

**Notification of Employee's Rights and Duties Under The Pennsylvania Workers' Compensation Act, Section 306
(f.1) (1) (i)**

If you are injured while at work and medical treatment is necessary, you are required to visit one of the physicians or health care providers on the list designated by your employer for a period of 90 days from your first visit with the physician or health care provider.

All reasonable medical treatment and supplies (e.g. medicines, prosthetics) related to the injury will be paid for by the employer provided treatment is by a designated physician or health care provider on the list during the 90 day period. Charges for treatment and supplies are specified by the ACT. You are not responsible for the payment of any charges in excess of those specified by the ACT.

During the 90 day period, you may change from one designated physician or health care provider on the list to another physician or health care provider on the list, and the treatment will be paid for by the employer.

If the designated physician or health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider however, the subsequent non-emergency treatment must be by a designated physician or health care provider for the remainder of the 90 day period.

You may seek treatment or consultation from a non-designated physician or health care provider during the 90 day period however, you are responsible for the charges for this treatment during the 90 day period.

If the employer designated physician or health care provider recommends invasive surgery, you are permitted to obtain a second opinion from a non-designated physician or health care provider. Your employer will pay for the cost for this opinion. If this opinion differs from the opinion of the designated physician or health care provider and provides a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment however must be provided by a designated physician or health care provider for 90 days from the date of the visit to the non-designated physician.

You have the right to seek treatment from any physician or health care provider after the 90 day period has ended, and your employer will pay for this treatment provided it is reasonable and necessary.

After the 90 day period, you have the duty to notify your employer of treatment by a non-designated physician or health care provider within 5 days of your first visit to this physician or provider. Your employer may not be required to pay for treatment by a non-designated physician or health care provider prior to notification. The employer however shall pay for this treatment once notified unless the treatment is found to be unreasonable.

Signing this form is an acknowledgement of your rights and duties. You may not refuse to sign this acknowledgement in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or (717) 783-5421.

I acknowledge that I have been informed of and understand the above rights and duties.

Employee Signature

Date

Employer's Representative Signature

Date

NOTICE TO EMPLOYEES

Remember - It is Important to Tell Your Employer About Your Injury

Your employer has obtained Workers' Compensation Insurance Coverage through Liberty Mutual Insurance Company.

In the event of a work-related injury, your reasonable, necessary and related medical and surgical expenses including medicine, supplies, orthopedic appliances and prostheses including training in their use, will be paid.

According to the Pennsylvania Workers' Compensation Act, if you suffer a work-related injury, you must treat with one of the following health care providers to insure payment of your medical expenses.

MEDICAL PROVIDERS

DISA Global Solutions

Occupational Medicine
6850 Lows Rd, Suite 325b
Bloomsburg, PA 17815
570-317-2763
Approximate Dist: 7.8 MI

Phoenix Rehab Health Services

Physical Therapy
1701 Fowler Ave
Berwick, PA 18603
570-752-2925
Approximate Dist: 0.6 MI

Boyle, Scott John, DO

*Orthopedic Surgery: Hand
Orthopedic: Surgery*
3151 Columbia Blvd
Bloomsburg, PA 17815
570-455-8544
Approximate Dist: 9.9 MI

Charlton, William P., MD

Orthopedic Surgery
118 E 3rd Street
Berwick, PA 18603
570-752-3060
Approximate Dist: 0.9 MI

Hoch, Ronald S., DC

Urgent Care Clinic
325 N Market St
Berwick, PA 18603
570-759-3904
Approximate Dist: 0.9 MI

ARA Hazleton

Urgent Care Clinic
426 Airport Rd
Hazleton, PA 18202
570-450-0870
Approximate Dist: 12.0 MI

Williams, Mark Stanley, DO

Orthopedic: Surgery
6850 Lowe Rd Ste 325
Bloomsburg, PA 17815
570-784-7300
Approximate Dist: 12.4 MI

Concentra Medical Center

Physical Therapy
268 Highland Park Blvd.
Wilkes Barre Township, PA 18702
570-822-8831
Approximate Dist: 23.8 MI

HOSPITALS

Berwick Hospital Center

Hospital: General Acute Care
701 E 16th St
Berwick, PA 18603
570-759-5000
Approximate Dist: 0.5 MI

You must treat with one of the above listed health care providers for ninety (90) days from the date of your first visit.

- If, following this ninety (90) day period, you require additional medical care, you may treat with the health care provider of your choice. However, you must advise your employer of this change within five (5) days of your first visit. All health care providers must provide your employer with an initial medical report ten (10) days following your first visit and on a monthly basis so long as treatment continues.
- In the event emergency treatment is required, you may treat with the health care provider of your choice. However, subsequent treatment must be obtained from one of the employer's designated health care providers for the first ninety (90) days from the date of first treatment by that designated provider.
- If one of the above listed health care providers refers you to another licensed health care provider, reasonable bills for these services will be paid.
- Should invasive surgery be prescribed by an employer-designated provider, the employee shall be permitted to obtain a second opinion from a provider of the employee's own choice, at the expense of the insurer. If the second opinion differs from the opinion of the employer-designated provider, the employee may choose which course of treatment to follow, provided the second opinion provides a specific and detailed course of treatment. However, if the employee chooses to follow the procedures recommended by the second opinion, such procedures shall be performed by one of the employer's designated providers for a period of ninety (90) days from the date of the visit to the provider of the employee's choice.

ALL INJURIES NO MATTER HOW MINOR, SHOULD BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR.

**BERWICK AREA SCHOOL DISTRICT
500 LINE STREET
BERWICK PA 18603**

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