



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 Provider _____ has recommended the following treatment or testing:
(Name of Authorized Medical Provider)

(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 Provider's Address	City	State	Zip Code
Authorized Medical Provider's Email Address	Authorized Medical Provider's Telephone Number		

Signature

I hereby file this application as a Petition for Medical Treatment. I understand this application cannot be processed without supporting medical documentation.

SIGNATURE (Required)

PRINT

DATE

Attorney's Email Address

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.



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 Pilot 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. Petitions for Medical Treatment which are accepted will be memorialized by the Commission.
8. Petitions for Medical Treatment which are denied will be referred to either the On the Record or evidentiary hearing dockets.

Ombudsman Department

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