

**NOTICE TO EMPLOYEES
WILLIAMS VALLEY SCHOOL DISTRICT**

CM Regent Insurance Company, Workers' Compensation Division, the claims administrator for the school district's workers' compensation carrier, **Old Republic Insurance Company**, has required that we post the following list of health care providers in accordance with Section 306 of the Workers' Compensation Act. Please read the following notice carefully as it explains important rights and responsibilities.

IN CASE OF WORK-RELATED INJURY

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 prostheses, including training in their use, as and when needed.
2. In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below.

DESIGNATED PHYSICIANS

MEDICAL PROVIDER	ADDRESS	PHONE	SPECIALTY
Workplace Health	521 North Franklin St. Shamokin, PA 17872	570-509-2642	Occupational Health
MedExpress Urgent Care Lebanon	1010 W. Crestview Dr. Lebanon, PA 17042	717-272-7469	Occupational Health
Workplace Health	870 Gordon Nagle Trail Suite 101 Pottsville, PA 17901	570-399-5554	Occupational Health
Well Span Orthopedics – Lebanon	912 Russell Drive Lebanon, PA 17042	717-272-7971	Orthopedics
Keith Girton	101 Broad St. Ashland, PA 17921	570-875-2000	Orthopedics
Regional Orthopedic Assoc.	410 Cumberland St. Lebanon, PA 17042	877-734-6784	Orthopedics
Williamstown Chiropractic Center	129 E. Market St. Williamstown, PA 17098	717-647-7477	Chiropractor
Kline Chiropractic	125 N. Center St. Gratz, PA 17030	717-365-4052	Chiropractor
Rajnish Chaudhry	101 Broad St. Ashland, PA 17921		Neurology
Progressive Vision Institute	One Norwegian Plz, Ste 205 Pottsville, PA 17901	570-622-2100	
Northwest Eye Assoc.	214 Independence St. Shamokin, PA 17872	570-648-4444	Ophthalmology
SPNet	16 Pine Grove Village Dr. Grove City, PA 16127	800-610-8333	Ophthalmology
One Call Care Management (OCCM)	Call toll free for location nearest you	888-654-0049	Physical Therapy
Corvel	For locations and appointments, please call	800-453-0574	DME, Diagnostic Studies, Home Health
	For prescriptions, please call	800-563-8438	Pharmacy

3. You must continue to visit one of the persons listed, if you need treatment, for ninety (90) days from the date of your first visit. If you do not comply with this requirement, your employer will be relieved from liability for payment of services rendered during this period.
4. After this ninety day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You must notify your employer of this action within five (5) days of your visit to the person of your choice. Failure to notify your employer will relieve the employer from liability for payment for services rendered prior to appropriate notice if the services are determined to have been unreasonable or unnecessary.
5. The physician or practitioner of the healing arts who treats you must file a report on a form provided by the Bureau of Workers' Compensation (Form LIBC-9) within ten (10) days of the commencement of treatment and at least once a month as long as treatment continues. A copy of the report must be furnished to you and to your employer. The employer is not liable for payment of any treatment until a report has been filed.
6. If no list is provided above (No. 2), you may go to a licensed physician or practitioner of the healing arts of your choice.
7. If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
8. If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.
9. If the designated provider recommends invasive surgery, you are entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, you are entitled to select which course of treatment to follow. However, if you choose to follow the recommendation of your health care provider (the additional opinion), the procedure shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to your health care provider (date of examination of the additional opinion).

REMEMBER - IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY
Oct-18