

**NOTICE TO EMPLOYEES  
RIVERVIEW SCHOOL DISTRICT**

**CM Regent Insurance Company, Workers' Compensation Division, the claims administrator for the school district's workers' compensation carrier, Old Republic Insurance Company, has required that we post the following list of health care providers in accordance with Section 306 of the Workers' Compensation Act.**

**IN CASE OF A WORK-RELATED INJURY**

1. In order to ensure that your medical treatment will be paid for by your employer, or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed.
2. You must continue to visit one of the listed providers for ninety (90) days from the date of your first visit. If you do not comply with this requirement, your employer will be relieved from liability for payment of services rendered during this period.

**DESIGNATED PHYSICIANS**

**See Reverse Side**

You recognize and agree that your employer has posted a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). You also acknowledge that you have been presented with this written notice setting forth your rights and duties under Section 306(f.1)(1)(I) of the Pennsylvania Workers' Compensation Act. Your rights and duties include the following:

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for **ninety (90)** days from the date of first visit to a designated provider.
2. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer.
3. I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment.
4. If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment rendered by the referral provider.
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period.
6. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services.
7. After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary.
8. If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification; and
9. If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the treatment shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion).

My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and understand my rights and duties.

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
EMPLOYEE'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

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**CM Regent Insurance Company**, Workers' Compensation Division, the claims administrator for the school district's workers' compensation carrier, **Old Republic Insurance Company**, has required that we post the following list of health care providers in accordance with Section 306 of the Workers' Compensation Act. Please read the following notice carefully as it explains important rights and responsibilities.

**IN CASE OF WORK-RELATED INJURY**

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 prostheses, including training in their use, as and when needed.
2. In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below.

**DESIGNATED PHYSICIANS**

| <b>MEDICAL PROVIDER</b>                  | <b>ADDRESS</b>                                     | <b>PHONE</b> | <b>SPECIALTY</b>                            |
|--|--|--------------|---|
| Concentra Medical Center                 | 15 Freeport Road Suite 100<br>Pittsburgh, PA 15215 | 412-784-1678 | Occupational Health                         |
| MedExpress Urgent Care<br>Ohara Township | 50 Freeport Road Suite 500<br>Pittsburgh, PA 15215 | 412-782-3278 | Occupational Health                         |
| MedExpress Urgent Care                   | 6510 State Route 30<br>Jeannette, PA 15644         | 724-527-3428 | Occupational Health                         |
| MedExpress Urgent Care Latrobe           | 3876 State Route 30<br>Latrobe, PA 15650           | 724-537-5064 | Occupational Health                         |
| Tri-Rivers Surgical Assoc.               | 815 Freeport Road<br>Pittsburgh, PA 15215          | 412-369-9988 | Orthopedics                                 |
| Greater Pittsburgh Orthopedic<br>Assoc.  | 107 Gamma Drive Suite 120<br>Pittsburgh, PA 15238  | 412-661-5500 | Orthopedics                                 |
| AGH Neurosurgery                         | 107 Gamma Drive Suite 110<br>Pittsburgh, PA 15238  | 412-968-5490 | Neurosurgery                                |
| ABC Chiropractic Center                  | 663 5th Street<br>Oakmont, PA 15139                | 412-828-3030 | Chiropractic                                |
| Flynn Chiropractor Services              | 229 Delaware Ave.<br>Oakmont, PA 15139             | 412-828-8700 | Chiropractic                                |
| Chiropractic Health Center               | 2300 Cedar Ave.<br>Latrobe, PA 15650               | 724-537-5200 | Chiropractic                                |
| Align Chiropractic Wellness<br>Center    | 440 Pellis Road Suite 7<br>Greensburg, PA 15601    | 724-834-5600 | Chiropractic                                |
| One Call Care Management<br>(OCCM)       | For locations and appointments,<br>please call     | 800-453-0574 | PT, DME, Diagnostic Studies,<br>Home Health |
| Corvel                                   | For prescriptions, please call                     | 800-563-8438 | Pharmacy                                    |

3. You must continue to visit one of the persons listed, if you need treatment, for ninety (90) days from the date of your first visit. If you do not comply with this requirement, your employer will be relieved from liability for payment of services rendered during this period.
4. After this ninety day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You must notify your employer of this action within five (5) days of your visit to the person of your choice. Failure to notify your employer will relieve the employer from liability for payment for services rendered prior to appropriate notice if the services are determined to have been unreasonable or unnecessary.
5. The physician or practitioner of the healing arts who treats you must file a report on a form provided by the Bureau of Workers' Compensation (Form LIBC-9) within ten (10) days of the commencement of treatment and at least once a month as long as treatment continues. A copy of the report must be furnished to you and to your employer. The employer is not liable for payment of any treatment until a report has been filed.
6. If no list is provided above (No. 2), you may go to a licensed physician or practitioner of the healing arts of your choice.
7. If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
8. If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.
9. If the designated provider recommends invasive surgery, you are entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, you are entitled to select which course of treatment to follow. However, if you choose to follow the recommendation of your health care provider (the additional opinion), the procedure shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to your health care provider (date of examination of the additional opinion).

**REMEMBER - IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY**

**Oct-16**