

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

Jurisdiction Claim Number (JCN)

Date of Injury

**You must have an Award previously entered to qualify

Injured Worker Information								
Name			Name of Employer					
Address			Address					
City	State	Zip Code	City	State	Zip Code			
Primary Phone			Employer's Phone					

Are you a WebFile user? 🗌 Yes 🗌 No

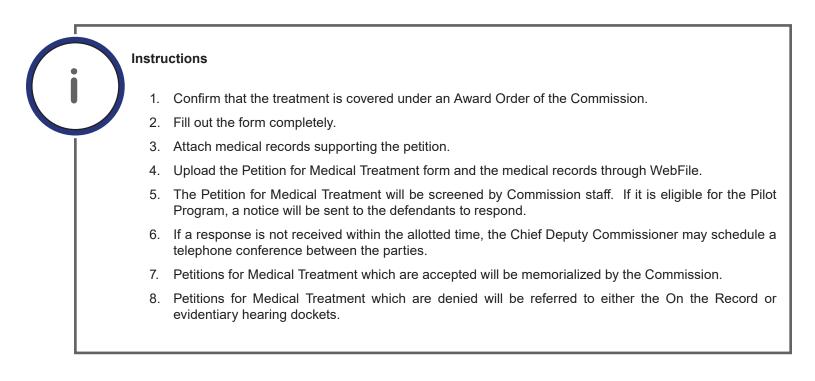
PETITION FOR MEDICAL TREATMENT RECOMMENDED BY AUTHORIZED MEDICAL PROVIDER								
Authorized Medical Provide	r (Name of Authorized Medical		nmended the following treatment o	r testing:				
(Describe the treatment or testing requested)								
Supporting documentation regarding the treatment/testing is attached.								
The undersigned affirms that an authorized medical provider has recommended treatment or testing as detailed in the attached documentation, and the undersigned further affirms that as of the date of this petition, no authorization has been provided.								
Authorized Medical Provide	r's Address	City	State	e Zip Code				
Authorized Medical Provider's Email Address		Authorized Med	Authorized Medical Provider's Telephone Number					
Signature								
hereby file this application a nedical documentation.	s a Petition for Medical Treatmo	ent. I understand th	s application cannot be processed	without supporting				
SIGNATURE (Required)	PRIN	IT	DAT	E				

Attorney's Email Address

Petition for Medical Treatment Form Process & Instructions

In an effort to expedite the processing of medical treatment claims, the Commission is engaging in a pilot program which began January 1, 2022. To be eligible for the Pilot 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.



Ombudsman Department

Have questions and no lawyer? Call the Ombuds at 833-448-1681, or email <u>ombuds@workcomp.virginia.gov.</u> We cannot give legal advice, but all conversations will be kept confidential.