



## WORKERS' COMPENSATION INFORMATION

To All Employees:

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 if 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. It is also required to be posted in any areas used for 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:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, Pennsylvania 17104-2501  
Telephone No. within Pennsylvania: 1-800-482-2383  
Telephone No. outside of this Commonwealth: 717-772-4447  
TTY: 1-800-362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us), PA keyword: workers' comp

For a complete list of panel physicians, please contact your employer. Please call 1-800-633-1197 with any additional questions.

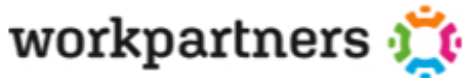
I, \_\_\_\_\_, employee of \_\_\_\_\_,  
(employer)

certify that I have been provided with, read, and understood the information set forth above consistent with the requirements of the Pennsylvania Workers' Compensation Act.

Date: \_\_\_\_\_

**Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.**





**New Birth of Freedom Council - Dillsburg (17019)**  
 YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORKPARTNERS  
 Send Bills To: PO Box 2971, Pittsburgh, PA 15230  
 Fax: (412) 454-8717  
 To Report a Claim Call: 1-800-633-1197  
 WC Policy:WC100-0007559  
 Policy Effective Date:03/01/2021

**NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. 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 prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physicians opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
Concentra Medical Center - Mechanicsburg All Locations - concentra.com	4910 Ritter Rd Mechanicsburg, PA 17055	717-795-1819	Occupational Medicine
WORKNET Occupational Medicine - Mechanicsburg All Locations - worknetoccupationalmedicine.com	6108 Carlisle Pike, Ste 104 Mechanicsburg, PA 17050	717-691-9560	Occupational Medicine
Patient First Urgent Care - Mechanicsburg All Locations - patientfirst.com	107 S Sporting Hill Rd Mechanicsburg, PA 17050	717-943-1781	Urgent Care
Geisinger Holy Spirit General Surgery - Camp Hill	890 Poplar Church Rd, Ste 210 Medical Arts Building Camp Hill, PA 17011	717-761-7244	General Surgery
WellSpan Neurosurgery - Gettysburg	40 V-Twin Dr, Ste 205 Gettysburg, PA 17325	717-812-5400	Neurosurgery
OSS Health Orthopaedics - Mechanicsburg	856 Century Dr Mechanicsburg, PA 17055	717-848-4800	Orthopedics
Orthopedic Institute of Pennsylvania - Carlisle	1 Dunwoody Dr Carlisle, PA 17015	717-761-5530	Orthopedics
Kilmore Eye Associates	890 Century Dr Mechanicsburg, PA 17055	717-697-1414	Ophthalmology
One Call Physical Therapy	Call Toll-Free for Closest Location	1-844-284-2525	Physical Therapy
One Call Chiropractic	Call Toll-Free for Closest Location	1-844-284-2525	Chiropractic
One Call Imaging Services	Call Toll-Free for Closest Location	1-844-284-2525	Diagnostic Imaging
One Call Durable Medical Equipment	Call Toll-Free for Supplier	1-844-284-2525	DME
myMatrixx (an Express Scripts company)	Call Toll-Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy