

## West Chester Area School District - Exton

Effective Date: July 1, 2026 - June 30, 2027

### 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 dbaker1@wcasd.net**
2. Next, please call SDIC @ (800) 445-6965 or report your claim online at [www.sdicwc.org](http://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 My Matrix Fill sheet provided in the claim package.

### 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>          |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| The Occupational Health Center<br>(Multiple Locations)                              | 915 Old Fern Hill Road, Building A, Suite 3<br>West Chester, PA 19380<br>Location #: 610-738-2450         | 1-888-594-4001 | Occupational Medicine             |
| Patient First<br>(Multiple Locations)                                               | 967 East Lancaster Avenue<br>Downingtown, PA 19335<br>Location #: 484-593-5160                            | 1-888-594-4001 | Urgent Care/Occupational Medicine |
| Concentra Medical Centers<br>(Multiple Locations)                                   | 625 North Pottstown Pike<br>Exton, PA 19341<br>Location #: 610-903-0640                                   | 1-888-594-4001 | Occupational Medicine             |
| Mainline Health Urgent Care Occupational &<br>Travel Health<br>(Multiple Locations) | 1020 Baltimore Pike, Suite 100<br>Concordville office<br>Glen Mills, PA 19342<br>Location #: 484-565-1293 | 1-888-594-4001 | Urgent Care/Occupational Medicine |
| Rothman Orthopaedic Institute<br>(Multiple Locations)                               | 1118 West Baltimore Pike, Suite 302<br>Media, PA 19063<br>Location #: 267-339-3776                        | 1-888-594-4001 | Orthopedics                       |
| Penn Orthopaedics<br>(Multiple Locations)                                           | 479 Thomas Jones Way, Suite 300<br>Exton, PA 19341<br>Location #: 610-280-9999                            | 1-888-594-4001 | Orthopedics                       |
| Vistarr Laser & Vision Centers<br>(Multiple Locations)                              | 415 McFarlan Road, Suite 209<br>Kennett Square, PA 19348<br>Location #: 610-692-8100                      | 1-888-594-4001 | Ophthalmology                     |

#### CONVENIENT NETWORK LOCATIONS LISTED BELOW

|                            |                                     |                |                    |
|----------------------------|-------------------------------------|----------------|--------------------|
| PCS PT Network             | Call Toll Free for Closest Location | 1-888-594-4001 | Physical Therapy   |
| PCS Diagnostic Network     | Call Toll Free for Closest Location | 1-888-594-4001 | Diagnostic Testing |
| Advanced Medical Brokerage | Call 24/7 for Closest Location      | 1-215-887-9700 | DME                |



**2026-2027**

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.**