

**NOTICE TO EMPLOYEES: Erie's Public Schools
Health Care Provider Panel and Procedures**

IN CASE OF A WORK INJURY OR ILLNESS:

1. You must immediately report the injury or illness to your supervisor.
2. To report the injury/illness the Human Resources Department will provide Workpartners Claims Management Services with the incident report. All injuries/illnesses must be reported to Workpartners no later than 48 hours after the injury/illness. All correspondence and bills must be directed to:

**WORKPARTNERS
Claims Management Services
PO Box 2971
Pittsburgh, PA 15230
Fax: (412) 454-7519**

3. To ensure that bills associated with medical treatment will be paid by the Workpartners, you must select from one of the licensed physicians or health care providers listed below.

If there are any questions concerning this notice, please call 1-800-633-1197.

REQUIRED NOTICE OF EMPLOYEE RIGHTS AND DUTIES

- (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 to him by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.
- (5) The employee has the right to seek emergency medical treatment from any provider, but that subsequent non-emergency 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 that 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.

Treatment outside this panel for the first ninety days will be denied for payment.

- To schedule an appointment, please call the numbers listed below.
- If you require any further information please call 1-800-633-1197.
- This panel listing consists of more than one page. Please verify that the last page of the panel is the Employee Acknowledgement Signature form.

<u>Name</u>	<u>Street Address</u>	<u>City, State, Zip</u>	<u>Scheduling</u>	<u>Areas of Specialty</u>
Saint Vincent Occupational Health Center	2501 W 12th St, Ste C Yorktown Centre	Erie, PA 16505	814-452-7879 Fax: 814-455-2628	Occupational Medicine
Concentra Medical Center M-F, 8 AM – 5 PM	3010 West Lake Rd	Erie, PA 16505	814-833-2385 Fax: 814-833-5522	Occupational Medicine *Drug testing available
UPMC GoHealth Urgent Care 8AM – 8PM daily	5039 Peach St Unit A-9	Erie, PA 16509	814-983-0467 Fax: 814-983-0468	Urgent Care
*Great Lakes Surgical Specialists - UPMC Hamot	300 State St, Ste 401	Erie, PA 16507	814-877-4577 Fax: 814-455-3001	General Surgery
Erie Eye Clinic	128 W 12th St, Ste 200	Erie, PA 16501	814-452-2796 Fax: 814-454-7484	Ophthalmology
*Orthopedic and Sports Medicine of Erie - UPMC	100 Peach St, Ste 400	Erie, PA 16507	814-877-9100 Fax: 814-454-8470	Orthopedics
*UPMC Hamot Neurosurgery and Neurointervention	120 E Second St Ste 401	Erie, PA 16507	814-877-7310 Fax: 814-877-7320	Neurosurgery/Pain Management
<i>*UPMC Rehabilitation Institute Multiple location available</i>	2601 W 26th St	Erie, PA 16508	888-723-4277 Fax: 814-452-4437	Physical Therapy
Christie Family Chiropractor	3343 West 38th St.	Erie, PA 16506	1-844-284-2525	Chiropractic
Spine & Sports Injury Center Craig Costello, DC; Todd McCloy, DC; Jared Scott, DC	2566 W 12th St	Erie, PA 16505	1-844-284-2525	Chiropractic
UPMC Hamot Imaging Center	3406 Peach St Entrance A	Erie, PA 16508	814-877-5381	Diagnostic Imaging
One Call Diagnostic Imaging	Call Toll-Free for Closest Location		1-844-284-2525	Diagnostic Imaging
Diagnostic Imaging: Identify that Workpartners is the payer, call Workpartners at 1-800-633-1197 to notify of the date & time of the test.				
One Call Durable Medical Equipment	Call Toll-Free for Closest Location		1-844-284-2525	DME
One Call Chiropractic	Call Toll-Free for Closest Location		1-844-284-2525	Chiropractic
MyMatrixx (an Express Scripts Company)	Call Toll-Free for Closest Location BIN#003858 Group# LK6A		1-800-945-5951	Pharmacy
Prescription(s) for a work injury may be taken to any pharmacy participating in the ESI network with no out-of-pocket expense to the employee. Bring your employee badge for identification purposes.				

(*) In accordance with Section 306(f.1)(1)(i) of the Workers' Compensation Act and 34 Pa. Code Section 127.753 Disclosure Requirements, this health care provider is employed, owned, or controlled by UPMC.

Workpartners Claims Management Services | PO Box 2971 | Pittsburgh, PA 15230

ERIE'S PUBLIC SCHOOLS WORKERS' COMPENSATION INFORMATION

EMPLOYEE'S ACKNOWLEDGEMENT UNDER

SECTION 306(F)(1)(I) OF THE PENNSYLVANIA WORKER'S COMPENSATION ACT

To All Employees: The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer if self-insured or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying worker's compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place. It is also required to be posted in any areas used for treatment of injured employees or for the administration of first aid. You should report immediately, any injury or work-related illness to your employer. Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a Worker's Compensation Judge. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional information:

Bureau of Workers' Compensation

Inside Pennsylvania 1-800-482-2383

651 Boas Street 8th Fl

Outside Pa. Commonwealth 717-772-4447

Harrisburg, Pennsylvania 17121-0750

TTY 1-800-362-4228 (hearing impaired)

www.state.pa.us, PA keyword: workers' comp

For a complete list of panel physicians, please contact your employer. Please call 1-800-633-1197 with additional questions.

I recognize and agree that my employer has provided a list of at least six (6) designated health care providers, no more than two (2) of whom are coordinated care organizations and no fewer than three (3) of whom are physicians. Therefore, I acknowledge that I must treat with one of these health care providers for 90 days from the date of my first visit. If I fail to do so, I understand that my employer will not be liable for the payment of services rendered during this (90) day period. Subsequent treatment may be provided by any health care provider of my choice. However, I must advise my employer within five (5) days of my first visit to each and every non-designated health care provider. Failure to do so may affect whether my employer is liable for payment for services rendered prior to appropriate notice.

My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and that I understand my rights and duties.

Employee Signature _____ DATE ____ / ____ / ____

Print Name _____

Human Resources will fax this form to Workpartners (412-454-7519) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury. Please do not fax to Workpartners. Only place in the employee file.