



**NOTICE TO EMPLOYEES: Penn Trafford School District
Health Care Provider Panel and Procedures**

IN CASE OF A WORK INJURY OR ILLNESS:

1. You must immediately report the injury or illness to your supervisor.
2. To report the injury/illness the employee's supervisor/manager is responsible for calling UPMC Work Partners Claims Management Services, 1-800-633-1197. All injuries/illnesses must be reported to UPMC Work Partners no later than 48 hours after the injury/illness. All correspondence and bills must be directed to:

**UPMC WORK PARTNERS
Claims Management Services
PO Box 2971
Pittsburgh, PA 15230
Fax: (412) 454-8717**

3. To ensure that bills associated with medical treatment will be paid by the UPMC Work Partners, you must select from one of the licensed physicians or health care providers listed below.

If there are any questions concerning this notice, please call 1-800-633-1197.

REQUIRED NOTICE OF EMPLOYEE RIGHTS AND DUTIES

- (1) The employee has 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.
- (2) The employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as treatment is obtained from a designated provider during the 90-day period.
- (3) The employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.
- (4) The employee has the right to seek treatment from a referral provider if the employee is referred to him by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.
- (5) The employee has the right to seek emergency medical treatment from any provider, but that subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- (6) The employee has the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days.
- (7) The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.
- (8) The employee has the duty to notify the employer of treatment by a non-designated provider 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. However, the employer shall pay for these services once notified, unless that treatment is found to be unreasonable by a URO, under Subchapter C (relating to medical treatment review).
- (9) The employee has the right to seek an additional opinion from any health care provider, of the employee's choice when a designated provider prescribes invasive surgery for the employee. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

UPMC WORK PARTNERS' HEALTH CARE PROVIDER PANEL
Penn Trafford School District Effective: 7/01/12

- To schedule an appointment, please call the numbers listed below.
- If you require any further information please call 1-800-633-1197.
- This panel listing consists of more than one page. Please verify that the last page of the panel is the Employee Acknowledgement Signature form.

<p><u>Occupational Medicine</u> <i>UPMC Urgent Care</i> 8945 Route 30 North Huntingdon, PA 15642 724-861-8099</p> <p>7 days, 9a-9p Multiple Locations Available</p>	<p><u>Occupational Medicine</u> <i>MedExpress</i> 4620 William Penn Highway Murrysville, PA 15668 724-325-3027</p> <p>7 days, 9a-9p Multiple Locations Available</p>	<p><u>General Surgery</u> <i>George L. Austin, MD</i> 562 Shearer Street Suite 302 Greensburg, PA 15601 724-836-2441</p>
<p><u>Neurosurgery</u> <i>University of Pittsburgh Physicians</i> Dept. of Neurosurgery Michael J. Rutigliano, MD Matthew M. Wetzel, MD 425 Frye Farm Road Greensburg, PA 15601 724-532-0866</p>	<p><u>Ophthalmology</u> <i>Hartman Ophthalmic Associates</i> H. King Hartman, MD 516 Pellis Road Greensburg, PA 15601 724-836-0190</p>	<p><u>Orthopedics</u> <i>University of Pgh Physicians Dept. of Orthosurgery</i> Gregg Goldstrohm, MD 507 West Newton Street, Suite 1 Greensburg, PA 15601 724-832-6490</p>
<p><u>Physical Medicine & Rehab</u> <i>Dr. Brian Ernstoff</i> The Painters Building 500 Hospital Drive, Suite 6 McKeesport, PA 15132 412-901-2891</p> <p>Oakland & Canonsburg Locations Available</p>	<p><u>Physical Therapy</u> <i>Centers for Rehab Services</i> Old William Penn Prof. Building 4750 Old William Penn Hwy. Murrysville, PA 15668 724-325-0030</p> <p>Multiple Locations Available.</p>	<p><u>Chiropractor</u> <i>Clemens Chiropractic</i> Terry Clemens, DC 2000 Tower Way, Suite 2036 Greensburg, PA 15601 724-600-7248</p>
<p><u>Diagnostic Imaging</u> <i>One Call Medical/Raytel</i> 1-800-453-0574 Identify that UPMC WorkPartners / Penn Trafford School District is the payer; Please call WorkPartners at 1-800-633-1197 to notify of the date & time of the test.</p>	<p><u>Pharmacy</u> <i>Integrated Prescription Solutions, Inc.</i> Multiple pharmacy locations 1-800-633-1197 for assistance BIN#610029, Plan Code: CRK, Group Code: USIPS 866-846-9279 Prescription(s) for a work injury may be taken to any pharmacy participating in the IPS network with no out of pocket expense to the employee. Please bring your employee badge for identification purposes.</p>	<p><u>Emergency Care</u> Emergency care may be sought from the closest emergency facility for life or limb threatening conditions. Non-emergency treatment and all follow up care must be sought from a listed Workers' Compensation Panel Provider.</p>

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

Updated: 7/05/2012



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:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
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 Work Partners (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 Work Partners, only place in the employee file.



**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 Work Partners (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 Work Partners, only place in the employee file.