



Elizabethtown College

Human Resources

(Please print employee name – Last, First, MI)

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION – Notice of Rights & Duties

Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Workers' Compensation Information

- (1) 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.
- (2) Benefits are required to be paid by your employer when 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, including without limitation, areas used for the treatment of injured employees or for the administration of first aid.
- (3) You should report immediately any injury or work-related illness to your employer.
- (4) Your benefits could be delayed or denied if you do not notify your employer immediately.
- (5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
- (6) The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers' Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

Your signature on this form indicates that you understand your rights and duties under the above provisions of the Workers' Compensation Act.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers' Compensation Act.

Employer Elizabethtown College

Employee signature _____ Date _____

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY.

If you are injured while at work, your employer has arranged for the payment of your workers' compensation benefits with **THE PMA INSURANCE GROUP**.

It is your responsibility to immediately report the injury to your supervisor.

IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT, YOU MUST CHOOSE A PHYSICIAN OR OTHER HEALTH CARE PROVIDER FROM THE LIST BELOW:

Elizabethtown College #2227866 (LAK)

IN CASE OF WORK-RELATED INJURY OR DISEASE

If you suffer a work-related injury, PMA will pay for reasonable surgical and medical services, medicines, supplies, orthopedic appliances and prostheses, including training in their use.

In order to ensure that your medical treatment will be paid for by PMA, you must select from one of the physicians or other health care providers listed below.

MEDICAL PROVIDER	ADDRESS	TELEPHONE	SPECIALTY
WorkNet Occupational Medicine	8170 Adams Dr 100 Hummelstown, PA 17036	717-566-8400	Occupational Medicine
Concentra Medical Center PA	4400 Lewis Rd, G H Harrisburg, PA 17111	717-558-6708	Multispecialty Clinic
Hershey Medical Center	500 University Dr. Hershey, PA 17033	717-531-8333	Hospital/Emergency Medicine
Elizabethtown Family Health Center	300 Maytown Road #101 Elizabethtown, PA 17022	717-367-1430	Family Practice
Penn State Hershey Medical Group	1 Continental Dr Elizabethtown, PA 17022	717-361-0666	Family Practice
Norianco Medical Assoc.	418 Cloverleaf Rd Elizabethtown, PA 17022	717-653-1467	Family Practice
Dr. Calvin Wenger	1516 Lititz Pike Lancaster, PA 17601	717-397-5810	Chiropractic Medicine
Smith, Barry L., DC Elizabethtown Family Chiropractic	1077 Dairy Lane Elizabethtown, PA 17022	717-367-5777	Chiropractic Medicine
Novacare Rehabilitation Dbas Rehab Clinics Inc	626 S Market St – Peach Alley Elizabethtown, PA 17022	717-361-7414	Physical Therapy
Central PA Rehabilitation Services, Inc	1070 Dairy Lane Elizabethtown, PA 17022	717-361-7489	Physical Therapy
Lancaster Orthopedic Group	231 Granite Run Dr. Lancaster, PA 17601	717-560-4200	Orthopedics
TMESYS Pharmacy Program	To Contact Your Local TMESYS Pharmacy – Please Call	800-964-2531	Pharmacy

You must continue to visit one of these physicians or other health care providers listed above, if you need treatment, for 90 days from the date of your first visit.

After this 90-day period, if you still need treatment, you may choose to go to another physician or other health care provider for treatment. If this situation should arise let your employer and your PMA Claims Representative know within 5 days of the first visit.

All physicians and other health care providers must file reports within 10 days after your first visit and at least once a month for as long as treatment continues in order for payment to be considered.

If one of the physicians or other health care providers listed above refers you to another physician or health care provider your employer or his insurer will pay the reasonable bills for these services.

If you're faced with an immediate medical emergency, you may secure initial assistance from a hospital, physician or other health care provider of your choice. You must then seek subsequent treatment from a physician or other health care provider listed above for at least the first 90 days from the date of your first treatment.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Requests for additional information should be directed to: **THE PMA INSURANCE GROUP, PO Box 604, Lemoyne, PA 17043.**