WORKERS’ COMPENSATION EMPLOYEE NOTIFICATION

This Notification shall serve to advise you of your rights and responsibilities under the Pennsylvania Workers’ Compensation Act.

If an employee is injured while on duty, she/he is responsible for notifying her/his supervisor at Millersville University as soon as possible.

Workers’ Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job.

Millersville University, in compliance with the Workers’ Compensation Act, has posted a list of at least six (6) medical providers from which you are to select (see reverse).

If you sustain a work-related injury requiring medical treatment, you are required to first treat with a doctor who is on the list. You are required to treat with that provider for ninety (90) days from the first visit. However, if the designated physician recommends invasive surgery, then you are allowed a second opinion by a physician of your choice. If the second opinion differs from the first, you have the right to determine which course of treatment to follow, provided that the second opinion provides a specific and detailed course of treatment. If you choose to follow the course of treatment designated in the second opinion, such treatment shall be performed by one of the physicians or other health care providers so designated by Millersville University (see reverse) for a period of ninety (90) days from the date of the second opinion visit. Treatment with your own medical provider in violation of the above may result in your medical bills being unpaid for the prescribed period.

Upon expiration of the prescribed period, if you select a medical provider not on the panel, you must notify the Office of Human Resources (717-871-4950) of your choice of providers within five (5) days of the first visit. Failure to notify Millersville University will relieve us of the responsibility for the payment of the services rendered until such time the proper notification is given.

Your signature indicates that you have been informed of your rights and responsibilities outlined in this Notification.

Employee Name: ________________________________________________________________  
(Please Print)

Employee Signature: __________________________________ Date: ____________________
NOTICE TO ALL EMPLOYEES  
IN THE EVENT OF A WORK INJURY  
TELL YOUR SUPERVISOR  

If you are injured while at work, Millersville University has arranged for payment of your medical care with  

INSERVO INSURANCE SERVICES, INC.  
P.O. BOX 3899, HARRISBURG, PA 17105-3899  
1-800-356-0438  

It is your responsibility to immediately report the injury to your supervisor.  

IN CASE OF WORK-RELATED INJURY OR DISEASE  
IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS’ COMPENSATION ACT,  
YOU MUST CHOOSE A MEDICAL PROVIDER FROM THE LIST BELOW:  

If you suffer from a work-related injury or disease, Millersville University will pay for reasonable surgical and medical services, medication, supplies, orthopedic appliances and prostheses, including training in their use.  

In order to ensure that your medical treatment will be paid for by Millersville University/Inservco, you must select from one of the licensed physicians or practitioners of the healing arts listed below.  

MILLERSVILLE UNIVERSITY HEALTH SERVICES (WITMER INFIRMARY)  
4 McCullough Street, P.O. Box 1002, Millersville, PA 17551  
(717) 871-5250  

WORKNET OCCUPATIONAL MEDICINE  
241 Roherstown Rd, 2nd Fl., Suite 200, Lancaster, PA 17601  
(717) 431-1770  

WORKNET OCCUPATIONAL MEDICINE – LANCASTER NORTH  
4237 Oregon Pike, Ephrata, PA 17522  
(717) 859-5002  

EYE PHYSICIANS OF LANCASTER  
810 Plaza Boulevard, Suite 103, Lancaster, PA 17601  
(717) 735-6700  

LANCASTER GENERAL HOSPITAL – EMERGENCY ROOM  
555 North Duke Street, Lancaster, PA 17602  
(717) 544-5122  

LANCASTER GENERAL HOSPITAL - OCCUPATIONAL MEDICINE  
2110 Harrisburg Pike, Lancaster, PA 17604  
(717) 544-3155  

LANCASTER GENERAL HOSPITAL – PHYSICAL THERAPY  
2110 Harrisburg Pike, Lancaster, PA 17604  
(717) 544-3103  

LANCASTER REGIONAL MEDICAL CENTER – EMERGENCY ROOM  
233 College Avenue, Lancaster, PA 17604  
(717) 291-8111  

HEART OF LANCASTER – EMERGENCY ROOM  
15 Highlands Drive, Lititz, PA 17543  
(717) 625-5000  

You must continue to visit one of the physicians listed above, if you need treatment, for 90 days from the date of your first visit.  

After this 90-day period, if you still need treatment, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. If this situation should arise, please let your employer or your claims representative know ahead of time.  

All physicians or practitioners of the healing arts must file reports within 21 days after your first visit and at least once a month for as long as treatment continues in order for payment to be considered.  

If one of the persons listed refers you to another licensed specialist, your employer or his insurer will consider payment for reasonable bills for these services.  

If you are faced with an immediate medical emergency, you may secure initial assistance from a hospital emergency room of your choice. You should then seek subsequent treatment from a licensed physician or practitioner of the healing arts listed above for the first 90 days from the date of your first treatment.
WORKERS’ COMPENSATION INFORMATION

The following information is being provided to you in compliance with 34 Pa. Code § 121.3b.

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 when 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, including, without limitation, areas used for the 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.

4) Your benefits could be delayed or denied if you do not notify your employer immediately.

5) If your claim is denied by your employer, you have the right to request a hearing before a workers’ compensation judge.

6) The Bureau of Workers’ Compensation cannot provide legal advice. However, you may contact the Bureau of Workers’ Compensation for additional general information at: Bureau of Workers’ Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp

Employee Name: ________________________________________________________________
(Please Print)

Employee Signature: ___________________________________ Date: ____________________