workpartners

Connellsville Area School District - All Locations

YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORKPARTNERS
Send Bills To: PO Box 2971, Pittsburgh, PA 15230
Fax: (412) 454-8717
To Report a Claim Call: 1-800-633-1197
WC Policy:WC100-2031129
Policy Effective Date:07/01/2026

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 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 physicians 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 contact your Claims Adjuster for any specialty need not listed on this panel.

Name	Address	Scheduling	Area of Specialty
*UPMC Washington Occupational Medicine - Waynesburg	220 Greene Plaza Waynesburg, PA 15370	724-223-3528	Occupational Medicine
Independence Health WORKS - Greensburg	200 Village Dr Ste C Greensburg, PA 15601	724-765-1230	Occupational Medicine
St Clair Occupational Medicine (use Urgent Care after hours)	2000 Oxford Dr, Ste 100 Urgent Care: (412) 942-8800 Bethel Park, PA 15102	412-942-7115	Occupational Medicine
*UPMC GoHealth Urgent Care LLC - Dunbar Twp/Morrell Ave (All Locations)	1440 Morrell Ave Connellsville, PA 15425	724-603-5022	Urgent Care
*UPMC GoHealth Urgent Care LLC - Mt. Pleasant (All Locations)	6396 Route 819 South Mount Pleasant, PA 15666	878-285-2035	Urgent Care
WVU Uniontown Hospital - Surgical Care	500 W Berkeley St, 3rd Fl Uniontown, PA 15401	724-430-5000	General Surgery
Independence Health System Surgical Specialists - Mt Pleasant	508 S Church St, first floor Excela Square at Frick Mount Pleasant, PA 15666	724-547-8020	General Surgery
*UPP Dept of Neurosurgery - McKeesport	500 Hospital Way, Ste 6 John Painter Building McKeesport, PA 15132	412-647-3685	Neurosurgery
*Tri-State Neurosurgical Associates - UPMC - Monroeville	600 Oxford Dr, Ste 210 Monroeville, PA 15146	877-635-5234	Neurosurgery
Conemaugh Neurosurgery - Somerset	1291 N Center Ave, Ste 100 Somerset Outpatient Center Somerset, PA 15501	814-534-5724	Neurosurgery
*UPP Dept of Non-Surgical Orthopaedics	8945 Route 30 UPMC Urgent Care North Huntingdon North Huntingdon, PA 15642	412-858-0385	Orthopedics
Independence Health System Orthopedics - Mt Pleasant	508 S Church St, Ste 200 Excela Square at Frick Mount Pleasant, PA 15666	724-547-1208	Orthopedics
Independence Health System Orthopedics - Greensburg/680 Pellis Rd	680 Pellis Rd Greensburg, PA 15601	724-689-1970	Orthopedics
Penn Highlands Orthopedics & Sports Medicine - Uniontown	404 W Main St, Ste 213 Uniontown, PA 15401	724-379-5802	Orthopedics

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

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Please contact your Claims Adjuster for any specialty need not listed on this panel.

Name	Address	Scheduling	Area of Specialty
Laurel Ridge Eyecare	139 W Fayette St Uniontown, PA 15401	724-437-2222	Ophthalmology
Bigley Eyecare Associates	11 N Chestnut St Scottdale, PA 15683	724-887-5820	Ophthalmology
Martinelli Eye & Laser Center - Uniontown	107 Matthew Dr Uniontown, PA 15401	724-437-6000	Ophthalmology
One Call Physical Therapy	Call Toll-Free for Closest Location	1-844-284-2525	Physical Therapy
One Call Chiropractic	Call Toll-Free for Closest Location	1-844-284-2525	Chiropractic
One Call Imaging Services	Call Toll-Free for Closest Location	1-844-284-2525	Diagnostic Imaging
One Call Durable Medical Equipment	Call Toll-Free for Supplier	1-844-284-2525	DME
myMatrixx (an Express Scripts company)	Call Toll-Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

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WORKERS' COMPENSATION INFORMATION

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 workers' 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 Workers' Compensation Judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information:

Department of Labor & Industry
Bureau of Workers' Compensation
651 Boas Street 8th Fl
Harrisburg, Pennsylvania 17121-0750
Telephone No. within Pennsylvania: 1-800-482-2383
Telephone No. outside of this Commonwealth: 717-772-4447
TTY: 1-800-362-4228 (for hearing and speech impaired only)
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 any additional questions.

I, _____, employee of _____,
(employer)
certify that I have been provided with, read, and understood the information set forth above consistent with the requirements of the Pennsylvania Workers' Compensation Act.

Date: _____

Fax this form to Workpartners (412-454-8717) 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. Workpartners Claims Management Services PO Box 2971 Pittsburgh PA 15230

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EMPLOYEE'S ACKNOWLEDGEMENT FORM UNDER SECTION 306(f)(1)(i) OF THE PENNSYLVANIA WORKER'S COMPENSATION ACT

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 ninety (90) days from the date of my first visit. If I fail to treat with one of these designated health care providers, I understand that my employer will not be liable for the payment for services rendered during this ninety (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' s Signature _____ Date _____

Employee' s Name (Print) _____ Employee Number _____

Employer _____ Department _____

Witness' Signature _____ Date _____

Fax this form to Workpartners (412-454-8717) 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.