Petition for Medical Treatment

Access your claim online: webfile.workcomp.virginia.gov

Jurisdiction Cla	aim Number (JCN)		Date of Injury		
**You must have an Award previ	ously entered to qua	lify			
Injured Worker Informatio	n				
Name			Name of Employer		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Primary Phone			Employer's Phone		
Are you a WebFile user? 🔲 Y	es 🗌 No				
1			EATMENT RECOMMEN	DED BY	
Authorized Medical Provider			has recommended the fol	lowing treatment or testir	ng:
(1)	Name of Authorized N	Medical Provide	er)	-	
	(Describe	the treatment	or testing requested)		
Supporting documentation r	egarding the treatn	nent/testing is	s attached.		
The undersigned affirms that a documentation, and the unders	n authorized medica	l provider has ı	recommended treatment or te	_	
Authorized Medical Provider's	Address	City	,	State	Zip Code
Authorized Medical Provider's Email Address			outhorized Medical Provider's Telephone Number		
Signature					
I hereby file this application as a medical documentation.	Petition for Medical	Treatment. I ui	nderstand this application ca	nnot be processed witho	ut supporting
SIGNATURE (Required)		PRINT		DATE	
Attorney's Email Address					

Toll-Free: 877-664-2566 Fax: 804-823-6956

Petition for Medical Treatment Form Process & Instructions

To be eligible for the program, the petition for medical treatment must involve issues of medical treatment where the authorized treating physician has ordered treatment for a condition or body part already awarded by the Commission. Because of the short time frame for responses, only WebFile users are eligible.

To file a Petition for Medical Treatment using this form, please follow these instructions.



Instructions

- 1. Confirm that the treatment is covered under an Award Order of the Commission.
- 2. Fill out the form completely.
- 3. Attach medical records supporting the petition.
- 4. Upload the Petition for Medical Treatment form and the medical records through WebFile.
- 5. The Petition for Medical Treatment will be screened by Commission staff. If it is eligible for the program, a notice will be sent to the defendants to respond.
- 6. If a response is not received within the allotted time, the Chief Deputy Commissioner may schedule a telephone conference between the parties.
- 7. Accepted Petitions for Medical Treatment will be memorialized by the Commission.
- 8. Denied Petitions for Medical Treatment will be referred to either the On the Record or evidentiary hearing dockets.

Ombuds Department

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds at 833-448-1681, or email ombuds@workcomp.virginia.gov. We cannot give legal advice. All conversations will be kept confidential.

Toll-Free: 877-664-2566 **Fax**: 804-823-6956

Online: workcomp.virginia.gov | Mail: 333 E. Franklin St., Richmond, Virginia 23219