

NOTICE TO EMPLOYEES

Your employer has provided for the payment of benefits under the Workers' Compensation Act of this State

IN CASE OF WORK-RELATED INJURY

- 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.
- In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must immediately advise your supervisor of your injury, and be treated by one of the licensed physicians or practitioners of the healing arts listed below:

DESIGNATED PHYSICIANS (including address, telephone number, and area of medical specialty)

CLINICS

Industrial Health Services P.C. (at Episcopal Hospital) Occupational Medicine Clinic 100 E. Lehigh Avenue M.A.B. #L-06 Philadelphia, PA 19125 215-707-0485

WORKNET Occ Med Occupational Medicine Clinic 1 Reed St Philadelphia, PA 19147 215-467-5800

Hahnemann Orthopedics Orthopedic Surgery 216 N Broad Street, Floor 2 Philadelphia, PA 19102 215-762-2663

One Call Imaging Network MRI 221 N Broad Street, Ste 101 Philadelphia, PA 19107 For this or other locations call 800-453-0574

Queenan, Joseph MD Hahnemann Hospital Neurosurgery 231 North Broad Street, Suite 101 Philadelphia, PA 19107 215-762-3131

Industrial Healthcare Center Occupational Medicine Clinic 2804 Southampton Rd Philadelphia, PA 19154 215-677-0930

WORKNET Occ Med (at Hahnemann Hospital) Occupational Medicine Clinic Broad And Vine St, Room 131 Philadelphia, PA 19102 215-762-8525

Concentra Medical Center Occupational Medicine Clinic 850 Germantown Pike Plymouth Meeting, PA 19462 610-275-3884

PHYSICIANS/SPECIALISTS

Align Networks Chiropractor / Physical Therapy 521 N 22nd Street Philadelphia, PA 19130 For this or other locations call 866-389-0211

Mandarino, Michael MD M J Mandarino, MD, PC Orthopedic Surgery 2832 Belmont Ave Philadelphia, PA 19131 215-878-1212

Wills Eye Hospital Ophthalmology 840 Walnut Street Philadelphia, PA 19107 215-928-3000

MEDRISK (Including NovaCare facilities)

Physical Therapy

511 N Broad Street

WorkCompvidence, LLC

Occupational Medicine

2801 Island Avenue #2

Philadelphia, PA 19153

215-492-5000

Philadelphia, PA 19123 For this or other locations call 800-225-9675 **Drexel Neurological Associates**

Neurology 219 N Broad Street, 7th Floor Philadelphia, PA 19107 215-762-6915

Thoder, Joseph MD Temple Orthopedic & Sports Medicine Orthopedic and Hand Injuries 3401 N Broad St 5th Floor Outpatient Building Philadelphia, PA 19140 215-707-2111

Temple Orthopedic & Sports Medicine Orthopedics 3401 N Broad St Philadelphia, PA 19140 For this or other locations call 215-707-2111 Rothman Institute
Orthopedics
925 Chestnut Street
5th Floor
Philadelphia, PA 19107
For this or other locations call
800-321-9999

Drexel Surgical Associates *General Surgery*219 N Broad Street, 8th Floor
Philadelphia, PA 19107
215-762-1545

Durable Medical Equipment - Please contact Medical Services Company at (800) 848-1989
Express Scripts Pharmacy Program – for your local Express Scripts Pharmacy call (800) 897-9470
In the event another provider is needed, contact PMA Management Corp. at (888) 476-2669

- You must continue to visit one of these persons listed above, if you need treatment, for ninety (90) day from the date of your first visit. If you do not, your employer may not be required to pay these services.
- After this ninety (90) day period, if you still need treatment and your employer had 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, or your employer may not be required to pay for these
 services.
- Your bills will be paid for IF: your licensed physician or practitioner of the healing arts files reports as required. (These reports
 must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
- In the event a posted panel physician recommends invasive surgery, you may seek a second opinion with a physician of your choice. If you choose to undergo the invasive surgery, you must use a posted physician for the treatment.
- If no list is provided as above, you may go to a licensed physician of practitioner of the healing arts of your choice.
- If one of the persons listed above refers you to another licensed specialist, the panel physician will recommend an approved provider.
- 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.

