

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

Doctors Express Urgent Care
Urgent Care Clinic
 150 E Pennsylvania Ave Ste 140
 Downingtown, PA 19335
 610-518-1060
Est Dist: 11.3 MI

Med Center 100
Occupational Medicine Clinic
 625 N Pottstown Pike
 Exton, PA 19341
 610-903-0640
Est Dist: 10.9 MI

PriorityCare of Exeter
Urgent Care Clinic
 5001 Perkiomen Ave
 Reading, PA 19606
 610-898-0100
Est Dist: 10.6 MI

St Joseph Health Network At Elverson
Urgent Care Clinic
 45 S Pine St
 Elverson, PA 19520
 610-913-1234
Est Dist: 2.0 MI

HOSPITALS

Brandywine Hospital
General Acute Care Hospital
 201 Reeceville Rd
 Coatesville, PA 19320
 610-383-8000
Est Dist: 10.0 MI

Pottstown Memorial Medical Center
General Acute Care Hospital
 1600 E High St
 Pottstown, PA 19464
 610-327-7000
Est Dist: 11.0 MI

Reading Hospital & Medical Center
General Acute Care Hospital
 Sixth Avenue and Spruce St
 Reading, PA 19611
 610-988-8000
Est Dist: 13.4 MI

PHYSICIANS

Brandywine Village Family Medicine
Family Practice
 1229 Horseshoe Pike
 Downingtown, PA 19335
 610-873-2700
Est Dist: 8.3 MI

Christensen, David W., MD
 Birdsboro Family Medical Center
Family Practice
 100 S Spruce St PO Box 65
 Birdsboro, PA 19508
 610-582-1561
Est Dist: 7.4 MI

Eagle Family Medicine Center PC
Family Practice
 134 Pottstown Pike
 Chester Springs, PA 19425
 610-458-8881
Est Dist: 7.7 MI

Huyett, Rebecca F., DO
 TRHMG Morgantown
Family Practice
 315 Darby Sq
 Elverson, PA 19520
 610-898-5240
Est Dist: 0.0 MI

Krueger, Natalia A., MD
 TRHMG Birdsboro
Family Practice
 321 N Furnace St Ste 100
 Birdsboro, PA 19508
 610-898-9330
Est Dist: 7.6 MI

Taddonio, William S., MD
 Berks Family Care
Family Practice
 193 Old Swede Rd
 Douglassville, PA 19518
 610-385-3010
Est Dist: 8.0 MI

- 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 or practitioner of the healing arts of your choice.
- 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.
- 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.

Address: PA 19520-0000

Generated: 09/14/2012

Radius: 14 mile(s)

Notify your immediate supervisor of your injury. If you feel that you need medical attention, you may choose one of the providers listed here. Please call the provider to confirm Coventry participation and to schedule an appointment for faster service. Many clinics are open extended hours for your convenience. For urgent care needs after clinics hours, you may proceed directly to the hospital listed here. Patients will be seen on a medical priority basis. In emergency situations you may immediately seek treatment from the nearest qualified facility or provider.

Your Employer and its Insurance Carrier utilizes **Coventry contracted providers**. The above list is not a complete list of healthcare providers with Coventry.

If your situation is a medical emergency requiring immediate attention, dial 911 or proceed to the nearest hospital which provides emergency services. Use of network does not confirm or verify compensability under the Workers' Compensation Act, which is determined solely by the claims administrator.

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

NOTIFICACIÓN A LOS EMPLEADOS



Su empleador ha previsto el pago de los beneficios derivados de la Ley de Compensación de Trabajadores de este Estado

EN CASO DE UNA LESIÓN DE ÍNDOLE LABORAL

- Si usted sufre una lesión de índole laboral, su empleador o la compañía de seguros de éste deben pagar los servicios quirúrgicos y médicos razonables y los suministros, aparatos ortopédicos y prótesis, e incluso el entrenamiento para el uso de éstos.
- A fin de asegurarse de que su tratamiento médico sea pagado por su empleador o la compañía de seguros, usted debe informar inmediatamente a su supervisor acerca de su lesión, y tratarse con uno de los médicos o practicantes de las artes curativas autorizados listados a continuación.

MÉDICOS DESIGNADOS

(Incluyendo la dirección, número de teléfono, y área de especialidad médica)

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- Si usted necesita el tratamiento, usted debe seguir visitando a una de estas personas arriba listadas, durante noventa (90) días a partir de la fecha de su primera visita. Si usted no lo hace, será posible que a su empleador no se le exija pagar estos servicios.
- Después de este período de noventa (90) días, si usted todavía necesita seguir el tratamiento y su empleador había proporcionado la lista arriba indicada, usted puede decidir ir a otro médico autorizado o practicante de las artes curativas para el tratamiento. Usted debe notificar a su empleador acerca de esta acción cinco (5) días después de haber visitado a la persona de su opción, o de lo contrario a su

empleador podría no exigírsele que pague por dichos servicios.

- Sus facturas serán pagadas SI su médico autorizado o practicante de las artes curativas presenta los informes requeridos. (Estos informes deben ser remitidos dentro de los diez (10) días siguientes a su primera visita y al menos una vez al mes mientras el tratamiento dure.)
- En el caso de que un médico de la lista recomendase cirugía invasiva, puede solicitar una segunda opinión con un médico de su escogencia. Si usted decide someterse a la cirugía invasiva, para el tratamiento debe usar a uno de los médicos listados.
- Si no se proporciona ninguna lista como la arriba indicada, usted puede ir a un médico o practicante de las artes curativas autorizado de su escogencia.
- Si una de las personas arriba listadas lo refiere a otro especialista autorizado, su empleador o su asegurador pagarán la cuenta para estos servicios.
- Si a usted se le presenta una emergencia médica, usted puede obtener ayuda de un hospital o de un médico o practicante de las artes curativas de su escogencia.

Dirección: PA 19520-0000

Generado: 09/14/2012

Radio: 14 milla(s)

Notifique a su supervisor inmediato acerca de su lesión. Si usted siente que necesita atención médica, puede elegir a uno de los proveedores acá listados. Por favor llame al proveedor para confirmar que participa en el programa de First Health y fije una cita para un servicio más rápido. Muchas clínicas están abiertas durante un horario ampliado para su conveniencia. Para situaciones de cuidado médico urgentes después de horas de atención al público, puede proceder directamente al hospital listado acá. Los pacientes serán vistos de acuerdo con la urgencia médica. En situaciones de emergencia usted puede solicitar tratamiento inmediato en la instalación o proveedor calificado más cercano..

Su empleador y la empresa aseguradora utilizan la red **The First Health® Network**. . **Si su situación es una emergencia médica que requiere atención inmediata, marque el 911 o proceda al hospital más cercano que proporcione un servicio de emergencias.** El uso de la red no confirma o verifica la facultad de ser compensado conforme a la Ley de Compensación de Trabajadores lo cual es determinado exclusivamente por el administrador de reclamaciones.

RECUERDE, ES IMPORTANTE INFORMARLE A SU EMPLEADOR ACERCA DE SU LESIÓN

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at _____ for you to view. Also, you may get a copy of this list from _____.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

☐ TIME OF HIRE

☐ WHEN I WAS INJURED

☐ OTHER

EMPLOYEE:

DATE:

EMPLOYEE REPRESENTATIVE:

DATE:

REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).
4. The names, address, phone numbers and areas of medical specialties of all health care providers must be included on the list.
5. The 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 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 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 (long-distance calls inside PA)
(717) 772-4447 (long-distance calls outside PA)
