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Suite 310  
Exton, PA 19341  
610.423.4600 tel  
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**Worker's Compensation Employee Notification**  
**Employees MUST report injuries within 24 hours or as soon as feasible to:**  
**Human Resources at 877.873.2330 or 610.423.4600**

The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for employees who suffer an injury arising in the course of his/her employment and casualty related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed. Timely reporting of injuries is required by the employee.

If you require emergency medical treatment, you may seek it from any provider; however, your employer dependent upon the state in which you work, may require that any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises, if applicable to the state law in which you work. If required to use a panel physician, you must obtain treatment from one of the posted providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days. During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another, if there is a list, and your employer will pay for that treatment. If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, regardless of your state of work, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you will be personally responsible for payment for those services if your site and state utilize a list of panel physicians. You have the right to seek treatment from any healthcare provider at the expiration of the ninety (90) day period from the date of the first visit. Your employer will pay for this treatment unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Workers' Compensation Act.

Your employer will be responsible for the cost of the treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider unless applicable state law applies. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment unless required by law in your state of work.

Should invasive surgery be prescribed by a designated health care provider, if you are subject to the use of a panel physician, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated healthcare providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion unless your employer is required to do so by state law.

**I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKERS' COMPENSATION ACT AS SET FORTH HEREIN. IF YOU HAVE ANY QUESTIONS, YOU MAY ASK YOUR STATE WORKERS' COMPENSATION BUREAU.**

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**Employee Signature/Date**

**EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY**

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Workers' Compensation Act. I have received a copy of this Workers' Compensation Employee Notification Form.

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**Employee Signature/Date**