



# Notification to Employees of Their Rights and Duties Under the PA Workers' Compensation Act Section 306 (f.1)(1)(i)

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

## Rights and Duties

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**If you have any questions, ask your human resources office or  
call the Bureau of Workers' Compensation at 800.482.2383**

**Text of 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.



## Messiah College- Mechanicsburg 17055

Your Workers' Compensation Insurance Carrier is:

**Highmark Casualty Insurance**

**Workers' Comp Department P.O. Box 2738 Pittsburgh, PA 15230**

**Phone: 1-866-452-7425**

### 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. 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 above, 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.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
WORKNET Occupational Medicine (Multiple Locations)	Swatara Square Shopping Center 6301 Grayson Road, Suite 9 Harrisburg, PA 17111	717-920-5910	Occupational Medicine
WORKNET Occupational Medicine (Multiple Locations)	6108 Carlisle Pike, Suite 104 Mechanicsburg, PA 17050	717-691-9560	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	4200 Union Deposit Road Harrisburg, PA 17111	717-558-6708	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	4910 Ritter Road Mechanicsburg, PA 17055	717-795-1819	Occupational Medicine
US HealthWorks (Multiple Locations)	1124 Harrisburg Pike Carlisle, PA 17013	717-245-2411	Occupational Medicine
Orthopedic Institute of Pennsylvania - OIP (Multiple Locations)	3399 Trindle Road Camp Hill, PA 17011	800-834-4020	Orthopedics
OSS Health (Multiple Locations)	1750 Fifth Avenue, Suite 201 York, PA 17403	717-848-4800	Orthopedics
OSS Health (Multiple Locations)	856 Century Drive Mechanicsburg, PA 17055	717-848-4800	Orthopedics
OSS Ambulatory Surgery Center	1855 Powder Mill Road, Suite 10 York, PA 17402	717-747-8306	Orthopedic Surgery
Holy Spirit General Surgery	890 Poplar Church Road, Suite 210 Camp Hill, PA 17011	717-761-7244	General Surgery
Holy Spirit General Surgery	1211 Forge Road, Suite 200 Carlisle, PA 17013	717-249-1895	General Surgery
Central PA Surgical Associates	875 South Arlington Avenue Harrisburg, PA 17109	717-652-1107	General Surgery
Carlisle Neurocare	220 Wilson Street, Suite 210 Carlisle, PA 17013	717-249-8283	Neurology
MariaElaina Sumas, MD Sumas Spine and Neurosurgical Care (Multiple Locations)	15 State Avenue, Suite 102 Carlisle, PA 17013	717-254-6540	Neurosurgery
Dailey Harvey Eye Associates	1857 Center Street Camp Hill, PA 17011	717-761-3011	Ophthalmology
Schein Ernst Mishra Eye Associates, PC (Multiple Locations)	717 Market Street Lemoyne, PA 17043	717-703-3937	Ophthalmology
Premier Eye Care Group (Multiple Locations)	92 Tuscarora Street Harrisburg, PA 17104	717-232-0843	Ophthalmology
Warner Chiropractic Care Center	5315 East Trindle Road Mechanicsburg, PA 17050	717-766-5406	Chiropractic

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**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
Coventry DME Plus	Call Toll Free	1-877-203-9899	DME
Optum Pharmacy Network	Call Toll Free for Closest Location or go to <a href="http://www.cypresscare.com">www.cypresscare.com</a>	1-800-419-7191	Pharmacy

**Panel Date: 2/1/2017**



**PARTICIPATING PHARMACIES WITHIN 20 MILES**

<b>Pharmacy Name</b>	<b>Address</b>	<b>Phone Number</b>
WEIS PHARMACY	2150 BUMBLE BEE HOLLOW RD	(717)796-1692
CVS PHARMACY	123 GETTYSBURG PK	(717)697-0359
GIANT PHARMACY	255 CUMBERLAND PARKWAY	(717)591-0993
RITE AID PHARMACY 02000	330 CUMBERLAND PARKWAY	(717)796-7685
RITE AID PHARMACY 11019	818 ROUTE 15 NORTH	(717)432-0490
GIANT PHARMACY	830 NORTH US 15	(717)638-1234
CVS PHARMACY	30 E SIMPSON RD	(717)766-2536
THE MEDICINE SHOPPE PHARMACY	33 EAST SIMPSON ST	(717)697-0551
THE MEDICINE SHOPPE PHARMACY	5225 WILSON LANE	(717)516-3103
GIANT PHARMACY	5301 SIMPSON FERRY ROAD SUITE 101	(717)591-9565
RITE AID PHARMACY 03613	5277 SIMPSON FERRY ROAD	(717)766-2533
WEIS PHARMACY	5140 SIMPSON FERRY RD	(717)697-8101
MEDICINE SHOPPE	3913 HARTZDALE DR STE 1306	(717)695-9082
ALERT PHARMACY SERVICES	940 OAK OVAL	(717)796-3611
KMART PHARMACY4275	5600 CARLISLE PIKE US 11	(717)697-2042
CVS PHARMACY	105 S SPORTING HILL RD	(717)763-4912
RITE AID PHARMACY 04818	4957 CARLISLE PIKE	(717)975-0117
WEGMANS FOOD MARKETS, INC.	6416 CARLISLE PIKE SUITE 2000	(717)791-4545
WAL-MART PHARMACY 10-5888	3400 HARTZDALE DR	(717)409-3109
CVS PHARMACY #	6416 CARLISLE PIKE	(717)796-5781