

(This notice must be posted in a conspicuous place readily accessible to the employees at all times.)

PANEL OF PHYSICIANS

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name: Fulton County Workers' Compensation Division Phone: 404-612-7686/ 404-630-8704
Address: 141 Pryor ST. Ste 5070A, Atlanta, GA. 30303
Insurer Email: WorkCompInfo@fultoncountyga.gov/ Fax: 404-612-0206

Instructions to injured worker: Review the following physician's contact information and select the provider with whom you would like to receive medical treatment.

Physician's Contact Information: Name, Address, Phone, and website listed below:

1. Concentra Medical Center, 3580 Atlanta Ave, College Park, GA 30354 404-768-3351
<https://www.concentra.com>
2. Peachtree Occupational Medicine, 1901 Phoenix Blvd., Ste 205, College Park, GA 30349 404-425-1212
<http://peachtreeoccmcd.com>
3. Peachtree Orthopedics, 5505 Peachtree Dunwoody Rd., Atlanta, GA. 30342 404-355-0743
<https://peachtreeorthopedics.com>
4. Performance Orthopaedics, Northwest Medical Center, 3280 Hewell Mill Rd., ste. 205, Atlanta, GA 30327 404-973-244, <https://www.performanceatl.com>
5. Resurgens Orthopaedics, 5671 Peachtree Dunwoody Rd., Ste. 205, Atlanta, GA 30342 404-847-9999
<https://www.resurgens.com>
6. Georgia Eye Partners, 550 Peachtree St., Ste 1500, Atlanta, GA 30308 404-897-6810,
<https://gaeyepartners.com>
7. Axion Spine & Neurosurgery, 4100 Milton Pkwy., Ste.101, Alpharetta, GA 30054 470-579-3962,
<https://axionspine.com>

(Additional doctors may be added on a separate sheet)

This box is checked if additional physicians are listed on separate sheet.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

Signature: _____ Department: _____

SSN: _____ Witness: _____ Date: _____ **WC-P1 (7/2023)**