

Attached is a panel of Physicians for this address

Management Consulting Inc
6060 Elko Tract Rd
Sandston, VA 23150

Date created: 10/14/20

In case of Injury, the following Providers are available in your area



In case of work-related Injury or Illness, the following participating providers are available in your area to provide prompt, efficient and high quality medical care.

In the event of an injury requiring immediate medical attention, call 911 or proceed to the nearest hospital for emergency services.

The right to choose a medical provider is governed by workers compensation rules in each state. Please refer to the workers compensation information in your state, or contact the Claim professional assigned to your claim.

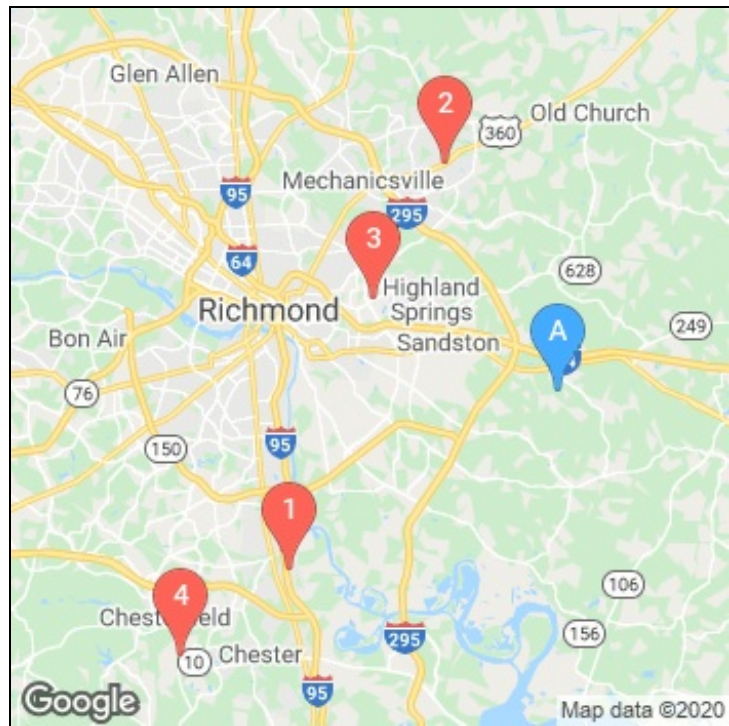
If a list of additional providers is needed, you may access a listing of available providers in your area by going to www.mytravelers.com.

Concentra Medical Center
Occupational Medicine Clinic
Urgent Care Clinic
Walk In Clinics
9211 Burge Ave
Richmond, VA 23237
804-275-7200
Est Dist: 11.9 mi

BetterMed Urgent Care
Urgent Care Clinic
6296 Mechanicsville Tpke
Mechanicsville, VA 23111
804-459-8300
Est Dist: 9.3 mi

MedExpress Urgent Care - Richmond, Nine Mile Rd
Urgent Care Clinic
4903 Nine Mile Rd
Richmond, VA 23223
804-222-3549
Est Dist: 7.6 mi

Risser, Andrey B., MD
Ironbridge Family Practice
Family Practice
11601 Iron Bridge Rd Ste 117
Chesterfield, VA 23831
804-717-5300
Est Dist: 16.6 mi



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PLEASE POST

This listing includes information on participating providers. While Travelers makes every effort to keep this on-line directory accurate and up-to-date changes may occur after posting. Please be sure to confirm the current participation of any provider. State rules and regulations and the facts of a claim may impact an insurance company's obligation to pay for medical treatment if an injured worker changes doctors after treatment has begun. Injured workers are advised to check with their claim handler, nurse case manager or legal representative before making an appointment with a new doctor to determine whether changing doctors will affect their claim.

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.

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 períodos 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.