

West Chester Area School District
Effective Date: July 1, 2024 – June 30, 2025

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable and necessary surgical and medical services and supplies, orthopedic appliances and prosthesis, including training for their use. First, you **MUST** report the injury to your supervisor who will provide you with an SDIC claim reporting packet. Please contact your district Workers Compensation Coordinator:

Deborah Baker - Benefits Specialist 484-266-1011

2. Next, please call SDIC @ (800) 445-6965 or report your claim online at www.sdicwc.org (click the "Report a Claim" button). When you call SDIC with your report of injury, you will be assigned a claim number for use when seeing a panel physician. Please contact your designated claims adjuster for all inquiries.
3. To ensure that reasonable and necessary medical treatment will be paid by your employer or the insurance company, you **must** treat with one of the health care providers listed in the panel below for the first ninety (90) days from the date of first treatment.
4. If a panel provider below refers you to another licensed specialist, your employer or their insurer will pay for the reasonable and necessary services.
5. If you still need treatment after the initial ninety (90) day period, and your employer has provided the list as set forth below, you may choose to go to another health care provider for treatment. You must notify your employer of this action within five (5) days of your visit to said provider.
6. If a panel physician 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 listed panel physicians for the first ninety (90) 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 panel provider listed below.
8. The Commonwealth has no direct jurisdiction over out of state providers under PA Workers' Compensation Act. Treatment with out of state providers may result in you being billed for excess amounts over the PA Act 44 Fee Schedule. Your insurance company is not responsible for any fees over and above the fee schedule. If you prefer to seek treatment with an out of state provider, you should discuss this possibility with your provider prior to initiating treatment.
9. If you require a prescription for your work-related injury or disease, **do not use your personal health plan prescription card**. Please use the Mitchell International First Fill sheet provided in the claim package.

Name	Address	Scheduling	Area of Specialty
The Occupational Health Center and Travel Medicine	915 Old Fern Hill Rd Bldg A Ste 3 West Chester, PA 19380	610-738-2450	Occupational Medicine
Patient First	967 E Lancaster Ave Downingtown, PA 19335	484-593-5160	Occupational Medicine
Concentra Medical Centers	625 N Pottstown Pike Exton, PA 19341	610-903-0640	Occupational Medicine
Main Line Health Urgent Care and Occupational Health at Exton + Concordville location	154 Exton Square Mall Exton, PA 19341	484-565-1293	Urgent Care
Penn Orthopaedics Exton	479 Thomas Jones Way Ste 300 Exton, PA 19341	610-280-9999	Orthopedics
Rothman Orthopaedics + other Rothman locations	600 Evergreen Dr 2nd FL Glen Mills, PA 19342	267-339-3776	Orthopedics
Vistarr Laser Vision Centers	415 McFarlan Rd Ste 209 Kennett Square, PA 19348	610-692-8100	Ophthalmology

Claimants may use nearest or any locations for all providers listed above.

One Call® PT Network	Call Toll Free for Closest Location	1-855-629-6226	Physical Therapy
NovaCare Rehabilitation	Call Toll Free for Closest Location	1-866-723-NOVA	Physical Therapy
One Call® Chiropractic Network	Call Toll Free for Closest Location	1-855-629-6226	Chiropractic
One Call® Diagnostic Network	Call Toll Free for Closest Location	1-855-629-6226	Diagnostics
One Call® DME/Home Health Network	Call Toll Free for Closest Location	1-855-629-6226	DME/Home Health
One Call® Dental Network	Call Toll Free for Closest Location	1-855-629-6226	Dental

Call appropriate number above if referred for [Physical Therapy \(PT\)](#) and/or [MRI](#) or [CT scan](#)



2024-2025

All workers' compensation claims will be processed on behalf of the School District by:

**School District Insurance Consortium
1600 Pennbrook Parkway
Lansdale, PA 19446
Phone: (800) 445-6965**

ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.

Signature: _____ Date: _____

Please Print Name: _____

*At time of distribution, this information is accurate to the best of our knowledge. This panel is subject to change based on information received from the medical provider.

Please return this completed form to your district Workers' Compensation Coordinator.