

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.

EMPLOYEE INITIAL ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION INFORMATION

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE WORKERS' COMPENSATION INFORMATION PROVIDED HEREIN.

Employee Name

Employee Signature

Date

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF WORKERS' COMPENSATION INFORMATION AT OR SOON AFTER THE TIME OF CLAIMED WORK INJURY
I HEREBY ACKNOWLEDGE THAT I HAVE AGAIN RECEIVED AND RE-READ THE WORKERS' COMPENSATION INFORMATION PROVIDED HEREIN.

Employee Name

Employee Signature

Date

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. If you are faced with a medical emergency, you may secure assistance from a hospital or physician/health care provider of your choice. However, once the emergency no longer exists, the injured employee must treat with a listed provider for the remainder of the ninety (90) day period.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, and your employer will pay for that treatment.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. Your employer will pay for this treatment unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should a designated health care provider prescribe invasive surgery, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT AS SET FORTH HEREIN.

Employee Name

Employee Signature

Date

EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY
I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

Employee Name

Employee Signature

Date

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.

Catasauqua Area School District - Catasauqua

Your Workers' Compensation Insurance Carrier is:



PO Box 6762 Pittsburgh, PA 15212

Phone: 1-888-280-5225

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR WORK INJURY.

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 ensure that your medical treatment will be paid for by your employer or its insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. 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.
5. 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.
6. 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.

FOR ASSISTANCE IN SCHEDULING APPOINTMENTS, PLEASE CALL PREMIER COMP TOLL FREE 24 HOURS/7 DAYS A WEEK AT 1-888-594-4001

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
Concentra Medical Centers (Multiple Locations)	6990A Snowdrift Road Allentown, PA 18106 Location #: 484-742-0880	1-888-594-4001	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	90 South Commerce Way, Suite 100 Bethlehem, PA 18017 Location #: 484-820-0260	1-888-594-4001	Occupational Medicine
St. Luke's Occupational Medicine (Multiple Locations)	501 Cetronia Road, Suite 105 Allentown, PA 18104 Location #: 484-526-3223	1-888-594-4001	Occupational Medicine
St. Luke's Care Now (Multiple Locations)	501 Cetronia Road, Suite 105 St. Luke's West End Medical Center Allentown, PA 18104 Location #: 484-426-2513	1-888-594-4001	Urgent Care/Occupational Medicine
St. Luke's Care Now (Multiple Locations)	2402 MacArthur Road Whitehall, PA 18052 Location #: 484-426-2026	1-888-594-4001	Urgent Care/Occupational Medicine
Patient First (Multiple Locations)	3178 West Tilghman Street Allentown, PA 18104 Location #: 610-844-9150	1-888-594-4001	Urgent Care/Occupational Medicine
St. Luke's Orthopedic Care (Multiple Locations)	501 Cetronia Road, Suite 125 Allentown, PA 18104 Location #: 484-526-1735	1-888-594-4001	Orthopedics
St. Luke's General Surgery (Multiple Locations)	1941 Hamilton Street, Suite 102 Allentown, PA 18104 Location #: 484-426-2900	1-888-594-4001	General Surgery
LVPG Surgery	1240 South Cedar Crest Blvd, Suite 308 Allentown, PA 18103 Location #: 610-402-1350	1-888-594-4001	General Surgery
St. Luke's Neurology (Multiple Locations)	240 Cetronia Road, Suite 210 A North Allentown, PA 18104 Location #: 484-526-5210	1-888-594-4001	Neurology
Lehigh Valley Center for Sight (Multiple Locations)	1739 West Fairmont Street Allentown, PA 18104 Location #: 610-437-4988	1-888-594-4001	Ophthalmology
Bethlehem Eye Associates	800 Eaton Avenue, 1st Floor Bethlehem, PA 18018 Location #: 610-691-3335	1-888-594-4001	Ophthalmology
Allentown Chiropractic Center	1850 East Emmaus Avenue Allentown, PA 18103 Location #: 610-791-1020	1-888-594-4001	Chiropractic
Losagio Chiropractic Center	3735 Nazareth Road, Suite 103 Easton, PA 18045 Location #: 610-865-8155	1-888-594-4001	Chiropractic
Geoffrey G. Hallock, MD	1230 South Cedar Crest Blvd., Suite 306 Allentown, PA 18103 Location #: 610-435-7555	1-888-594-4001	Plastic Surgery
OAA Orthopedic Specialists	2597 Schoenersville Road, Suite 304 Bethlehem, PA 18017 Location #: 610-868-6353	1-888-594-4001	Podiatry

CONVENIENT NETWORK LOCATIONS LISTED BELOW

Premier Comp PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
Premier Comp MRI Network	Call Toll Free for Closest Location	1-888-594-4001	MRIs
Optum	Call Toll Free for Closest Location	1-800-964-2531	Pharmacy

Panel Date: 2/3/2026