

NOTICE TO ALL EMPLOYEES
PURSUANT TO S306 (F.1) (1) (i) OF THE
PENNSYLVANIA WORKERS' COMPENSATION ACT

If an employee is injured while on duty, he/she is responsible for notifying the employer representative **IMMEDIATELY**. Employer representative must file **reports with the claims administrator within 24 hours**. The employer shall provide payment for reasonable and necessary medical and surgical services that result from work-related injuries and diseases.

The injured employee **IS REQUIRED** to treat with one of the panel health care providers identified on the provider panel list for the first ninety (90) days of treatment following the date of injury.

In case of emergency room treatment, follow-up medical care is required to be provided by a panel health care provider during the first ninety (90) days of treatment following the date of injury. Employers are not responsible for unauthorized, non-emergency treatment with non-panel health care providers during the first ninety (90) days of treatment.

Should the employee decide to treat outside the list of panel health care providers after ninety (90) days, the employee must notify the employer within five (5) days of his/her treatment with a non-panel health care provider. Said non-panel health care provider must provide an initial report within then (10) days of the date of first treatment, and every thirty (30) days thereafter to the employer, for as long as the treatment continues.

The list of panel health care providers is posted on the second and third floor of the Luzerne Intermediate Unit and included with this form and will be re-posted if the panel health care providers change.

Panel and non-panel health care providers must accept payments as calculated under the Act. You are not responsible for payment of any charges in excess of charges as calculated under the Act, unless your treatments are unrelated to the injury.

I have read this notification and acknowledge that I understand my rights and duties under S306(f.1) (1) (i) Pennsylvania Workers' Compensation Act, as set forth above.

DATE

SIGNATURE

TYPE OF INJURY CODE

PART OF BODY AFFECTED CODE

CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

Grid for injury code

Grid for body part code

Grid for cause of injury code

TYPE OF INJURY OR ILLNESS

Grid for injury or illness description

PARTS OF BODY AFFECTED

Grid for parts of body affected

CAUSE OF INJURY

Grid for cause of injury

DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES?

YES
NO

IF OUT OF STATE, SPECIFY STATE OF INJURY

Grid for state of injury

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?

YES
NO

WERE SAFEGUARDS OR SAFETY EQUIPMENT USED?

YES
NO

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

Large text area for equipment and materials used

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE

Large text area for description of injury occurrence

IF FATAL, GIVE DATE OF DEATH

Grid for date of death (MONTH - DAY - YEAR)

PHYSICIAN/HEALTH CARE PROVIDER

Form for physician name (FIRST NAME, LAST NAME, STREET, CITY, STATE, ZIP)

Form for hospital name (HOSPITAL NAME, STREET, CITY, STATE, ZIP)

POLICY/SELF INSURED NUMBER:

Grid for policy/self insured number

INITIAL TREATMENT:

- NO MEDICAL TREATMENT
 MINOR BY EMPLOYEE
 CLINIC / HOSPITAL
 PANEL PHYSICIAN
 EMPLOYEE PHYSICIAN
 EMERGENCY CARE
 HOSPITALIZED MORE THAN 24 HOURS

POLICY PERIOD FROM:

Grid for policy period from (MONTH - DAY - YEAR)

POLICY PERIOD TO:

Grid for policy period to (MONTH - DAY - YEAR)

WITNESS FIRST NAME

Grid for witness first name

WITNESS PHONE NUMBER

Grid for witness phone number

WITNESS LAST NAME

Grid for witness last name

PERSON COMPLETING THIS FORM:

Form for person completing form (NAME, TITLE, PHONE)

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)

Form for insurance carrier (NAME: H.A.R.I.E. c/o EXCALIBUR INSURANCE MANAGEMENT SERVICES, INC., STREET: 213 SMITH STREET, CITY: DUNMORE, STATE: PA, ZIP: 18512, BUREAU CODE: 2207, FEIN:)

DATE PREPARED

Grid for date prepared (MONTH - DAY - YEAR)



344 1197-2

Providers for Work Related Injuries

FAMILY PRACTICE

Intermountain Medical Group

610 Wyoming Avenue, Kingston 288-5441 – 610 Twin Stacks, Memorial Hgh., Dallas 675-0977

Dr.'s' Anselmi & Latzko – 206 Carverton Road, Trucksville 696-1135

Dr.'s' Gelb & Lovelace – 16 Luzerne Ave., Suite 126, W. Pittston 654-6714

Dr. Kish – 147 Amber Lane, Wilkes-Barre 824-1122

Dr. Clearfield – 318 S. Franklin Street, Wilkes-Barre 824-0953

CHIROPRACTIC

Vincent R. Argenio - 39 South Main Street, Pittston, PA 18640 570/655-4404

Paul Mahler – 445 Pierce Street, Kingston 283-1610

Richard Cohen DC, DABCO, CCSP - 676 Wyoming Avenue, Kingston - 283-1011

PHYSICAL & OCCUPATIONAL THERAPISTS

East Coast Rehabilitation - 667 N. River St., Plains - 825-7676

ORTHOPEDICS

David Cooper, MD, The Knee Center - RR. 744 Kidder St., Wilkes-Barre - 825-5633

Bone & Joint Associates – 220 South River Street, Plains 826-1555

OPHTHALMOLOGY

Eye Care Specialist of Northeast PA

703 Rutter Avenue, Kingston 288-7405

1720 E. Broad Street, Hazleton 455-3391

Memorial Highway, Dallas 675-2120

165 Wyoming Ave., Wyoming - 693-1578

9 N. Market Street, Nanticoke 735-3114

126 Front Street, Berwick - 752-7458

PHYSICAL MEDICINE

Northeastern Rehabilitation Associates - MAC #3 Bldg. 150 Mundy St., Wilkes-Barre - 824-0930

Allied Services - Outpatient Center - 475 Morgan Highway, Scranton - 344-3788

155 Brooklyn Street, Carbondale - 282-2448

Workmed Center For Occupational Health - RR1, Box 337A, Hazleton 459-5054

Occupational Health Services – Dessen Center – 1000 Alliance Drive, Hazleton 459-1028

Dr. Mark Lobitz - 23rd & Alter St., Hazleton 455-6000

Dr. Gregory Fino - Route 940 & 115, Blakeslee 717-646-8745

Geisinger Hospital

Geisinger Medical Group Centers