

Employee Acknowledgement Form

As per the Pennsylvania Workers' Compensation Act your employer has selected a "designated list of healthcare providers" who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list of designated providers (or panel) is posted in a prominent location that is accessible to all employees. In addition, your supervisor can provide you with a copy of these designated providers. If you are injured at work, 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 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.
- √ You have the **RIGHT** to choose which of the panel providers will treat you for your work-related injury.
- √ You have the **RIGHT** during this 90-day period, to switch from one health care provider on the list to another provider on the list, and treatment shall be paid for by the employer. You have the **RIGHT** to seek treatment from the referral provider if you are referred to him by a designated provider.
- √ You have the **RIGHT** to receive 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. Non-emergency treatment must be delivered by a listed panel provider.
- √ You have the **Right** to seek an additional opinion from any health care provider of your choice when a designated provider prescribes invasive surgery. If the additional opinion differs from the opinion of the designated provider and that 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.
- √ You have the **DUTY** to obtain treatment for work-related injuries from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- √ You have 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

Medical Treatment: After the first 90 days

- √ You have the **RIGHT** to receive treatment from any physician or other healthcare 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-related injury and has been properly documented by the physician or other health care provider.
- √ You have the **DUTY** to notify your employer if you chose to receive treatment from a physician or other healthcare provider who is not on your employers designated panel listing of providers. You must notify your employer within five (5) days of the first visit to any provider who is not on your employer's panel listing. The employer may not be required to pay for treatment until you have given this notice. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable.

Your signature on this form indicates that you have been informed of and 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 (check one):

- Time of hire When I was injured Other _____

Employee Signature: _____ Date: _____

Employee Name (please Print): _____

Employer Representative's Signature: _____ Date: _____

JH TECHNICAL SERVICES INC's Designated List of Healthcare Providers

WHAT TO DO IN CASE OF A WORK RELATED INJURY

If you suffer a work-related injury your health and well-being are our first concern!

If your injury is of a serious nature and requires the assistance of an ambulance or rescue personnel, the appropriate emergency service providers should be contacted immediately.

However, if the injury is of a less serious nature the following procedures must be followed:

- 1) **Report your injury to your supervisor as soon as possible.** S/he or a designated person will provide you with the information identifying providers that have been selected on the panel specifically developed for your company.
- 2) **Seek initial medical attention from the providers on the list below.** As per the Workers' Compensation Act of Pennsylvania, if you are injured at work, your employer's insurer is responsible to pay for reasonable and medically necessary treatment for the reported work related injury, but only if you select a provider for your initial care from the list below.

HV Family Practice-Robinson
3 Robinson Plz
Ste 210A
Pittsburgh, PA 15205-1024
(412)787-5769
Specialty: Family Practice

Specialties of Plastic, Hand & Micro Surgery
5750 Centre Ave
Ste 180
Pittsburgh, PA 15206-3761
(412)661-5380
Specialty: Hand Surgery

Healthworks
400 Southpointe Blvd
Plaza 1 Ste 235
Canonsburg, PA 15317-8549
(724)743-1800
Specialty: Occupational Medicine

Renaissance Orthopedics PC
300 Halket St
Ste 1601
Pittsburgh, PA 15213-3108
(412)683-7272
Specialty: Orthopedic Surgery

Associated Occupational Therapists, Inc
5996-F Steubenville Pike
Chiodo's Plaza Shopping Center
McKees Rocks, PA 15136
1-866-944-6950
Specialty: Physical Therapy

Chiropractic Advantage Center
6000 Steubenville Pike
Suite 102
McKees Rocks, PA 15136
1-866-944-6950
Specialty: Chiropractic

Lawrenceville Family Health Center
3937 Butler St
Pittsburgh, PA 15201-3258
(412)622-7343
Specialty: Family Practice

Agh Neurosurgery Washington
25 Heckel Rd
Mc Kees Rocks, PA 15136-1694
(724)228-1414
Specialty: Neurological Surgery

Pittsburgh Oculoplastic Associates Ltd
3471 5Th Ave
Ste 1115
Pittsburgh, PA 15213-3221
(412)681-4220
Specialty: Ophthalmology

Association Of Specialty Physicians Inc
133 Church Hill Rd
Mc Kees Rocks, PA 15136-3279
(877)660-6777
Specialty: Orthopedic Surgery

One Call Medical
1800 Pine Hollow Road
Kennedy Township, PA 15136
1-866-944-6950
Specialty: Imaging

Please note:

- 3) If you need treatment, you will need to call the providers on this list to schedule an appointment.
- 4) As per the Pennsylvania Workers' Compensation Act you must continue to treat with one of these providers for 90 days from the date of your first visit.
- 5) After 90 days, should you still need treatment, you may choose to continue with a provider on this panel, or you may seek treatment from a provider of your choosing. If you seek treatment from a provider of your choosing, you must notify your employer of this action within five (5) days of your first visit to the health care provider of your choice. Your bills will be paid if you have provided proper notice and if your provider files reports as required. Provider reports must be filed within ten (10) days after your first visit and at least once a month for as long as your treatment continues.

3/24/2010