



Medical Provider Inquiry

Medical providers seeking the claims status of their workers' compensation patients may use this form for inquiries to the Virginia Workers' Compensation Commission.

Inquiries can be submitted by email, facsimile to (804) 823-6932 or by phone on 1(877) 664-2566

Medical Provider	Contact Name & Phone	Fax Number	Today's Date

Patient's Name	SSN (Last 4 Only)	Date of Injury (xx/xx/xxxx)	Nature of Injury (Body Part)	NO CLAIM FROM PATIENT		Claim Pending	Award	VWC File Number & Carrier Info
				No Report	Report on FROI			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please download this form to fill out. [Click here](#) to submit this form by email.