Name: School District of Phlladelphla

Address: 440 North Broad Street, 3rd Floor Philadelphia, PA 19130

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REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

This material is provided for informational purposes only and is not meant to be legal advise. Any person reading or otherwise using the information contained herein acknowledges that the information is provided as a service and is not authorizing any specific treatment or course of treatment. Further, use of any provider listed does not verify or confirm coverage under the Workers' Compensation Act and PMA is not responsible for any losses incurred as a result of any person relying on this information.

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with the Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit,

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must once again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will refleve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to oriminal and civil penalties.

I hereby acknowledge that I have been informed of and understand my rights and dulles under the Workers' Compensation Act.

Employee signature	Date	4444
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WORKER'S COMPENSATION EMPLOYEE NOTIFICATION

Workers' Compensation information

- (1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
- (2) Benefits are required to be paid by your employer when self-insured, or through insurence 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 the treatment of injured employees or for the administration of first aid.
- (3) You should report immediately any injury or work-related illness to your employer.
- (4) Your benefits could be delayed or denied if you do not notify your employer immediately.
- (5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
- (6) 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, Pennsylvania 17104-2601; 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.





First Fill Temporary Prescription Services Card to be used effective January 15, 2013.

Attention Injured Worker

- On your first visit, please give this notice to any pharmacy listed below to expedite the processing of your approved workers' compensation prescriptions. (Based on the established parameters by your employer.)
- Questions or need assistance locating a participating pharmacy: Call the Express Scripts Contact Center at 800-945-5951.

Atencion Trabajador Lesionado:

- Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).
- Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 866-945-5951,

Attention Supervisor: Please complete the following information for the injured	worker,	ì		
Express Seripts 1D #: SSN to be presented to the pharmacy at the time prescription is filled	Employee Information			
- , , , ,	First M Last			
Date of Injury: MMDDCCYY	Mailing Address			
Group #:	Street Address			
Employee Date of Birth //	or PO Box City Sine Zip Employer Name			

Attention Pharmacist

- Express Scripts administers this workers' compensation prescription program. Follow the steps below to submit a claim.
- For assistance, call the Express Scripts Contact Center at 888-786-9640.

OKA BERNE	Signification of the second states of the second states of the second second second second second second second
Step 1	Enter bin number 003858
Step 2	Enter processor control A4
Step 3	Enfer the group number as it appears above
Slep 4	Enter the injured worker's 9 digit ID#
Step 5	Enter first name & tast name
Step 6	Enter the injured worker's date of injury (enter in PA field in the format coyymmdd)

Participating Pharmacy Chains

A & P Acme Pharmacy Albertson's Albertson's Acme Albertson's Acme Albertson's Acme Albertson's Acme Albertson's Asav-On Amerisource Bergen Anchor Pharmaoles Arrow Aurora Bartell Drugs Bigg's Bi-Lo Bi-Mart BJ's Wholesale Club Brooks Brookshire Brookshire Grocery Bruno Cares	Dicroergs Discount Drugmart Doc's Drugs Dominicks Drug Emporium Drug Fair Drug Town Drug World Eckerd Econofoods BPIC Pharmacy Network FamilyMeds Farm Fresh Farmer Jack- Food City	Gemmel Giant Giant Engle Giant Foods Hannaford Harris Teeter H-E-B Hi-School Pharmacy Hy-Vee Jewel/Osco Kash n Karry Keltsch Kerr Kmart Knight Drugs Kroger LeaderNet (PSAO) Longs Drug Store Major Value Marsh Drugs Medic Discount Medican	Metjer Minyard NCS HealthCare Neighboreare Network Pharmaceuticals Northeast Pharmacy Services Osco P & C Food Markets Pamida Park Nicollet Pathmark Pavilions Price Chopper Publix Quality Markets Raloy's Randalls Rite Alid	RXD Safeway Sam's Club Say-On Save Mart Schnucks Scolari's Sedano Shaw's Shop 'N Save Shopko ShopRite Snyder Stop & Shop Sun Mart Super Fresh Super Rx Target Toxas Oncology Srvs The Pharm Thrifty White	Tops Ukrop's United Drugs United Supermarkets Vons Waldbaums Walgreens' Wal-Mart Wegmans Weis Winn Dixle
Carrs Cash Wise	Food Lion Fred's	Medicap Medistat	Rosauers Rx Express	Times Tom Thumb	

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.