



**Notification to Employees of Their Rights and Duties  
Under the PA Workers' Compensation Act  
Section 306 (f.1)(1)(i)**

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

**Rights and Duties**

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**If you have any questions, ask your human resources office or  
call the Bureau of Workers' Compensation at 800.482.2383**

Revision 5.16.12

**Text of Section 306 (f.1)(1)(i):** The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

## WORKERS' COMPENSATION INFORMATION

- ❖ 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](http://www.state.pa.us), PA Keyword: workers comp

I have read this document and fully understand its entire contents. I have asked questions about anything that was not clear to me and I am satisfied with the answers I have received. I understand that I have a right to receive a copy of this acknowledgment upon my request.

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Employee Name

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Employee Signature

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Date



Pittsburgh, PA

**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 below for you to review. Also, you may get a copy of this list from HR

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

**MEDICAL TREATMENT: DURING THE FIRST 90 DAYS**

<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider.</li> </ul>	

**IMPORTANT:** The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side 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**

<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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 the treatment received until you have given this notice.</li> </ul>
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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: \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Providers, All**  
 MedExpress Urgent Care  
*Occupational Medicine*  
 50 Freeport Rd Ste 500  
 Pittsburgh, PA 15215  
 412-782-3278

**Rytel, Michael, MD**  
 Greater Pittsburgh Orthopaedic Associates  
*Orthopedics: Sports Medicine*  
 5820 Centre Ave  
 Pittsburgh, PA 15206  
 412-661-5500

**Zgurzynski, Alexia M., DO**  
 Concentra  
*Family Medicine*  
 15 Freeport Rd Ste 100  
 Pittsburgh, PA 15215  
 412-784-1678

**Banks, Louise, MD**  
 MVH Occupational Health  
*Occupational Medicine*  
 800 Plaza Dr Ste 210  
 Belle Vernon, PA 15012  
 724-379-1940

**Kann, Jeffrey, MD**  
 Tri-State Orthopaedics  
*ORTHOPEDICS*  
 300 Chapel Harbor Dr Ste 300  
 Pittsburgh, PA 15238  
 412-696-0300

**Tissenbaum, Allan, MD**  
 The Orthopedic Group  
*ORTHOPEDICS*  
 1145 Bower Hill Rd Ste 301  
 Pittsburgh, PA 15243  
 412-279-7022

(OVER)