



CNA
Claim Department
PO Box 8317
Chicago, IL 60680

10/23/2019

Management Consulting, Inc
1601 Orange Rd
Culpeper, VA 22701



Dear Customer:

Enclosed please find a listing of workers' compensation medical providers in your area that treat work-related injuries.

Please be advised that in **Colorado, Georgia, Pennsylvania, Tennessee and Virginia**, workers' compensation laws require that the listing be posted where it is accessible to your employees. We have used our best efforts to select highly qualified healthcare providers, and we encourage you to utilize this provider list when referring injured employees for treatment.

The medical providers included on this list are part of a Provider Network that CNA Claim utilizes, which could include our Outcomes Based Network (OBN) and/or CNA Selected Providers. The OBN is aimed at identifying workers' compensation providers who consistently provide quality patient care with an improved overall claim result. The CNA Select Providers are composed of those providers whom CNA's Workers' Compensation Claim professionals and Case Managers identified providers that delivering quality medical care, as well as coordinating on a timely basis with employers on return-to-work matters.

OBN and CNA Selected Providers are not separate provider networks, but are a subset of our existing broad-based network.

- The OBN Providers are indicated by the  symbol
- The CNA Selected Providers are indicated by the  symbol

CNA found that these providers offer to:

- *Work with employers and employees to achieve maximum treatment results;*
- *Return employees to work as quickly and safely as possible; and*
- *Enable employees to maintain productive lives after work-related injuries.*

If you have questions regarding network providers or to report provider listing discrepancies, please contact: CNA at 1-877-262-2727, option 3, email is ppopanelrequest@cna.com

CNA
Claim Department

In case of a Work-Related Injury, refer the Employee to a Preferred Provider listed below




In case of injury, allow the employee to select a physician or clinic from the list below.

Remember to promptly report claims to CNA.

For emergency assistance, call your area's 911 number.

 **Bigbee, John A., MD**
Ridgeline Physician Services, PLC
Family Practice
15237 Creativity Dr
Culpeper, VA 22701
540-321-4281
Est Dist: 2.2 mi

 **Johnson, Kenneth Scott, MD**
Rapidan Medical Center
Family Practice
4444 Germanna Hwy Ste 310
Locust Grove, VA 22508
540-972-6222
Est Dist: 16.2 mi

MedExpress Urgent Care - Culpeper
Urgent Care
1420 S Main St
Culpeper, VA 22701
540-825-2202
Est Dist: 0.6 mi



Above is a listing of physicians and medical facilities for your use in obtaining workers' compensation medical care. The physicians and medical facilities listed above are independent contractors and are not the agents or employees of CNA. The physician and medical facility information is intended to assist in directing the medical care of employees with workers compensation claims where allowed by state law. The information contained herein is subject to change without notice and CNA does not warrant the accuracy of the information or the quality of medical care.



Form VWC1

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
2. Report the injury to the Commission through your carrier or directly to the Commission.
3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.

Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, Virginia 23220

1-877-664-2566
vwc.state.va.us

Every employer within the operation of the Virginia Workers' Compensation Act **MUST POST THIS NOTICE IN A CONSPICUOUS PLACE** in his place of business.

Form VWC1

NOTICIA SOBRE COMPENSACIÓN LABORAL

Los empleados de ésta empresa están cubiertos por la Ley de Compensación Para Los Trabajadores de Virginia (Virginia Workers' Compensation Act). En caso de lesión por accidente o aviso de una enfermedad ocupacional:

EL EMPLEADO DEBE:

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional y dar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" de cualquier reclamo por compensación por periodos de incapacidad de más de siete días después del accidente. En caso de lesiones fatales, el aviso debe ser dado por uno o más de los dependientes o herederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audiencia dentro de dos años de la fecha de la lesión por accidente o de la primera comunicación del diagnóstico de enfermedad ocupacional, sino llega a un acuerdo con el empleador en relación al pago de compensación bajo la Ley.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTA: El reporte de accidente del empleador no es la presentación del reclamo del empleado. El pago voluntario de sueldos o compensación durante la incapacidad o de los gastos médicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendo acuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dos años del accidente; un año en caso de fallecimiento.

EL EMPLEADOR DEBE:

1. Al momento del accidente, dar al empleado los nombres de por lo menos tres médicos, de los cuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comisión a través de su representante o directamente a la Comisión.
3. Determinar exactamente el salario semanal del empleado, incluyendo sobretiempo, comidas, uniformes, etc.

Preguntas pueden ser contestadas llamando a la Comisión. Un folleto explicando la Ley de Compensación Para Los Trabajadores está disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, Virginia 23220

1-877-664-2566
vwc.state.va.us

Cada empleador dentro de la operación de la Ley de Compensación Para Trabajadores en Virginia, DEBE DE EXPONER ESTE AVISO EN UN LUGAR VISIBLE, en la empresa o lugar de negocios.