

**Notification to Employees of Their Rights and Duties
Under the PA Workers' Compensation Act
Section 306 (f.1)(1)(i)**

(a) If a list of designated providers is established, the employer shall provide a clearly written notice to an injured employee of the employee's rights and duties under section 306(f.1)(1)(i) of the act (77 P. S. § 531(i)(i)).

(1) The employee has the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

(2) The employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as treatment is obtained from a designated provider during the 90-day period.

(3) The employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.

(4) The employee has the right to seek treatment from a referral provider if the employee is referred by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.

(5) The employer has the right to seek emergency medical treatment from any provider, but that subsequent nonemergency treatment shall be by a designated provider for the remainder of the 90-day period.

(6) The employee has the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days.

(7) The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.

(8) The employee has the duty to notify the employer of treatment by a non-designated provider within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a URO, under Subchapter C (relating to medical treatment review).

(9) The employee has the right to seek an additional opinion from any health care provider of the employee's choice when a designated provider prescribes invasive surgery for the employee. If

the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

(b) The written notice to an employee of the employee's rights and duties under this section shall be provided at the time the employee is hired and immediately after the injury, or as soon thereafter as possible under the circumstances of the injury. If the employee's injuries are so severe that emergency care is required, notice of the employee's rights and duties shall be given as soon after the occurrence of the injury as is practicable.

(c) The employer's duty under subsection (a) shall be evidenced by the employee's written acknowledgment of having been informed of and having understood the notice of the employee's rights and duties. Any failure of the employer to provide and evidence the notification relieves the employee from any duties specified in the notice, and the employer remains liable for all treatment rendered to the employee. However, an employee may not refuse to sign an acknowledgment to avoid duties specified in the notice.

Text of Section 306 (f.1)(1)(i): The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from

any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a non-designated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

Employee's Printed Name

Employee's Signature

Date

If you are injured on the job notify your supervisor immediately and get treatment from one of the providers listed below.

If your condition requires emergency treatment, please go to the nearest emergency facility and schedule any follow-up treatment with a listed provider.

PENNSYLVANIA WORK-RELATED INJURIES

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the designated health care providers listed below:

NAME	ADDRESS	TELEPHONE	AREA OF SPECIALTY
MedExpress Urgent Care Center	1597 N. Susquehanna Trail Selinsgrove, PA 17870	(570) 743-7821	Urgent Care
Surgical Specialists of Evangelical	25 Lystra Rogers Drive Lewisburg, PA 17837	(570) 523-3290	General Surgery
Dr. Sandra K. Charles Family Medicine of Evangelical	935 Route 522 Selinsgrove, PA 17870	(570) 372-6102	Family Practice
Sun Orthopedic of Evangelical	210 JPM Rd Lewisburg, PA 17837	(570) 524-4446	Orthopedic
The Eye Center of Central Pa	137 JPM Road Lewisburg, PA 17837	(570) 523-3937	Ophthalmologic
Phoenix Rehabilitation	809 N Market St, Suite 1 Selinsgrove, PA 17870	(570) 884-3140	Physical Therapy
Geisinger Health South	620 University Ave Selinsgrove, PA 17870	(570) 951-9466	Physical Therapy
Watto Chiropractic	8638 Route 104 Suite 30 Mt. Pleasant Mills, PA 17853	(570) 539-2600	Chiropractic
Selinsgrove Imaging Center	21 Susquehanna Mall Drive, Selinsgrove, PA 17870	(570)374-4411	Diagnostic Imaging

3. You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.
4. After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider. You **MUST** notify

your employer of this action within five (5) days of your visit to the health care provider of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these forms must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

The employer shall not be liable to pay for such treatment until a report has been filed.

5. If one of the health care providers listed above refers you to another health care provider, your employer or its insurer will pay the bill for these services provided they are reasonable and necessary.
6. If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.
7. If you have any questions, contact: Brenda Balonis, Associate Director of Human Resources 570-372-4054.

REMEMBER: IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

The name, address and telephone number of your employer's workers' compensation insurance company and the person handling workers' compensation claims for your company is listed below:

Employer Name:

Susquehanna University
Brenda Balonis
Associate Director of Human Resources
(570) 372-4054

Name of Insurance Company:

The Travelers Insurance Company

Address:

PO Box 13933
Reading, PA 19612-9917

Telephone number:

800-832-0606