

ERIEComp Acceptance

Policyholder _____ Policy # _____
Contact Person _____ Phone # _____
Agent _____

PHYSICIAN PANEL

The Virginia Workers' Compensation Act allows employers to establish physician panels to provide medical treatment to employees who suffer work-related injuries. Erie Insurance Group strongly encourages the use of physician panels as a tool to help reduce your workers' compensation costs.

I have posted the Workers' Compensation Notice to Employees in a noticeable spot in the workplace. I will ask each employee to sign the Physician Panel form as soon as possible after a work related injury

REPORTING INJURIES PROMPTLY

It is most important to report all injuries immediately by telephone. The phone number at the Richmond Claims Office is 1-800-322-3743.

I agree to report all workers' compensation claims immediately to the Richmond Claims Office.

EARLY RETURN TO WORK

Making suitable modified/transitional duties available is a key element in reducing time off work for your injured workers. Our Rehabilitation Specialists are available to intervene early on cases to help you identify modified/transitional duties. Please consider making these duties available to return workers to work as soon as they are medically able.

I agree to work with Erie's Rehabilitation Specialist to make suitable modified/transitional duties available to injured employees within their medical restrictions.

WORKPLACE SAFETY

The ERIE has a professional staff of Risk Management Consultants. We will work with you to establish an ongoing risk management program or help you refine your existing program. We will offer suggestions if you have a specific area of concern.

I understand that the ERIE has a Risk Management Consultant available.

ERIEComp ACCEPTANCE

I understand and agree to the above provisions of ERIEComp.

Signature of Policyholder

Date



ACCEPTANCE OF PANEL

We agree that we have accepted the attached list of designated health care providers and have posted the “Workers Compensation Notice to Employees” in a conspicuous place. In the event of a work-related injury to an employee, we agree to direct the injured workers to a panel provider. In case of emergency, the employee may treat with provider of own choice, however subsequent treatment must be obtained from one of the panel providers.

Name of Employer: _____

Policy Number: _____

Signature: _____

Date: _____

IMPORTANT: Copy of Physician Panel must be attached.