Employee Acknowledgement Form

Notice: Medical Treatment for Your Work Injury or Occupational Disease

This contains important information about medical care for work injuries or illnesses.

Employee Name _____ Employer _____

Date Hired _____

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment.

Section 306(f.1)(1)(i) of the Pennsylvania Workers' Compensation Act gives legal rights and duties to workers that are injured at work or suffer an occupational illness. These rights and duties are addressed below.

Medical Treatment: Your Rights and Duties During the First 90 Days:

- You have the right to receive all reasonable and necessary medical supplies and treatment for a work injury or occupational illness. Your employer must pay for the treatment, when the treatment is given by one of the providers from the Employer's Medical Provider Panel.
- You have a duty to get treatment for your work injury or illness from one or more of the providers listed on the panel for a period of 90 days from the date of the first visit to a designated provider. In cases of an emergency, you have the right to get emergency medical treatment from any provider, but any subsequent non-emergency treatment must be received from a listed provider for the rest of the 90-day period.
- You have the right to choose which of the listed providers will provide treatment for your work injury or occupational illness and the right to switch from one listed provider to another on the list. Treatment from the prior selected provider and the new designated provider will be paid by your employer. If a designated provider refers you to another medical provider not listed on the panel, you have the right to obtain treatment from the referral provider.
- If a listed provider prescribes surgery as part of your treatment, you have the right to get a second opinion from any medical provider. If the second opinion differs from the designated provider's and includes a specific and detailed course of alternative treatment, you may determine which course of treatment to follow. If you decide to follow the course of treatment outlined in the second opinion, the treatment must be performed by a listed medical provider for 90 days from the date of the first visit to the provider that gave the second opinion.
- You may get treatment or a medical consultation from a provider not listed on the panel during the 90-day period, but you are responsible for the payment of such services.

Medical Treatment: Your Rights and Duties After the First 90 Days:

- After the 90-day period has ended, you have the right to receive treatment from any health care provider, whether or not they are listed by your employer. Your employer must pay for this treatment if 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 must notify your employer 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 for the treatment received until you have given this notice.

Acknowledgement

I have been informed of my medical treatment rights and duties with regard to work-related injuries and occupational illnesses. By signing below, I acknowledge that I have read and fully understand the contents of this document.

Complete at the time of hire:

Signature _____

Printed Name _____ Date _____

Complete after an injury:

Signature _____

Printed Name _____ Date _____