



City of Norfolk Disability Management Panel of Physicians Selection Form

The City of Norfolk provides the following panel of physicians to its employees for treatment of workers' compensation injuries. Under the Virginia Workers' Compensation Act, you must select your treating physician from this panel. This form is provided to assist you with that selection. **If you choose a treating physician who is not on this list, you may be responsible for the cost of medical care.**

1. Notify your supervisor of your illness or injury. The injury/ illness should also be shown on the Employer's Accident Report (VWC3).
2. Tell your doctor the City's Workers' Compensation Program is administered by Sedgwick CMS, Richmond, VA.
3. For emergencies, use any ER physician.
- 4. After your initial emergency treatment, select a doctor from the panel.**
5. Take the Medical Treatment Form to the selected panel physician.

USE ONE OF THESE PHYSICIANS FOR YOUR WORK-RELATED INJURY

Bayview Medical Center

7924 Chesapeake Blvd.
Norfolk, VA 23518
(757) 587-1700

Office Hours:

Mon-Fri: 8am - 8pm
Saturday: 9am - 3pm

Doctors:

Dr. Diana Wolan
Dr. Lynette Rogers

Now Care Med. Ctr II

6632 Indian River Rd.
Virginia Beach, VA 23455
(757) 424-4300

Office Hours:

Mon - Fri: 8am - 8pm
Saturday: 9am - 3pm
Sunday: 9am - 3pm

Doctors:

Dr. T. Elbeshbeshy
Dr. J. Shaughnessy
Dr. A. Cetrone
Dr. D. Sack
Dr. M. Webb

Sentara Physicians and Walk in Clinic

850 Kempsville Rd.
Norfolk, VA 23455
(757) 261-5999

Office Hours:

Mon-Fri: 8am - 8pm
Saturday 9am - 4pm

Doctors:

Dr. David M. Cundriff
Dr. Zarine Mistry
Dr. William L. Robinett

I&O Medical Centers

1290 Diamond Springs Rd.
Virginia Beach, VA 23502
(757) 460-0700

Office Hours:

Mon - Fri: 7:30am - 7:30pm
Saturday: 9am - 2:30pm
Sunday: 9am - 2:30pm

Doctors:

Dr. Joan Lingen
Dr. Michael Baddar

Taylor Made Diagnostics

801 Poindexter Dr., Ste. 218
Chesapeake, VA 23324
(757) 494-1688

Office Hours:

Mon - Fri: 8am - 5pm*

Now Care III Suffolk

2401 Godwin Blvd.
Suffolk, VA 23434
(757) 923-5360

Office Hours:

Mon - Fri: 8am - 5pm*

* Closed Weekends

I have been provided the above panel subsequent to my worker's compensation injury and have selected _____ (group/practice) from the WC panel.

_____ Date _____ Employee Signature _____ Print Name (Revised 10/12)