

Workers' Compensation Pennsylvania

EMPLOYEE'S ACKNOWLEDGEMENT OF DESIGNATED PHYSICIAN PANEL

I acknowledge that my employer has selected a list of 6 or more designated physicians and other health care providers, who are available to treat work-related injuries and illnesses during the first ninety (90) days of treatment. This list is attached on the following page of this form and is posted for me to view, at: _____. I may also receive a copy of this list from: _____. My employer has provided the name, address, telephone number and area of medical specialty of each designated physician on the list. I've been provided written notice with my rights and duties under Section 306(F.L)(L)(I) of the Pennsylvania Workers' Compensation Act. These include:

DURING THE FIRST 90 DAYS:

- I have the right to receive reasonable and necessary medical treatment for my work injury or occupational illness. My employer must pay for the treatment, as long as the treatment is by one of the designated physicians;
- I have the right to choose which of the designated physicians will treat me for my work injury or occupational illness.
- I have the right to switch from one designated physician to another on the list;
- If I am referred by a designated physician to a non-designated physician, my employer shall provide for the treatment rendered by the referral designated physician;
- I have the right to seek emergency medical treatment from any physician, but I understand that subsequent non-emergency treatment must be rendered by a designated physician;
- If a designated physician recommends surgery, I have the right to obtain a second opinion from any physician of my choice. Should I elect to follow the treatment plan recommended by the non-designated physician, I understand that I must obtain that treatment from a designated physician for 90 days from the date of the appointment with the non-designated physician.
- I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated physicians for the first ninety 90 days of treatment;
- I have the right during the 90-day period to seek medical treatment from a non-designated physician, but I understand that my employer may not be responsible to pay for these services. (Therefore, speak with your employer before seeking treatment from a non-designated physician);

AFTER THE FIRST 90 DAYS:

- I have the right to seek treatment from any health care physician and my employer must pay for such treatment if it is reasonable and necessary;
- I have the duty to provide my employer a notice within 5 days of my first treatment with a non-designated physician. My employer may not be required to pay for treatment until I have provided notice.

I hereby acknowledge that my employer has informed me of my rights and responsibilities.

Employee Name Employee Signature Date

Employee Name Employee Signature Date

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NOTICE TO EMPLOYEES - DESIGNATED PHYSICIAN PANEL

HAS PROVIDED FOR THE PAYMENT OF BENEFITS UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT

Any employee injured at work should report immediately to their supervisor. In the case of work related injury:

- If you suffer a work related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies.
- To insure that your employer will pay for medical treatment, you must select one of the below listed physician for medical treatment. For a life threatening emergency, report to (Hospital Name) Emergency Department or the nearest hospital.
- To ensure that your employer or the insurance company will pay for your follow up medical treatment, you must select one of the below listed physicians or practitioners.

Designated Physicians Panel

| | | |
|------------|------------|------------|
| Name: | Name: | Name: |
| Specialty: | Specialty: | Specialty: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Name: | Name: | Name: |
| Specialty: | Specialty: | Specialty: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Name: | Name: | Name: |
| Specialty: | Specialty: | Specialty: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |

Remember, it's important to tell your employer about your injury immediately!

This material is provided for information purposes only and is not meant to be legal advice. Any person reading or otherwise using this information acknowledges that this information is provided as a service and is not authorizing any specific treatment. Use of any designated physician does not verify or confirm coverage under the Pennsylvania Workers' Compensation. ICW Group is not responsible for any losses incurred as a result of any person relying on this information.

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REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

1. There must be at least 6 designated physicians / health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the designated physicians / health care providers on the list must be physicians.
3. No more than 4 of the designated physicians / health care providers on the list may be coordinated care organizations (CCOs).
4. The names, addresses, phone numbers and areas of medical specialties of all designated physicians / health care providers must be included on the list.
5. The designated physicians / health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
6. Your employer must specify on the list if any of the designated physicians / health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

NOTE: Your employer's list of designated physicians / health care providers must meet all of the above requirements. If the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

BUREAU OF WORKERS' COMPENSATION HELPLINE INFORMATION CENTER

1-800-482-2383 (inside PA)
(717) 772-4447 (local and outside PA)