



## MEMO

TO: Injured Employee  
FROM: Human Resources  
RE: Injury Report

Attached you will find these forms:

- **Workers' compensation First Report of Injury** – must be completed and returned to Human Resources.
- **Workers' compensation employee notification** – sign and return to Human Resources and keep one copy for your records.
- **Listing of panel physicians** – for you to keep in the event you need to seek medical attention.

All workplace injuries must be reported even if medical attention was not needed. Please fill out the forms and return to Human Resources as soon as possible. If you have any questions at all, please contact Human Resources.

Thank you





## Employee

\* Last Name:

\* First:

MI:

Address:

City:

State:

Zip:

Phone:

### Employee information

\* Social Security #:

\* Date of Birth:

Employee's Gender:

Date of Hire:

\* State of Hire: Pennsylvania

Occupation/Job Title:

Employment Status:

Select Category

Full Time

Part Time

Student Aide

\* Employee's Wage:

Hours Per Day:

Days Worked Per Week:

## Incident - Part 1

\* Date of Injury/Illness:

\* Date Employer Notified:

Time of Occurrence:

Time EE Began Work:

Return To Work Date:

### Injury information

#### Body Part Injured:

Select Category  
Abdomen  
Back  
Face  
Head  
Hip  
Lower Extremities  
Miscellaneous  
Neck  
Trunk  
Upper Extremities

#### Nature of Injury:

Select Category  
Blood  
Cancer  
Cuts And Bruising  
Ears  
Eyes  
Findings  
Heart  
Heat And Freezing Issues  
Infections - Bacterial  
Infections - Viral  
Infections - Other  
Lung  
Misc Diseases  
Nerve  
Other Specific Injuries  
Skeletal  
Skin  
Sprains or Tears  
Symptoms  
Traumatic Injuries  
Trunk  
CUMULATIVE INJURIES

**Cause of Injury:**

Select Category

Action

Contact

Fall

Fire

Aggression

Animal Incidents

Patient Handling

Other Events or Exposures

Rubbed

Struck

Vehicle

\* Type of Injury:

\* How Injury/Illness Occurred:

Activity Employee Was Engaged In When the Incident Occurred:

Department Where Accident Occurred:

**Witness information**

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**First Name:**

**Last Name:**

**Phone:**

**Email:**

**Witness information**

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**First Name:**

**Last Name:**

**Phone:**

**Email:**

**Witness information**

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**First Name:**

**Last Name:**

**Phone:**

**Email:**

# Incident Part 3

## Initial Treatment:

Select treatment type

No medical treatment

First aid

Emergency Care

Hospitalization

## Physician information

First Name:

Last Name:

Address:

City:

State:

Zip:

## Hospital/Facility information

Name:

Address:

City:

State:

Zip:

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_







# 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

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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	Employer Representative	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 non-designated 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.



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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.

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## Pennsylvania Workers' Compensation Information

### To all employees:

The workers' compensation law in Pennsylvania 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 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 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 at:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, PA 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](http://www.state.pa.us), PA Keyword: workers comp.

I, \_\_\_\_\_,  
employee of \_\_\_\_\_ (employer),  
certify that I received, read, and understood the information provided above on my date  
of hire \_\_\_\_\_ (date).

### ***If applicable:***

I, \_\_\_\_\_,  
employee of \_\_\_\_\_ (employer),  
certify that I received, read, and understood the above information on \_\_\_\_\_ (the  
date of work-related injury or disease).



Kings College  
 133 N River Street  
 Wilkes Barre, PA 18711

Specialty	Name	Address 1	City	State	Zip	Phone
Occupational Health	Concentra	268 Highland Park Blvd.	Wilkes Barre	PA	18702	570-822-8831
Urgent Care	Medexpress Urgent Care	677D Kidder Street	Wilkes Barre	PA	18702	570-825-2046
Orthopedics	Orthopedic Specialist	150 Mundy Street , MAC 3	Wilkes Barre	PA	18702	570-826-5559
Orthopedics	Sports Medicine Bone & Joint	220 South River Street	Plains	PA	18705	570-826-1555
Ophthalmology	Northeastern Eye Institute	679 Kidder Street	Wilkes Barre	PA	18702	570-825-3491
General Surgery	Surgical Specialist	200 South River Street	Plains	PA	18705	570-821-1100
Chiropractic	Maurer Chiropractic	104 Wilkes Barre Township Blvd.	Wilkes Barre	PA	18702	570-822-3212
Chiropractic	Yank's Chiropractic & Fitness Center	37 Tener Street	Luzerne	PA	18709	570-718-0440
Physical Therapy	Procare Physical Therapy	40 W Northampton St	Wilkes Barre	PA	18701	5700-208-0466

OPTUM Pharmacy Program- To find a local Optum network pharmacy, please call (800) 897-9470 or visit [www.tmesys.com](http://www.tmesys.com) and click on "Pharmacy Locator"

If you need assistance finding an appropriate provider, please contact your workers' compensation Insurance company, MEMIC, at 800-660-1306 and ask to speak with your claims specialist.

You may reach CorVel for assistance in locating a physician within our network by dialing 888-699-6665 or e-mail us at [inquiry@corvel.com](mailto:inquiry@corvel.com)

For assistance with diagnostic referrals, contact One Call Medical at 800-872-2875

CorVel has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend that you confirm with the healthcare provider, prior to receiving services, that he/she is currently participating with CorVel or one of CorVel's affiliate networks.

**NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS**

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at \_\_\_\_\_ for your review. Also, you may get a copy of this from \_\_\_\_\_.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f. 1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

***MEDICAL TREATMENT: DURING THE FIRST 90 DAYS***

You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.

If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.

You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.

You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.

If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.

**IMPORTANT:** The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

***MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS***

You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.

You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before signing this form.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (circle one):

TIME OF HIRE

WHEN I WAS INJURED

OTHER

EMPLOYEE: \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_ DATE \_\_\_\_\_



**Kings College  
133 N River Street  
Wilkes Barre, PA 18711**

## **NOTICE TO ALL EMPLOYEES**

If you sustain a compensable accident while at work, your employer has arranged for the payment of your medical care with your insurance payor. It is your responsibility to immediately report the injury to your supervisor.

### **IN CASE OF INJURY**

Under the terms and conditions of the Pennsylvania WORKERS' COMPENSATION (Section 306 (f.1) (I) (I) of the (Medical Benefits) your employer has the right to select and authorize physicians to treat employees for a period of 90 days following the first visit. If during the 90-day period you visit other providers, your employer or your employer's insurance carrier may refuse to pay for such treatment. The following physicians, who participate in CorVel Corporation Managed Care Network, have been selected to provide treatment for job related disability.

If you suffer a work-related injury, your insurance payor will pay for reasonable and necessary surgical and medical services, medication, supplies, orthopedic appliances and prosthesis including training in their use.

After 90 days, you as the employee have the right to be treated by the medical provider of your choice provided you give notice of your intent to employ such provider and you provide in writing within 5 days of receiving service, notice that you exercised this right. The following page(s) are suggested providers participating in our managed care network. They offer quality care to you at affordable prices to your employer. If you decide to use a provider from this list; you would not be required to give notification as indicated above.

**If you need assistance finding an appropriate provider, please contact your workers' compensation insurance company, MEMIC, at 800-660-1306 and ask to speak with your claims specialist.**

**This panel is in effect during your worker's compensation policy period with your insurance payor.  
Report all work related injuries to your supervisor immediately.**