

EMPLOYEES ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and responsibilities under Section 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer.

As an employee of (insert county or CRE here) you have the right to seek emergency medical treatment from any emergency health care provider; for post-emergency and other non-emergency work related injuries or illness, you must obtain treatment from a designated health care provider from the panel list for 90 days. The penalty for not using a designated health care provider is that (insert county or CRE here) or workers' compensation is not liable for the medical bills incurred. Specific rights and responsibilities are:

- The responsibility 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. 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.
- 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 a second opinion from a provider of your choice when invasive surgery is prescribed by the designated provider. 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.
- 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 employer must pay for this treatment as long as it is **reasonable and necessary** for your work injury or illness and has been documented by the physician or other health care provider.
- The responsibility to **notify your employer of treatment by a non-designated provider (after the 90-day period) within five days of the first visit to that provider.**

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND RESPONSIBILITIES WITH REGARD TO WORK-RELATED INJURIES AND ILLNESSES. My signature on this form indicates that I have been informed and understand these rights and responsibilities.

If you have questions, be sure to have your rights and responsibilities explained to you before signing this form.

I, _____, have been informed of my medical treatment rights and responsibilities with regard to work-related injuries and occupational illness. This notice was presented to me at: (circle one)

Time of Hire

Time of injury

Other

Employee: _____

Date: _____

Employer Representative: _____

Date: _____

_____ Employee refuses to sign but was provided a copy of this document and a panel provider list.