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 | Commonwealth of Virginia
<table>
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<tr>
<th>If you are injured on the job do the following:</th>
<th>Workers’ Compensation Injury Management</th>
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</table>
| 1. Immediately report all details of the incident to your supervisor. Complete all agency forms. | Attention Panel Provider:  
The holder of this card has reported a Workers' Compensation claim. |
| 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. | 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. |
| 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 |

MANAGED CARE INNOVATIONS  
Form WCIC 7/98  
Phone 804/649-2288  
Fax 804/649-2435
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
Dr. Kenneth Mayer
Dr. Arlene Palteng
Dr. Steven Papariello
Dr. Meredith Rose

SHCC- Chesapeake
910 Great Bridge Blvd., Ste 101
Chesapeake, VA 23320

757-548-1400

801 Volvo Parkway Ste 111
Chesapeake, Virginia 23320

757-548-0099

5220 Providence Road
Virginia Beach, Va. 23464

757-413-7661

ORTHOPEDICS

Atlantic Orthopedics Specialists

230 Clearfield Ave. Suite 124
Virginia Beach, Va. 23462-1832

757-321-3300

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

757-627-2000

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
Chesapeake, VA 23320
757-548-7190

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

HAMPTON

GENERAL MEDICINE

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

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

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

ORTHOPEDICS

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

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

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

NEWPORT NEWS

GENERAL MEDICINE

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

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

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

ORTHOPEDICS

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

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

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

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

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
757-481-9500 not in service
757-464-0888 not in service
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
5601 Richmond Road
Williamsburg, VA 23185

757-220-8300 now Riverside OR

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: ______________________ Name ______________________ Date ______________________

Printed: ______________________ Name ______________________ Date of Injury ______________________

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

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

Hidenwood Pharmacy, Inc.
Tom Hutchens
35 Hidenwood 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

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
Don 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

(757) 464-1463

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
EXPENSE REIMBURSEMENT FORM

NAME ___________________________ CLAIM NO. ___________________________

ADDRESS ___________________________ EMPLOYEE ID NUMBER ___________________________

CITY ___________ STATE ___________ ZIP ___________ DOI ___________________________

( ) PLEASE REIMBURSE ME FOR THE COST OF MEDICATION, SUPPORTED BY THE ATTACHED ORIGINAL RECEIPTS.

( ) PLEASE REIMBURSE ME FOR TRAVEL EXPENSE AT 27 CENTS PER MILE, AS LISTED BELOW.

( ) PLEASE REIMBURSE ME FOR PARKING EXPENSE AT THE PHYSICIAN'S OFFICE, RECEIPTS ATTACHED.

<table>
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<tr>
<th>DATE OF APPOINTMENT</th>
<th>ITEMIZED EXPENSES</th>
<th>NAME OF PHYSICIAN</th>
<th>NUMBER OF MILES ROUND-TRIP</th>
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TOTAL

MANAGED CARE
INNOVATIONS LLC
P.O. Box 1140
Richmond, VA 23208-1121
phone: 804/649-2288 fax: 804/649-2435

I CERTIFY THAT THE INFORMATION GIVEN IS ACCURATE, THAT ALL MEDICATIONS FOR WHICH I AM REQUESTING REIMBURSEMENT DIRECTLY RELATE TO MY WORKERS' COMPENSATION CLAIM AND THAT I HAVE NOT BEEN REIMBURSED BY ANY OTHER SOURCE FOR ANY OF THE AMOUNTS CLAIMED.

SIGNATURE ___________________________
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: ________________________________