

EMPLOYEE'S RIGHTS & DUTIES UNDER SECTION 306 (F.1) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT

If you are injured while at work and medical treatment is necessary, you are required to visit one of the physicians or health care providers on the list designated by your employer for a period of 90 days from your first visit with the physician or health care provider.

All reasonable medical treatment and supplies (e.g. medicines, prosthetics) related to the injury will be paid for by the employer provided treatment is by a designated physician or health care provider on the list during the 90-day period. Charges for treatment and supplies are specified by the ACT. You are not responsible for the payment of any charges in excess of those specified by the ACT.

During the 90-day period, you may change from one designated physician or health care provider on the list to another physician or health care provider on the list, and the treatment will be paid for by the employer.

If the designated physician or health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider however, the subsequent non-emergency treatment must be by a designated physician or health care provider for the remainder of the 90-day period.

You may seek treatment or consultation from a non-designated physician or health care provider during the 90-day period however, you are responsible for the charges for this treatment during the 90-day period.

If the employer-designated physician or health care provider recommends invasive surgery, you are permitted to obtain a second opinion from a non-designated physician or health care provider. Your employer will pay for the cost for this opinion. If this opinion differs from the opinion of the designated physician or health care provider and provides a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment however must be provided by a designated physician or health care provider for 90 days from the date of the visit to the non-designated physician.

You have the right to seek treatment from any physician or health care provider after the 90-day period has ended, and your employer will pay for this treatment provided it is reasonable and necessary.

You have the duty to notify your employer of treatment by a non-designated physician or health care provider within five days of your first visit to this physician or provider. Your employer may not be required to pay for treatment by a non-designated physician or health care provider prior to notification. The employer however shall pay for this treatment once notified unless the treatment is found to be unreasonable.

Signing this form is an acknowledgment of your rights and duties. You may not refuse to sign this acknowledgment in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or 1-717-783-5421.

Employee name	Employee signature	Date
Supervisor name	Supervisor signature	 Date
F THE EMPLOYEE IS UNABLE OR RE THIS DOCUMENT.	FUSED TO SIGN, IT IS ACKNOWLEDGED THAT THE E	EMPLOYEE WAS PROVIDED A COPY O



NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

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Your employer has selected a list of six or more physicians and other injuries and illnesses during the first 90 days of treatment. This list is			
for you to view. Also, you may get a	a copy of this list from the Human Resources Office.		
If you are injured at work or suffer an occupational illness, you have of Workers' Compensation Act regarding your medical treatment. Thes MEDICAL TREATMENT: DU • 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			
 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. 	 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 form. If the list does not meet these requirements, it is not a valid list injury or occupational illness from any health care provider of your cl	, and you have the right to seek medical treatment for your work		
MEDICAL TREATMENT: A	FTER 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. 		
	informed of and you understand these rights and duties. and duties explained to you before signing this form.		
I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS OCCUPATIONAL ILLNESSES. THIS NOTICE	AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND WAS PRESENTED TO ME AT (check one):		
☐ TIME OF HIRE ☐ WHEN	I I WAS INJURED		
EMPLOYEE:	DATE:		

(OVER)

EMPLOYER REPRESENTATIVE: ___