



VACORP

308 Market Street S.E. Suites 1 & 2
Roanoke, VA 24011
Phone 540.345.8500 • Toll Free 888.822.6772
Fax 540.345.5330 • Toll Free 877.212.8599

Botetourt County
WORKER'S COMPENSATION PANEL OF PHYSICIANS

Express Family Care

Scott Crosby, MD
3960 Valley Gateway Blvd
Roanoke, VA 24012
(540)400-6676
CLIN1592

Carilion Occupational Medicine

Hetzal Hartley, MD
101 Elm Avenue
Roanoke, VA 24013
(540) 985-8521
UC002387

Valley Occ. Medicine – Roanoke

Darrell Powledge, MD
512-B McDowell Avenue NE
Roanoke, VA 24016
(540) 362-9620
CLIN1147

Urgent Care Daleville/Velocity Care Daleville

46 Wesley Rd.
Daleville, VA 24083
540-591-9440
Dr. Joseph Coates
Dr. Michael Svilagyi
M – Sat 8 to 8
Sun – 10 to 6

Doctors Express

602 Brandon Ave SW
Roanoke, VA 24015
540-774-0000
Dr. Steve Osborne
Dr. Serge Diepret
M – F 8 to 8
Sat 8 to 8
Sun 8 to 5

**For therapy services ordered by the treating physician,
contact Alignetworks at 1-866-389-0211.**

**THE CLOSEST EMERGENCY ROOM OR URGENT CARE FACILITY MAY BE USED DURING A
MEDICAL EMERGENCY. ONCE EMERGENCY TREATMENT IS COMPLETE, A PANEL
PHYSICIAN MUST BE CHOSEN FOR FOLLOW-UP CARE.**

_____ I select _____ from the above panel.

_____ I decline to select a doctor from the above panel. I understand that I will have to pay for
medical treatment and doctor bills, and that I may be denied worker's compensation benefits
for any absence based on disability that is not certified by an approved physician.

EMPLOYEE

DATE

Medical Authorization

I hereby authorize VACoRP, the insurer, or their representatives to be furnished with any and all
information requested to include, but not limited to, medical records, diagnosis, treatment and
prognosis, estimates of disability, and recommendations for further treatment. I further agree a
photographic carbonless copy of this release shall be as valid as the original. This information is to
be used for the sole purpose of evaluating and handling a Virginia Workers' Compensation claim
resulting from the incident occurring on or about _____ (date) and shall be used for
no other purpose, now or in the future.

Employee Signature _____ Date _____