



Workers' Compensation Attending Physician Panel  
**VSC SPRINGFIELD LV DIVISION**

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VSC Fire and Security, Inc. is offering the following Physician Panel in compliance with section 65.2 of the Virginia Workers' Compensation Act. This panel is to be used by all employees of VSC.

Injured employees of VSC who have filed for Workers' Compensation benefits must choose one physician for treatment of claimed, work-related injuries. Failure to choose one of the physicians listed below may bar compensation benefits, including the cost of medical care. Employees' Primary Care Physicians are **NOT** authorized as attending physicians on VSC's Panel.

**Panel of Physicians**

<b><u>Concentra Medical Center</u></b>	<b><u>Urgent Care</u></b>
<i>Dr. Duffy, Medical Director</i>	
5590 General Washington Dr., Alexandria, VA 22312	(703) 914-6718
8613 Lee Highway, Fairfax, VA 22031	(703) 272-4305
45305 Catalina Court, Sterling, VA 20166	(703) 435-7656
9141 Alaking Court, Capitol Heights, MD 20743	(301) 499-4655
46440 Benedict Drive, Sterling, VA 20164	(703) 444-5656
4451 Parliament Place, Lanham, MD 20706	(301) 459-9113
10452 Baltimore Avenue, Beltsville, MD 20705	(301) 441-3355
803 Russell Avenue, Gaithersburg, MD 20879	(301) 869-0700
<b><u>Fairfax Urgent Care- ALL LOCATIONS</u></b>	<b><u>Urgent Care</u></b>
<i>Kiren Bayal, Medical Director</i>	
8191 Strawberry Ln, #6, Falls Church, VA 222042	(703) 493-0404
6858 Old Dominion Dr, #102, McLean, VA 22101	(703) 847-9800
<i>Affiliated Locations:</i>	
Alexandria Health Care Center:	
5249 Duke St., #100, Alexandria, VA 22304	(703) 658-2650

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**Inova GoHealth Urgent Care- ALL LOCATIONS**      **Urgent Care**

*Meredith Porter, Medical Director*

3902 Wilson Blvd, Arlington, VA 222203      (571)560-2648

9404-A Main Street, Fairfax, VA 22031      (571)404-6974

6201 Centreville Rd, #200, Centreville, VA 20121      (571)549-8577

20070 Ashbrook Commons Plaza, #104, Ashburn, VA 20147      (571)479-3116

300 Fort Evans Rd, #103, Leesburg, VA 20176      (571)252-9953

**GoWell Urgent Care- ALL LOCATIONS**      **Urgent Care**

*Mark Michaud, Medical Director*

14900 Potomac Town Place, #110, Woodbridge, VA 22191      (571)506-0500

75 W Lee Highway, Warrenton, VA 20186      (540)351-0662

**Piedmont Urgent Care**      **Urgent Care**

*Kimberly S. Arnstine, MD, Medical Director*

493 Blackwell Rd, Warrenton, VA 20186      (540)347-5200

**Winchester Urgent Care**      **Urgent Care**

*Harjit Bagri, Medical Director*

2505 Valley Ave, Winchester, VA 22601      (540)665-0084

**Valley Health Urgent Care- ALL LOCATIONS**      **Urgent Care**

*Jillian Wilford, Medical Director*

65 Riverton Commons Plza, Front Royal, VA 22630      (540)635-0700

607 E. Jubal Early Dr., Winchester, VA 22601      (540)536-2232

210 Elizabeth Dr., Stephens City, VA 22655      (540)536-5830

**Velocity Urgent Care**      **Urgent Care**

*John Gray, Medical Director*

1644 Navigation Dr., Woodbridge, VA 22191      (571)297-1437

**NextCare Urgent Care**      **Urgent Care**

*Kaniz Fatema, Medical Director*

12581 Milstead Way, #103, Woodbridge, VA 22192      (703)897-5890

*Susan Coleman, Medical Director*

330 White Oak Road, Fredericksburg, VA 22405      (540)373-2424

15 S. Gateway Drive, Ste 101, Fredericksburg, VA 22406      (540)368-5607

5825 Plank Road, #105, Fredericksburg, VA 22407      (540)785-3448

**Mary Washington Urgent Care**      **Urgent Care**

*William Reese, Medical Director*

10 Stafford Lakes Pkwy, #102, Fredericksburg, VA 22406      (540)741-6982

955 Wonder Road C, Stafford, VA 22554      (540)741-6982

*Hamed Kabiri, Medical Director*

882 Garrisonville Road, Stafford, VA 22554

(540)318-6464

*\*If the employee's location is more than 20 miles from the Occupational Health provider, please contact [Allegiant Nurse Triage at 844-403-1847](tel:844-403-1847) for assistance.*

**EMPLOYEE ACKNOWLEDGMENT**

I acknowledge that I have been provided with a copy of the VSC Springfield LV “Workers’ Compensation Attending Physician Panel” in response to my claimed job site injury that occurred on \_\_\_\_\_  
(date of injury)

The medical provider I have chosen from this Panel is:

\_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_