



NOTICE TO EMPLOYEES
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.

REPORT OF INJURY

Employer's Name and address _____ Date _____

City _____ State _____ Zip _____ County _____ Employer's Phone _____

Injured Worker's Last Name _____ First Name _____ Middle _____ Recur/New injury Date _____

Home street Address _____ Home Phone Number _____

City _____ State _____ Zip _____ County _____ Marital Status _____ Time Work Began _____ am/pm

Social Security Number _____ Date of Birth _____ Date of Hire _____

Occupation _____

Full/Part-Time _____ If Part-Time, Days Worked _____ Name of Other employer _____
 Mon - Tues - Wed - Thur - Fri - Sat - Sun

Hourly Rate _____ Pass Days _____ Supervisor _____ Supervisor Number _____

Date of Incident _____ Time _____ am/pm Date Reported _____ Time _____ am/pm

Did incident occur on employer's premises: Yes No Where: _____

Performing regular job at the time of incident: Yes No

Losing Time: Yes No Last Day worked: _____ / _____ / _____

Description of Incident (who, what, when, where, how and why) _____

List of body parts injured: _____

Prior Injuries and with what employer: _____

Treatment Sought and with whom: _____

Name and phone number of witnesses: _____

Remarks: _____

Report Taken by: _____ Date: _____ Time: _____



Montour School District - McKees Rocks, Coraopolis, Pittsburgh (15136)
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:WC100-0002791-2018A
 Policy Effective Date:07/01/2018

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.

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
*Concentra Medical Center - Robinson	4390 Campbells Run Rd Pittsburgh, PA 15205	412-429-9675	Occupational Medicine
*Concentra Medical Center - West End	1600 W Carson St, Ste 200 Pittsburgh, PA 15219	412-391-1137	Occupational Medicine
MedExpress Urgent Care - Moon Township	8702 University Blvd Moon Township, PA 15108	412-299-3627	Urgent Care
*UPP Dept of General Surgery - UPMC Mercy	1400 Locust St, Ste 3121 Pittsburgh, PA 15219	412-281-2255	General Surgery
*UPP Dept of Neurosurgery - UPMC Presbyterian	200 Lothrop St, PUH Ste B-400 Pittsburgh, PA 15213	412-647-3685	Neurosurgery
*Orthopaedic Specialists - UPMC - West	1600 Coraopolis Heights Rd, Ste G1 Coraopolis, PA 15108	877-471-0935	Orthopedics
Tri-State Orthopaedics and Sports Medicine - Robinson TWP.	4955 Steubenville Pike, Ste 120 Pittsburgh, PA 15205	412-787-7582	Orthopedics
Sewickley Eye Group - Sewickley	400 Broad St, Ste 2020 Sewickley, PA 15143	412-741-4610	Ophthalmology
Dr. Brian Ernstoff - Magee Women Hospital	300 Halket St, Ste 1700 Magee-Womens Hospital Pittsburgh, PA 15213	412-901-2891	Physiatry (Musculoskeletal Injuries)
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
Express Scripts	Call Toll-Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

*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