

## **Employee Acknowledgement Form**

	his contains important information about medical care for work injuries or illnesses.
Employee Name	Employer
Date Hired	
	Workers' Compensation Act gives legal rights and duties to workers that are injured at work or suffer ghts and duties are addressed below.
Your Rights and Duties During t	e First 90 Days:
_	Il reasonable and necessary medical supplies and treatment for a work injury or occupational illness. the treatment, when the treatment is given by one of the providers from the Employer's Medical
of 90 days from the date of t	ent for your work injury or illness from one or more of the providers listed on the panel for a period to first visit to a designated provider. In cases of an emergency, you have the right to get emergency provider, but any subsequent non-emergency treatment must be received from a listed provider for
the right to switch from on designated provider will be	which of the listed providers will provide treatment for your work injury or occupational illness and listed provider to another on the list. Treatment from the prior selected provider and the new aid by your employer. If a designated provider refers you to another medical provider not listed on to obtain treatment from the referral provider.
provider. If the second opin treatment, you may determine second opinion, the treatment provider that gave the second	
responsible for the payment	nedical consultation from a provider not listed on the panel during the 90-day period, but you are of such services.
Your Rights and Duties After the	First 90 Days:
<ul> <li>After the 90-day period has listed by your employer. Yo occupational illness and has</li> </ul>	nded, you have the right to receive treatment from any health care provider, whether or not they are remployer must pay for this treatment if it is reasonable and necessary for your work injury or been properly documented by the physician or other health care provider. For if you receive treatment from a provider who is not listed by your employer. You must notify your
employer within 5 days of the	first visit to any provider who is not on your employer's list. The employer may not be required to pay til you have given this notice.
Acknowledgement	
have read this form. I fully unsatisfied with the answers I hav	erstand its entire contents. I have asked questions about anything that was not clear to me. I am received. I understand I have a right to ask for a copy of this form.
I have read and under described above	of the Workers' Compensation Information Handout tand my rights and duties under Section 306 of the Pennsylvania Workers' Compensation Act as
_	ty to tell my employer I have a work injury as soon as the injury happens loyer's Medical Provider Panel and understand that I must treat with a provider from the list for eatment
Complete at the time of hire:	
Signature	
Printed Name	Date
Complete after an injury:	

Printed Name

Date