



# Amherst County Public Schools

153 Washington Street • PO Box 1257

Amherst, VA 24521

ph: (434) 946 - 9386 • fax: (434) 946 - 9346



**TO: Principals & Supervisors**

**FROM: Kimberly Lukanich, CFO**

**SUBJECT: Physicians for Work Related Injuries**

**DATE: July 1, 2023**

## **Update Physician's List for Work Related Injuries**

### **Physicians Treatment Center**

Dr. Matthew Tatom

816 S. Main Street, Amherst, Virginia 24521 (434-946-5532)

2832 Candler's Mountain Road, Lynchburg, VA 24502 (434-239-3949)

### **Medexpress Urgent Care**

Dr. Timothy Mynes

21054 Timberlake Road, Ste A, Lynchburg, VA 24502 (434-239-0627)

### **Central Virginia Family Physicians Walk-In Care**

Dr. Joel Burroughs

14005 S Wards Rd, Ste A, Lynchburg, VA 24501 (434-239-0132)

### **NOTE: Amherst County Public School Employees**

Your initial doctor's visit must be to one of the above physicians / practices to be eligible for coverage by workers' compensation insurance.

**As of July 1, 2006, the Amherst County Public Schools requires drug testing for all work related injuries.**

If you fail to use one of the above medical providers, with the exception of an emergency situation, you shall be liable for the cost of the medical care provided for in accordance with Section 65.1-89 of the Virginia Workers Compensation Law.



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### (TO BE SIGNED BY THE EMPLOYEE AFTER THE ACCIDENT)

I have reviewed the panel of physicians provided too me by my employer and selected the medical provider listed below to receive medical treatment for my work related injury.

\_\_\_\_\_  
Employee Initial

I understand that if I fail to use one of the recommended medical providers, except in a medical emergency, I shall be liable for the cost of the medical care provided for in Section 65.1-89 of the Virginia Worker's Compensation Law.

\_\_\_\_\_  
Employee Initial

When calling the provider for an appointment, I will inform them that the treatment is for a work related injury and that the claims administrator is CMI Octagon.

\_\_\_\_\_  
Employee Initial

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Employee SS #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

#### Office Use Below:

Please forward the original, along with the First Report of Injury to the Business Office, within 5 business days. Keep copies for your records.

Principal/Supervisor: Did you call United Heartland –888-881-8242– to report the injury?

#### Is there required OSHA reporting?

An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.

A fatality must be reported within 8 hours.