



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

First Name:

Last Name:

Phone:

Email:

Witness information

First Name:

Last Name:

Phone:

Email:

Witness information

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

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.

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, 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).

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) 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 _____

REQUIREMENTS FOR EMPLOYER' S LIST OF HEALTH CARE PROVIDERS

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the 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 health care providers must be included on the list.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriated based on the anticipated work-related medical problems of the employees.
6. Your employer must specify on the list if any of the 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 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 WORKER'S COMPENSATION HELPLINE INFORMATION CENTER

1-800-482-2383 (long distance calls inside PA)

(717) 772-4447 (local and calls outside PA)



**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.

Pennsylvania Provider Panels Instructions for Posting and Distribution

POSTING: Posting Notice and Panel of Physicians must be posted in a conspicuous area.

DISTRIBUTING PROVIDER PANELS:

To be completed immediately in order to start process of using the provider panels:

- All Associates must sign the Right and Duties and be provided with a copy of the panel.
- Associates signing of the Right and Duties must be witnessed and the witness (supervisor/HR) must sign at "Employer Representative"
- Signed Rights and Duties must be placed in Associate's personnel file
- If an Associate refuses to sign the Rights and Duties, the witness shall write "refused to sign" where the Associate should have signed and then sign as Employer Representative

To be completed at the Time of Injury:

- All Associates must sign the Right and Duties and be provided with a copy of the panel at the time an injury is reported
- Associates signing of the Right and Duties must be witnessed and the witness (supervisor/HR) must sign at "Employer Representative"
- Signed Rights and Duties must be placed in Associate' s personnel file
- If an Associate refuses to sign the Rights and Duties, tbe witness shall write "refused to sign" where the Associate should have signed and then sign as the Employer Representative

- If the nature of the Injury does not allow the Associate to sign the Right and Duties at the time of injury reporting, the Rights and Duties should be signed and panel provided within a reasonable amount of time after the injury.

To be completed for New Hire:

- All New Hires must sign the Rights and Duties and be provided with a copy of the panel
- Associates signing of the Right and Duties must be witnessed and the witness (supervisor/HR) must sign at "Employer Representative"
- If an Associate refuses to sign the Rights and Duties, the witness shall write "refused to sign" where the Associate should have signed and then sign as the witness
- Signed Right and Duties shall be placed in the Associate's personnel file



King's College - Wilkes Barre

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. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. 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.
5. 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 physician's 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.
6. 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.

**FOR ASSISTANCE IN SCHEDULING APPOINTMENTS, PLEASE CALL
PREMIER COMP TOLL FREE 24 HOURS/7 DAYS A WEEK AT 1-888-594-4001**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
MedExpress (Multiple Locations)	677D Kidder Street Wilkes Barre, PA 18702 Location #: 570-825-2046	1-888-594-4001	Urgent Care/Occupational Medicine
Concentra Medical Centers (Multiple Locations)	268 Highland Park Blvd. Wilkes Barre, PA 18702 Location #: 570-822-8831	1-888-594-4001	Occupational Medicine
Philadelphia Hand to Shoulder Center (Multiple Locations)	672 South River Street, Suite 217 Wilkes Barre, PA 18705 Location #: 800-385-7472	1-888-594-4001	Orthopedics - Hand/Wrist/Elbow
Sports Medicine Bone & Joint	220 South River Street Plains, PA 18705 Location #: 570-826-1555	1-888-594-4001	Orthopedics
Surgical Specialists	200 South River Street Plains, PA 18705 Location #: 570-821-1100	1-888-594-4001	General Surgery
Northeastern Eye Institute (Multiple Locations)	679 Kidder Street Wilkes Barre, PA 18702 Location #: 570-825-3491	1-888-594-4001	Ophthalmology
Renaissance Center for Plastic Surgery	1845 Memorial Highway Shavertown, PA 18708 Location #: 570-674-6525	1-888-594-4001	Plastic Surgery
Maurer Chiropractic	104 Wilkes Barre Township Blvd. Wilkes Barre, PA 18702 Location #: 570-822-3212	1-888-594-4001	Chiropractic
Wilkes-Barre General Hospital Wyoming Valley Health Care Systems	575 North River Street Wilkes Barre, PA 18764 Location #: 570-829-8111	1-888-594-4001	Emergency Medicine

CONVENIENT NETWORK LOCATIONS LISTED BELOW

Premier Comp PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
Premier Comp MRI Network	Call Toll Free for Closest Location	1-888-594-4001	MRIs

Panel Date: 12/9/2020