

**NOTICE TO EMPLOYEES
PENNCREST SCHOOL DISTRICT**

CM Regent Insurance Company, Workers' Compensation Division, the claims administrator for the school district's workers' compensation carrier, has required that we post the following list of health care providers in accordance with Section 306 of the Workers' Compensation Act.

IN CASE OF A WORK-RELATED INJURY

1. In order to ensure that your medical treatment will be paid for by your employer, or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed.
2. You must continue to visit one of the listed providers for ninety (90) days from the date of your first visit. If you do not comply with this requirement, your employer will be relieved from liability for payment of services rendered during this period.

DESIGNATED PHYSICIANS

See Reverse Side

You recognize and agree that your employer has posted a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). You also acknowledge that you have been presented with this written notice setting forth your rights and duties under Section 306(f.1)(1)(I) of the Pennsylvania Workers' Compensation Act. Your rights and duties include the following:

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for **ninety (90)** days from the date of first visit to a designated provider.
2. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer.
3. I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment.
4. If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment rendered by the referral provider.
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period.
6. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services.
7. After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary.
8. If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification; and
9. If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the treatment shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion).

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

DATE

EMPLOYEE'S SIGNATURE

EMPLOYEE'S NAME (PLEASE PRINT)

DATE

WITNESS

PENNSYLVANIA WORKERS' COMPENSATION ACT
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 nondesignated 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.

**PENNCREST SCHOOL DISTRICT
DESIGNATED PHYSICIANS**

MEDICAL PROVIDER	ADDRESS	PHONE	SPECIALTY
MedExpress (Multiple Locations)	18471 Smock Highway Suite 107 Meadville, PA 16335 Location #: 814-333-3627	1-888-594-4001	Occupational Health / Urgent Care
Meadville Workplace Health	One Vernon Place 11277 Vernon Place Suite 101 Meadville, PA 16335 Location #: 814-333-5503	1-888-594-4001	Occupational Medicine
Edinboro Medical Center	450 Erie Street Edinboro, PA 16412 Location #: 814-734-1618	1-888-594-4001	Family Practice
Orthopedic Associates of Meadville	One Vernon Place 11277 Vernon Suite 200 Meadville, PA 16335 Location #: 814-724-1252	1-888-594-4001	Orthopedics
Greenville Orthopedic Association (Multiple Locations)	Third Street Conneaut Lake, PA 16316 Location #: 814-382-1633	1-888-594-4001	Orthopedics
Meadville Surgical Associates	765 Liberty Street Suite 311 Meadville, PA 16335 Location #: 814-337-6602	1-888-594-4001	General Surgery
Meadville Ophthalmology Associates (Multiple Locations)	390 Linden Street Meadville, PA 16335 Location #: 814-724-5122	1-888-594-4001	Ophthalmology
Oakes Chiropractic	797 Park Ave. Meadville, PA 16335 Location #: 814-724-3239	1-888-594-4001	Chiropractic
Jeffrey Leri, DC	843 Market Street Meadville, PA 16335 Location #: 814-333-4199	1-888-594-4001	Chiropractic
Edinboro Family Chiropractic Inc.	12650 Edinboro Road Edinboro, PA 16412 Location #: 814-734-4541	1-888-594-4001	Chiropractic
S1 Medical	For locations and appointments, please call	888-945-5055	Diagnostic Studies, PT/OT, Home Health, DME
Corvel	For prescriptions, please call	800-563-8438	Pharmacy

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