

**PRE-HEARING
STATEMENT ORDER -
MEDICAL PROVIDER'S
APPLICATION**



JCN Number:

Virginia Workers' Compensation Commission
333 E FRANKLIN ST, RICHMOND, VA 23219
1-877-664-2566

www.workcomp.virginia.gov

Hearing Date:

Pursuant to Va. Workers' Comp. R. 1.11, the parties and/or their counsel are ORDERED to confer with each other, jointly complete this Pre-Hearing Statement, and file the same with the Commission no later than seven (7) days prior to the hearing scheduled in this matter. Should the parties be unable to confer after making reasonable efforts, each side is ORDERED to complete and file the same with the Commission no later than seven (7) days prior to the hearing scheduled in this matter. The parties are advised that failure to comply with this order may result in sanctions, including, but not limited to, continuance of the hearing, preclusion of positions not timely made, adverse evidentiary inferences, and/or exclusion of witnesses and evidence.

THE MEDICAL CARE PROVIDER IS CLAIMING THE FOLLOWING:

THE PARTIES CAN AGREE TO THE FOLLOWING FACTS:

EMPLOYER'S DEFENSES TO THE CLAIM(S)/CONTESTED ISSUES:

WITNESSES FOR MEDICAL CARE PROVIDER:

WITNESSES FOR EMPLOYER:

REQUEST FOR POST-HEARING EVIDENCE

YES

NO

Evidence Requested:

By Whom?

Reason for Request:

I hereby certify that I am prepared to present evidence to support/defend the above-referenced application(s), discovery is complete and the record does not need to be left open for any purpose other than those set forth above.

Medical Provider

Date

Employer

Date

UEF/Other

Date