sr.
1401 Tidewater Drive, Suite 8
Norfolk, VA 23504
(757) 627-9159

Murden Drug Co.
Lawrence Bartell
3520 Tidewater Drive
Norfolk, VA 23509
(757) 622-6373

Portsmouth, VA

Drug Center Pharmacy #2
Ron Woods
600 High Street
Portsmouth, VA 23704
(757) 393-4039

Portsmouth, VA

(757) 464-1463

Drug Center Pharmacy #3
Robert Woods
912 Airline Blvd.
Portsmouth, VA 23707
(757) 399-6361

Suburban Pharmacy
David Stephenson
3701 King Street
Portsmouth, VA 23707
(757) 397-2377

Suffolk, VA

Bennett's Creek Pharmacy
S. Chris Jones
3219 Bridge Road
Suffolk, VA 23435
(757) 483-6966

J.P. Hall Drug Company, Inc.
Shirley Bumgardner
121 W. Washington Street
Suffolk, VA 23434
(757) 539-3461

Lakeview Pharmacy #2
Dom De Polo
4868 Bridge Road
Suffolk, VA 23435
(757) 483-7140

Lakeview Pharmacy, P.C.
Nat Jones
2000 Meade Parkway
Suffolk, VA 23434
(757) 934-0533

Virginia Beach, VA

Barr's Pharmacy, Inc.
Rick Hall
201 Virginia Beach Blvd.
Virginia Beach, VA 23451
(757) 428-1211

Bayside Pharmacy
H. Lindsay Reavis
4801-A Shore Drive
Virginia Beach, VA 23455

Ingram Pharmacy
Keith Bonney
207 25th Street
Virginia Beach, VA 23451
(757) 428-6363

Kempsville Pharmacy
Tom Leavitt
345 Kempsville Plaza
Virginia Beach, VA 23462
(757) 497-3516

Williamsburg, VA

Berkley Pharmacy, Inc.
Jim Patterson
5251-14 John Tyler Hwy.
Williamsburg, VA 23185
(757) 229-8181

Olde Towne Pharmacy
Kelly Hasty
4854 Longhill Road
Williamsburg, VA 23188
(757) 220-8764

Professional Pharmacy
Warren Harrell
1302 Mt. Vernon Avenue
Williamsburg, VA 23185
(757) 229-3560

Williamsburg Drug Company
Patricia Robinson
440 Duke of Gloucester Street
Williamsburg, VA 23185
(757) 229-1041

INSTRUCTIONS FOR REPORTING A WORK RELATED INJURY

Who is covered at Norfolk State University by the Virginia Workers' Compensation Act?

1. Faculty Members
2. Part-time Faculty Members
3. Classified Employees
4. Hourly/Wage Employees (Temporary or 1,500 hour employees)
5. Student Workers

Procedures to follow when an employee has a work related injury

1. In the event of a medical emergency, the employee should report the work related injury to their immediate supervisor or the supervisor on duty and go to an emergency room or urgent care center. If you need assistance transporting the employee, please contact the University Police department.
2. The supervisor or designee must complete the Supervisor's **Accident Investigation Report (Attachment I)** and submit it to the Risk Management Office (phone #823-9142) within **24 hours** of the injury.
3. The supervisor or designee must give the injured employee a copy of the **Workers' Compensation Employee's Instructions for Filing a Claim form (Attachment II)**. This form contains general instructions for filing a claim; the billing address for work related medical bills; and the EPIC Pharmacy telephone number.
4. The supervisor or designee must present the **Panel of Medical Providers for Workers' Compensation (Attachment III)** to the injured employee. The injured employee must select a physician from the panel or **they will be responsible for the cost of the treatment**. The employee must indicate their selection on the **Workers' Compensation Panel Physicians form (Attachment IV)**. The supervisor must submit this form with the Supervisor's Accident Investigation Report. **Special Note:** It is not necessary for the supervisor or designee to list three physicians on the Workers' Compensation Panel Physicians form. Simply indicate that a panel of physicians was presented to the injured employee.
5. The supervisor or designee must give the injured employee an **Expense Reimbursement form (Attachment V)**. The employee may use this form to receive reimbursement for medication, mileage, or parking expenses relating to the injury.
6. If medication is required, the injured employee may purchase the medication and use the Expense Reimbursement form or use an EPIC Pharmacy which will not require an out-of-pocket expense. The supervisor or designee must make the **EPIC Pharmacy list (Attachment VI)** available to the injured employee.
7. The supervisor or designee must report any time missed due to a work related injury on a Leave Activity Reporting form (WT) for classified and applicable faculty members. However, the injured employee must bring a medical statement to verify that the missed time was due to the work related injury. If medical documentation cannot be provided by the employee, the supervisor must report the leave time as personal sick leave (SP) or annual leave (AT). For wage employees, the supervisor should report any time missed on the hourly/wage time sheet. All other employees and student workers should submit any time missed on the **Supervisor's Accident Investigation Report**. The original injury and return to work certification must be forwarded to the Risk Management Office.

