

# Williamsport Area School District

## Workers' Compensation Claims Are Managed By UPMC Work Partners

PO Box 2971, Pittsburgh, PA 15230, To Report a Claim Call: 1-800-633-1197, Fax: (412) 454-8717

WC Policy: WC100-0006181-2014A, Policy Effective: 07/01/2014

### Provider Panel – Updated by UPMC 3-28-18

#### IN CASE OF WORK RELATED INJURIES:

1. You must **immediately** report the work-related injury or illness. **To report a work-related injury or illness**, please call **Alesia Rudinski** at the WASD Human Resources Office at 570-327-5500, x40201 or x40200. You must also notify your **supervisor** of your injury or illness.
2. The WASD Human Resources Office is responsible for notifying UPMC Work Partners no later than **48 hours** after the work-related injury or illness. All correspondence and bills must be directed to the above address.
3. 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.
4. 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 listed below** (Provider Panel).
5. 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**.
6. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
7. 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.
8. 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 physician's 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.
9. 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>
Mid-State Occupational Health Services	2605 Reach Road Williamsport, PA 17701	570-327-8790	Occupational Medicine
Med Express Urgent Care	1953 East 3rd Street Williamsport, PA 17701	570-323-4072	Occupational Medicine
UPMC Susquehanna Health Orthopedics	1705 Warren Avenue, Suite 101 Williamsport, PA 17701	570-321-2020	Orthopedics
UPMC Susquehanna Health Sports Medicine	1201 Grampian Boulevard 12F Williamsport, PA 17701	570-321-2020	Orthopedics
UPMC Susquehanna Surgery at Williamsport	740 High Street, Suite 1003 Williamsport, PA 17701	570-321-3160	General Surgery
UPMC Susquehanna Neuro Science	700 High Street, 5 <sup>th</sup> Floor Williamsport, PA 17701	570-321-3260	Neurosurgery
UPMC Susquehanna Work Center	1100 Grampian Boulevard Williamsport, PA 17701	570-320-7444	Occupational Medicine
The Eye Center Of Central Pennsylvania	435 River Avenue Williamsport, PA 17701	866-995-3937	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	1-800-872-2875	Diagnostic Imaging
One Call – Durable Medical Equipment	Call Toll Free for Closest Location	1-800-848-1989	DME
Express Scripts Inc.	Call Toll Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

# Workers' Compensation

## **REQUIRED NOTICE OF EMPLOYEE RIGHTS AND DUTIES:**

- (1) The employee has the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- (2) The employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as treatment is obtained from a designated provider during the 90-day period.
- (3) The employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.
- (4) The employee has the right to seek treatment from a referral provider if the employee is referred to him by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.
- (5) The employee has the right to seek emergency medical treatment from any provider, but that subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- (6) The employee has the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days.
- (7) The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.
- (8) The employee has the duty to notify the employer of treatment by a non-designated provider within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless that treatment is found to be unreasonable by a URO, under Subchapter C (relating to medical treatment review).
- (9) The employee has the right to seek an additional opinion from any health care provider, of the employee's choice when a designated provider prescribes invasive surgery for the employee. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

## **WORKERS' COMPENSATION INFORMATION:**

- (1) 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.
- (2) 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.
- (3) 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.
- (4) If your claim is denied by your employer, you have the right to request a hearing before a Workers' Compensation Judge.
- (5) 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, PA keyword: workers' comp
- (6) For a list of panel providers, please contact **Alesia Rudinski** at the WASD Human Resources Office at 570-327-5500, **x40201**. Please call UPMC Work Partners at 1-800-633-1197 with any additional questions.

# Workers' Compensation

## Health Care Provider Panel and Procedures

### IN CASE OF A WORK INJURY OR ILLNESS:

1. You must **immediately** report the work-related injury or illness.
2. **To report a work-related injury or illness**, please call **Alesia Rudinski** at the WASD Human Resources Office at **570-327-5500**, **x40201** or **x40200**. You must also notify your **supervisor** of your injury or illness.
3. The WASD Human Resources Office is responsible for notifying UPMC Work Partners no later than **48 hours** after the work-related injury or illness. All correspondence and bills must be directed to: UPMC WORK PARTNERS - Claims Management Services, PO Box 2971, Pittsburgh, PA 15230, Fax: (412) 454-8717.
4. To ensure that bills associated with medical treatment will be paid by the UPMC Work Partners, you must select from one of the licensed physicians or health care providers on the **Provider Panel**.
5. **For a list of panel providers**, please contact **Alesia Rudinski** at the WASD Human Resources Office at **570-327-5500**, **x40201**. Please call UPMC Work Partners at 1-800-633-1197 with any additional questions.