

Workers' Compensation Pennsylvania

Power Component Systems, Inc.

EMPLOYEE'S ACKNOWLEDGEMENT OF DESIGNATED PHYSICIAN PANEL

I acknowledge that my employer has selected a list of 6 or more designated physicians and other health care providers, who are available to treat work-related injuries and illnesses during the first ninety (90) days of treatment. This list is attached on the following page of this form and is posted for me to view, at: Employee Portal. I may also receive a copy of this list from: Human Resources. My employer has provided the name, address, telephone number and area of medical specialty of each designated physician on the list. I've been provided written notice with my rights and duties under Section 306(F.L)(L)(I) of the Pennsylvania Workers' Compensation Act. These include:

DURING THE FIRST 90 DAYS:

- I have the right to receive reasonable and necessary medical treatment for my work injury or occupational illness. My employer must pay for the treatment, as long as the treatment is by one of the designated physicians;
- I have the right to choose which of the designated physicians will treat me for my work injury or occupational illness.
- I have the right to switch from one designated physician to another on the list;
- If I am referred by a designated physician to a non-designated physician, my employer shall provide for the treatment rendered by the referral designated physician;
- I have the right to seek emergency medical treatment from any physician, but I understand that subsequent non-emergency treatment must be rendered by a designated physician;
- If a designated physician recommends surgery, I have the right to obtain a second opinion from any physician of my choice. Should I elect to follow the treatment plan recommended by the non-designated physician, I understand that I must obtain that treatment from a designated physician for 90 days from the date of the appointment with the non- designated physician.
- I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated physicians for the first ninety 90 days of treatment;
- I have the right during the 90-day period to seek medical treatment from a non-designated physician, but I understand that my employer may not be responsible to pay for these services. (Therefore, speak with your employer before seeking treatment from a non-designated physician);

AFTER THE FIRST 90 DAYS:

- I have the right to seek treatment from any health care physician and my employer must pay for such treatment if it is reasonable and necessary;
- I have the duty to provide my employer a notice within 5 days of my first treatment with a non-designated physician. My employer may not be required to pay for treatment until I have provided notice.

I hereby acknowledge that my employer has informed me of my rights and responsibilities.

Employee Name

Employee Signature

Date

Employee Name

Employee Signature

Date

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NOTICE TO EMPLOYEES - DESIGNATED PHYSICIAN PANEL

HAS PROVIDED FOR THE PAYMENT OF BENEFITS UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT

Any employee injured at work should report immediately to their supervisor. In the 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.
- To insure that your employer will pay for medical treatment, you must select one of the below listed physician for medical treatment. For a life threatening emergency, report to (Hospital Name) Emergency Department or the nearest hospital.
- To ensure that your employer or the insurance company will pay for your follow up medical treatment, you must select one of the below listed physicians or practitioners.

Designated Physicians Panel

Name: Concentra Urgent Care Specialty: Occupational Health Address: 4910 Ritter Road Mechanicsburg, PA 17055 Phone: 717-795-1819	Name: Concentra Urgent Care Specialty: Occupational Health Address: 4200 Union Deposit Road Harrisburg, PA 17111 Phone: 717-558-6708	Name: Concentra Urgent Care Specialty: Occupational Health Address: 1124 Harrisburg Pike Carlisle, PA 17013 Phone: 717-245-2411
Name: Concentra Urgent Care Specialty: Occupational Health Address: 6990A Snowdrift Road Allentown, PA 18106 Phone: 484-742-0880	Name: Concentra Urgent Care Specialty: Occupational Health Address: 6108 Carlisle Pike, PA Mechanicsburg, PA 17050 Phone: 717-691-9560	Name: Concentra Urgent Care Specialty: Occupational Health Address: 6301 Grayson Road Harrisburg, PA 17111 Phone: 717-920-5910
Name: Concentra Urgent Care Specialty: Occupational Health Address: 4201 Pottsville Pike Reading, PA 19605 Phone: 610-921-5811	Name: Concentra Urgent Care Specialty: Occupational Health Address: 268 Highland Park Blvd Wilkes-Barre, PA 18702 Phone: 570-822-8831	Name: Concentra Urgent Care Specialty: Occupational Health Address: 970 Loucks Road Ste Unit D York, PA 17404 Phone: 717-764-1008

Remember, it's important to tell your employer about your injury immediately!

This material is provided for information purposes only and is not meant to be legal advice. Any person reading or otherwise using this information acknowledges that this information is provided as a service and is not authorizing any specific treatment. Use of any designated physician does not verify or confirm coverage under the Pennsylvania Workers' Compensation. ICW Group is not responsible for any losses incurred as a result of any person relying on this information.

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Designated Physicians Panel

Name: Premier Eye Care Group Specialty: Ophthalmology Address: 3903 Hartzdale Drive Camp Hill, PA 17011 Phone: 717.761.3077	Name: Orthopedic Institute of PA Specialty: Orthopedics Address: 3399 Trindle Road Camp Hill, PA 17011 Phone: 800.834.4020	Name: Orthopedic InstiMe of PA Specialty: Orthopedics Address: 1 Dunwoody Drive Carlisle, PA 17015 Phone: 717.761.5530
Name: UPMC West Shore Orthopaedics Specialty: Orthopedics Address: 19 Sprint Drive Carlisle, PA 17015 Phone: 717.988.8135	Name: Inspired Physical Therapy Specialty: Physical Therapy Address: 21 Waterford Drive, Ste. 202 Mechanicsburg, PA17050 Phone: 866.446.2848	Name: Drayer Physical Therapy Specialty: Physical Therapy Address: 3 Jennifer Ct., Ste. A Carlisle, PA 17015 Phone: 866.446.2848
Name: Stoken Wagner Ophthalmic Asso Specialty: Ophthalmology Address: 338 Alexander Spring Road Carlisle, PA 17015 Phone: 717.249.6337	Name: PinnacleHealth Neurology Specialty: Neurology Address: 2005 Technology Parkway, 400 Mechanicsburg , PA 17050 Phone: 717.791.2520	Name: UPMC West Shore Orthopaedics Specialty: Orthopedics Address: 1830 Good Hope Road Enola, PA 17025 Phone: 717.988.8135

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REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

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

1-800-482-2383 (inside PA)
(717) 772-4447 (local and outside PA)