



Elizabethtown College

(Please print employee name – Last, First, MI)

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION – Notice of Rights & Duties

- Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.
- Your employer, in compliance with the Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.
- If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.
- If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.
- If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.
- After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Workers' Compensation Information

1. 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.
2. Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including without limitation, areas used for the treatment of injured employees or for the administration of first aid.
3. You should report immediately any injury or work-related illness to your employer.
4. Your benefits could be delayed or denied if you do not notify your employer immediately.
5. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
6. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

Your signature on this form indicates that you understand your rights and duties under the above provisions of the Workers' Compensation Act.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers' Compensation Act.

Employer Elizabethtown College

Employee Signature _____ Date _____

Elizabethtown College - 17022

07/13/2012

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

Eastern Alliance Insurance Group
PO Box 83777
Lancaster, PA 17608-3777
(717)396-7095
(888)654-7100

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 prosthesis, 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 following health care providers.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

**PLEASE CALL EASTERN ALLIANCE'S SCHEDULING SERVICES TOLL FREE AT
1-866-695-3265 FOR ASSISTANCE IN SCHEDULING WITH MRI'S, PHYSICAL / OCCUPATIONAL
THERAPY OR CHIROPRACTIC REHABILITATION.**

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
Worknet Occupational Medicine (Novacare)	6301 Grayson Road Suite 9 Harrisburg, PA 17111	717-920-5910	Occupational Medicine
Norlanco Medical Associates	418 Cloverleaf Road Elizabethtown, PA 17022	717-653-1467	Family Practice
Penn State Hershey Medical Group (Elizabethtown)	1 Continental Drive Elizabethtown, PA 17033	717-361-0666	Family Practice
Elizabethtown Family Health Center	300 Maytown Road Elizabethtown, PA 17022	717-367-1430	Family Practice
AO Orthopedics – Dr. Avallone, Diverio & Simonelli	300 Maytown Road Elizabethtown, PA 17022	717-299-3077	Orthopedics
Orthopedics & Spine Specialists	1855 Powder Mill Road York, PA 17402	717-848-4800	Orthopedics
Bouquet Mulligan & Demaio Eye Professionals	1676 S. Market Street Elizabethtown, PA 17022	717-361-9786	Ophthalmology
Penn State Hershey Medical Center Department of Surgery	500 University Drive Hershey, PA 17033	717-531-5243	General Surgery
Novacare Outpatient Rehab East Inc.	626 South Market Street Elizabethtown, PA 17022	717-361-7414	Physical Therapy
Andersen Family Chiropractic	4305 W Market Street York, PA 17408	717-792-1799	Chiropractic
MRI Network	Call Toll Free for Closest Location	1-866-695-3265	MRI's
Medical Services Company (MSC)	Call Toll Free for Closest Location	1-800-848-1989	DME / Supplies
Progressive Medical	Call Toll Free for Closest Location	1-800-777-3574	DME / Supplies
KeyScripts	Call Toll Free for Closest Location	1-866-446-2848	Pharmacy