



**Eastern Virginia Medical School
Worker's Compensation
Primary Panel**

Please select a provider from the list below as your Primary Care Physician for the treatment of your Workers' Compensation claim. Please check your selection, sign and return this form to the Occupational Health Department at Eastern Virginia Medical School.

_____ Bayview Medical Center
7924 Chesapeake Blvd.
Norfolk VA 23518
Phone: (757) 587-0157

_____ Bon Secours Occumed
4300 Portsmouth Blvd., Suite #220
Chesapeake VA 23321
Phone: (757) 465-4000

_____ Eastern Virginia Medical School
Ghent Family Practice,
Hofheimer Hall
825 Fairfax Ave., Suite #118
Norfolk, VA 23507
Phone: (757) 446-5955

_____ Eastern Virginia Medical School
Internal Medicine - Division of
Infectious Disease, Hofheimer Hall
825 Fairfax Ave., Suite #118
Norfolk VA 23507
Phone: (757) 446-8920

_____ Now Care Medical Center
6632 Indian River Road, Ste. 102
Virginia Beach VA 23464
Phone: (757) 424-4300

_____ Sentara Urgent Care
747 J. Clyde Morris Blvd.
Newport News VA 23601
Phone Number: (757) 599-6117

If it is determined that your injury does not qualify as a Workers' Compensation Claim, the cost of your treatment/office visit will be billed to you/your medical plan.

I hereby certify that I have selected the Primary Physician selected above.

Patient Name

Patient Signature

_____/_____/_____
Date

Witness

_____/_____/_____
Date

Please Note: Employees may not use their prescription card for purchasing medications. Employees may have prescriptions filled at the pharmacy of their choice and send a receipt and accompanying documentation to the Human Resources Compensation Specialist.