Attached is a panel of Physicians for this address

City of Harrisonburg
473 E Washington St
Harrisonburg, VA 22802

Date created: 10/20/2023

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.

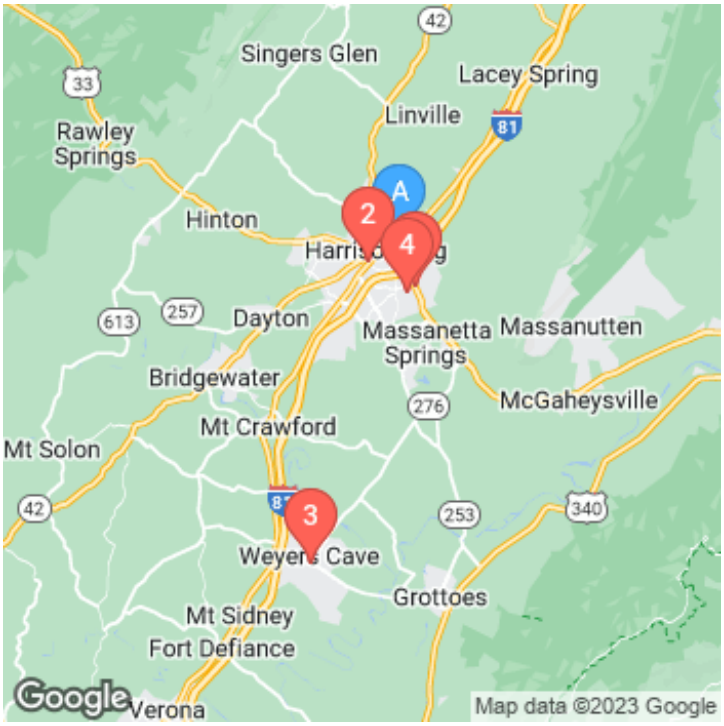
If a list of additional providers is needed, you may access a listing of available providers in your area by going to www.mytravelers.com.

MedExpress Urgent Care-Harrisonburg
Urgent Care Clinic
1840 E Market St Suite A
Harrisonburg, VA 22801
540-432-3080
Est Dist: 1.8 mi

Velocity Urgent Care
Urgent Care Clinic
3841 Stone Spring Rd
Harrisonburg, VA 22801
540-346-6288
Est Dist: 1.4 mi

Augusta Health Care Inc dba Augusta Medical Center
Urgent Care Clinic
1140 Keezletown Rd
Weyers Cave, VA 24486
540-453-0040
Est Dist: 12.2 mi

Emergicare
Occupational Medicine Clinic
Urgent Care Clinic
182 Neff Ave Suite W12
Harrisonburg, VA 22801
540-432-9996
Est Dist: 2.0 mi



City of Harrisonburg
473 E Washington St
Harrisonburg, VA 22802

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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
333 E. Franklin St
Richmond, Virginia 23219

1-877-664-2566
www.workcomp.virginia.gov

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 estan cubiertos por la Ley de Compensacion Para Los Trabajadores deVirginia (Virginia Workers' Compesation Act). En caso de lesion por accidente o aviso de una enfermedadocupacional:

EL EMPLEADO DEBE:

1. Dar aviso inmediato, por escrito, al empleador sobre lesiones o enfermedad ocupacional ydar la fecha del accidente o del aviso de la enfermedad ocupacional.
2. Dar aviso inmediato al empleador y a "Virginia Workers' Compensation Commission" decualquier reclamo por compensación por periodos de incapacidad de más de siete dias despues delaccidente. En caso de lesiones fatales, el aviso debe ser dado por uno o mas de los dependientes oherederos del difunto o las personas que los representan.
3. Presentar una solicitud a la Comisión para una audencia dentro de dos años de la fecha de lalesión por accidente or de la primera comunicación del diagnóstico de enfermedad ocupacional, sino llega a un acuerdo con el empleador en relacion 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 presentacion del reclamo del empleado. El pago voluntario sueldos o compensacion durante la incapacidad o de los gastos medicos, no afecta el transcurso de la limitación del tiempo para presentar reclamos. La Comisión debe de dar una orden cubriendoacuerdos voluntarios y si no, una reclamación debe de ser presentada por el empleado dentro de los dosanos 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 loscuales el empleado puede escoger un médico para su tratamiento.
2. Reportar las lesiones a la Comision a traves de su representate 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 Comision. Un folleto explicando la Ley de CompensaciónPara Los Trabajadores esta disponible sin costo de:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
333 E. Franklin St., Richmond, Virginia 23219
1-877-664-2566
vwc.state.va.us

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