The forms needed to report a work related injury, the Panel of Physicians for Workers' Compensation and the EPIC Pharmacy Network list may be obtained from the Risk Management Office or if you are connected to the network, click on My Computer/Orion Public/Personnel/Forms (WC).

Supervisor's Accident Investigation Report

Investigate ALL ACCIDENTS: Help Stop accidents by discovering how and why this one happened. Determine and correct the basic cause of this accident in your department and help to prevent accidents in the future. Please type or print the information requested below and return to the EHS&RM Office within 24 hours if the accident

Name: _____ Employee ID No: _____ Birth Date: _____

Telephone # Home: _____ Work: _____ Cell: _____

Home Address: _____
(Number & Street) (City or Town) (State) (Zip)

Marital Status: Married: _____ Single: _____ Widow: _____ Divorced: _____

Employment Date: _____ Class Title: _____ Dept.: _____

Shift Starts: A.M. _____ P.M. _____ Shift Ends: A.M. _____ P.M. _____

Type of Employee: Faculty: _____ Part Time Faculty: _____ Classified: _____

Hourly/Wage Employee: _____ Student Worker: _____ Temp.: _____

OCCUPATIONAL INJURY OR OCCUPATIONAL ILLNESS

Date Accident Occurred: _____ Time: _____ A.M. _____ P.M.

Date Reported to Supervisor: _____ Time: _____ A.M. _____ P.M.

Where did Accident Occur: _____
(Building) (Room)

Brief description of how the accident occurred (Be specific and name any object or substances involved and state what the employee was doing when injured).

Exact location of injury (Indicate the part of body affected; e.g. right or left, upper or lower, index finger, etc.).

Did injured visit physician? _____ Yes _____ No

Name and Address of physician? _____

Supervisor's Accident Investigation Report

Investigate ALL ACCIDENTS: Help Stop accidents by discovering how and why this one happened. Determine and correct the basic cause of this accident in your department and help to prevent accidents in the future. Please type or print the information requested below and return to the EHS&RM Office within 24 hours if the accident

Name and Address of Hospital: _____

Name of Health Insurance Plan: _____

Name and Address of Witnesses: _____

What should be done to prevent repetition?: _____

Has it been done: _____ Yes _____ No If not, give reason: _____

Was employee instructed regarding hazards on job?: Yes _____ No _____

Lost Time: _____ Yes _____ No Probable length of disability: _____

Has injured returned to work?: _____ If so, date and hour: _____

Employee's Signature: _____ Date: _____

Supervisor's Comments: _____

Supervisor's Signature: _____ Date: _____

The supervisor is responsible for informing Risk Management when the employee returns to work (757)823-9142

NOTE: In order to complete the report thoroughly, it is suggested that the employee and supervisor complete it together.

DO NOT WRITE BELOW THIS LINE. RISK MANAGEMENT OFFICE USE ONLY

Date Received: _____ Length of Disability: _____ From _____ TO _____

Date of follow-up: _____ Number of days lost: _____

Comments: _____