

WORKERS' COMPENSATION

EMPLOYEE ACKNOWLEDGEMENT OF RIGHTS & RESPONSIBILITIES

Employer: Washington & Jefferson College

In Pennsylvania, 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.

Benefits are required to be paid by your employer when self-insured, or through insurance 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.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

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 17104-2501
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.

I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306(f.1)(1)(I) of the Pennsylvania Workers' Compensation Act. My rights and duties include the following:

1. I recognize and agree that my 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). I further agree that my employer has provided the name, address, telephone number, and area of medical specialty of each designated provider on the list.
2. I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers listed below for ninety (90) days from the date of first visit to a designated provider.

3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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,
10. 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 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 my health care provider (date of examination of the additional opinion).

I, _____, employee of _____, hereby certify that I was provided with the above statement and attached Provider Panel.

Employee Signature

Date

Witness Signature

Date

Washington & Jefferson College

Physician Panel

For assistance in scheduling, please call 1-877-444-4644

Occupational Medicine

Healthworks
400 Southpointe Blvd
Plaza 1, Suite 235
Canonsburg, PA 15317
(724) 743-1800

Monongahela Valley Hospital
Occupational Health
Willow Pointe Plaza
800 Plaza Drive
Belle Vernon, PA 15012
(724) 379-1940

Jefferson Regional Occupational
Medicine Center
575 Coal Valley Road, Suite 502
Pittsburgh, PA 15236
(412) 469-5983

St. Clair Occupational Medicine
2000 Oxford Drive
Bethel Park, PA 15102
(412) 942-7115

MedExpress Urgent Care
695 Clairton Blvd
Pleasant Hills, PA 15236
(412) 653-5556

MedExpress Urgent Care
2600 Old Washington Road
Suite 150
Upper St. Clair, PA 15241
(412) 854-3627

MedExpress Urgent Care
1984 Greentree Road
Pittsburgh, PA 15220
(412) 343-3627

MedExpress Urgent Care
460 Washington Road, Suite 7
Washington, PA 15301
(724) 225-3627

Ophthalmology

E. Ronald Salvitti, MD
750 East Beau Street
Washington, PA 15301
(724) 228-2982

Pittsburgh Eye Institute
575 Coal Valley Road, Suite 461
Clairton, PA 15025
(412) 466-6800

Neurology

Southwestern PA Neurology Associates
378 West Chestnut Street, Suite 106
Washington, PA 15301
(724) 228-4011

Associates in Neurology of Pittsburgh
575 Coal Valley Road
Clairton, PA 15025
(412) 361-4576

Physiatry

Allegheny Physical Medicine
Kuk Seung Lee, MD
6040 Library Road
Bethel Park PA 15102
(412) 831-2225

Brian M. Ernstoff, MD
351 West Beau Street
Washington, PA 15301
(412) 901-2891

General Surgery

Eugene Hammell, MD
242 East McMurray Road
McMurray, PA 15317
(724) 942-3202

Jefferson Hills Surgical Associates
1200 Brooks Lane, Suite 150
Jefferson Hills, PA 15025
(412) 469-7110

Lawrence Biskin, MD
100 Delafield Road, Suite 213
Pittsburgh, PA 15215
(412) 784-5100

Orthopedic Surgery

Jon B. Tucker, MD
1200 McKean Avenue, Suite 106
Charleroi, PA 15022
(724) 258-2829

Jon Tucker, MD
1145 Bower Hill Road, Third Floor
Pittsburgh, PA 15243
(412) 276-0267

Steven Theis, MD
400 Jefferson Avenue
Washington, PA 15301
(724) 228-7811

Diagnostic Testing

One Call Medical
Call 1-800-872-2875 for locations and
appointments.

Pain Therapy

Abraham Kabazie, MD
5124 Liberty Avenue
Pittsburgh, PA 15224
(412) 578-4659

Chiropractic

Michael Haney, DC
Haney Chiropractic and Rehabilitation
Center
893 Henderson Avenue
Route 18 Plaza
Washington, PA 15301
(724) 223-0590

John DePasqua, DC
305 Mt. Lebanon Blvd, Suite 100
Pittsburgh, PA 15234
(412) 531-4800

Neurosurgery

Peter Jannetta, MD
Allegheny General Hospital
420 East North Avenue, Suite 302
Pittsburgh, PA 15212
(412) 359-6200

Howard Senter, MD
4815 Liberty Avenue Suite 448
Pittsburgh, PA 15224
(412) 682-6800

Physical Therapy

Physiotherapy Associates
Benchmark Medical
Call (800) 892-1491 for locations and
appointments

Pharmacy

Proceed to participating pharmacy with
RX card, call 1-877-444-4644 if you
need assistance or if you do not have a
card.

DME Facility

Health Care Solutions, Inc.
946 Manifold Road, Suite 101
Washington, PA 15301
(724) 222-4292

De La Torre Orthotics and Prosthetics
575 Coal Valley Road, Suite 260
Jefferson Hills, PA 15025
(412) 469-7482

Revised 04/09/2009