

**NOTICE TO EMPLOYEES  
RIVERVIEW SCHOOL DISTRICT**

**School Claims Service, LLC, 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

**RIVERVIEW SCHOOL DISTRICT  
DESIGNATED PHYSICIANS**

<b>MEDICAL PROVIDER</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>SPECIALTY</b>
Concentra Medical Center	15 Freeport Rd. Suite 100 Pittsburgh, PA 15215	412-784-1678	Occupational Health
MedExpress Urgent Care Ohara Township	50 Freeport Rd. Suite 500 Pittsburgh, PA 15215	412-782-3278	Occupational Health
Tri-Rivers Surgical Assoc.	815 Freeport Rd. Pittsburgh, PA 15215	412-366-8377	Orthopedics
Greater Pittsburgh Orthopedic Assoc.	107 Gamma Dr. Suite 120 Pittsburgh, PA 15238	412-661-5500	Orthopedics
AGH Neurosurgery	107 Gamma Dr. Suite 110 Pittsburgh, PA 15238	412-968-5490	Neurosurgery
ABC Chiropractic Center	663 5th St. Oakmont, PA 15139	412-828-3030	Chiropractic
Flynn Chiropractor Services	229 Delaware Ave. Oakmont, PA 15139	412-828-8700	Chiropractic
One Call Care Management (OCCM)	For locations and appointments, please call	800-453-0574	PT, DME, Diagnostic Studies, Home Health
Corvel	For prescriptions, please call	800-563-8438	Pharmacy