

NOTICE TO ALL EMPLOYEES

In the case of a work related injury, the following procedures should be observed:

- 1) If needed, seek medical attention from one of the medical facilities listed on the Panel of Physicians.
- 2) All occupational injuries must be reported to your supervisor/principal and Amy Ellis-Workman's Comp Coordinator within 24 hours of your injury. The attached work injury report form should be used. Timely reporting of work related injuries can expedite your claim.
- 3) Provide Amy Ellis-Workman's Comp Coordinator with doctor note/reports immediately, should you be disabled from work. (Doctors reports are required prior to receiving workers' compensation benefits).

Your employee contact person for claim information is Amy Ellis-Workman's Comp Coordinator.

Your insurance company for claims is:

WorkPartners Claims Management Services
P.O. Box 2971
Pittsburgh, PA 15230
1-800-633-1197

IMPORTANT NOTE: Your employer reserves the right to request a second opinion prior to authorizing payment of any surgery (except for emergency situations). Prior to scheduling any surgery, please contact WorkPartners Claims Management Services at the above phone number.



Ridgway Area School District - Dubois (15801)

YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORKPARTNERS

Send Bills To: PO Box 2971, Pittsburgh, PA 15230

Fax: (412) 454-8717

To Report a Claim Call: 1-800-633-1197

WC Policy:WC100-2030907

Policy Effective Date:07/01/2025

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

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 prosthesis, including training in their use.
2. 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.
3. 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.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. 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.
6. 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 physicians 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.
7. 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.

Please contact your Claims Adjuster for any specialty need not listed on this panel.

| <u>Name</u> | <u>Address</u> | <u>Scheduling</u> | <u>Area of Specialty</u> |
|--|--|-------------------|--------------------------|
| Penn Highlands Occupational Health Services - Clearfield | 1900 River Rd Clearfield Community Medical Building Clearfield, PA 16830 | 814-765-0221 | Occupational Medicine |
| Workplace Health - Brookville | 56 Industrial Park Rd, Ste 2 Brookville, PA 15825 | 814-715-7471 | Occupational Medicine |
| Penn Highlands QCare Walk-In Clinic - DuBois | 621 S Main St DuBois, PA 15801 | 814-299-7520 | Urgent Care |
| Dr Eric C Lundgren MD FACS | 605 S Main St DuBois, PA 15801 | 814-371-8569 | General Surgery |
| Allegheny Brain & Spine Surgeons | 501 Howard Ave, Ste E1 Altoona, PA 16601 | 814-946-9150 | Neurosurgery |
| IRMC Physician Group Orthopedics - Punxsutawney | 720 W Mahoning St, Ste 200 Keystone Professional Center Punxsutawney, PA 15767 | 814-938-0740 | Orthopedics |
| Penn Highlands Orthopaedics & Sports Medicine - DuBois | 145 Hospital Ave, MAB, Ste 311 DuBois, PA 15801 | 814-299-7432 | Orthopedics |
| Laurel Eye Clinic - DuBois | 865 Beaver Dr DuBois, PA 15801 | 814-371-6143 | 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 | 1-844-284-2525 | Diagnostic Imaging |
| One Call Durable Medical Equipment | Call Toll-Free for Supplier | 1-844-284-2525 | DME |
| myMatrixx (an Express Scripts company) | Call Toll-Free for Closest Location BIN# 003858, Group# KYHA | 1-800-945-5951 | Pharmacy |



Ridgway Area School District - Ridgway (15853)
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|---|---|-------------------|--------------------------|
| Ridgway Medical Center | 49 Ridgmont Dr Ste 1 Ridgway, PA 15853 | 814-245-2119 | Occupational Medicine |
| *UPMC Kane Occupational Medicine | 81 Clarion Rd Johnsonburg, PA 15845 | 814-389-4411 | Occupational Medicine |
| Workplace Health - Brookville | 56 Industrial Park Rd, Ste 2 Brookville, PA 15825 | 814-715-7471 | Occupational Medicine |
| Fernan Family Practice | 200 S Mill St Ridgway, PA 15853 | 814-772-0722 | Family Practice |
| WellNow Urgent Care - St Marys | 917 South St Marys St St Marys, PA 15857 | 814-389-1026 | Urgent Care |
| Penn Highlands General Surgery - St Marys | 761 Johnsonburg Rd, MOB, Ste 240 Saint Marys, PA 15857 | 814-781-1188 | General Surgery |
| Western Pennsylvania Neurosurgical Associates | 100 Medical Arts Bldg, Ste 130 Kittanning, PA 16201 | 724-545-9762 | Neurosurgery |
| Penn Highlands Orthopaedics & Sports Medicine - DuBois | 145 Hospital Ave, MAB, Ste 311 DuBois, PA 15801 | 814-299-7432 | Orthopedics |
| *Champion Orthopedics & Sports Medicine at UPMC - Dr Bradley Giannotti MD | 1001 E Second St UPMC Cole Coudersport, PA 16915 | 814-274-5320 | Orthopedics |
| Elk County Eye Clinic | 765 Johnsonburg Rd Saint Marys, PA 15857 | 814-781-3435 | 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 | 1-844-284-2525 | Diagnostic Imaging |
| One Call Durable Medical Equipment | Call Toll-Free for Supplier | 1-844-284-2525 | DME |

*In accordance with Section 306(f.1)(1)(i) of the Worker's Compensation Act AND 34 Pa. Code Section 127.753 Disclosure Requirements, this health care provider is employed, owned or controlled by UPMC.



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Ridgway Area School District - Saint Marys (15857)
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 WC Policy: WC100-2030907
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| QCare St. Marys | 761 Johnsonburg Rd, MOB, Ste 160 St Marys, PA 15857 | 814-788-8777 | Occupational Medicine |
| *UPMC Kane Occupational Medicine | 81 Clarion Rd Johnsonburg, PA 15845 | 814-389-4411 | Occupational Medicine |
| Penn Highlands QCare Walk-In Clinic - St Mary's | 761 Johnsonburg Rd, MOB, Ste 160 Saint Marys, PA 15857 | 814-788-8777 | Urgent Care |
| Penn Highlands General Surgery - St Marys | 761 Johnsonburg Rd, MOB, Ste 240 Saint Marys, PA 15857 | 814-781-1188 | General Surgery |
| Allegheny Brain & Spine Surgeons | 501 Howard Ave, Ste E1 Altoona, PA 16601 | 814-946-9150 | Neurosurgery |
| *Champion Orthopedics & Sports Medicine at UPMC - Emporium | 288 Sizerville Rd Emporium Health Center Emporium, PA 15834 | 814-274-5320 | Orthopedics |
| Penn Highlands Orthopaedics & Sports Medicine - St Mary's | 761 Johnsonburg Rd, MOB, Ste 310 Saint Marys, PA 15857 | 814-299-7432 | Orthopedics |
| Elk County Eye Clinic | 765 Johnsonburg Rd Saint Marys, PA 15857 | 814-781-3435 | Ophthalmology |
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**EMPLOYEE'S ACKNOWLEDGEMENT FORM UNDER
SECTION 306(f)(1)(i) OF THE PENNSYLVANIA WORKER'S COMPENSATION ACT**

I recognize and agree that my employer has provided a list of at least six (6) designated health care providers, no more than two (2) of whom are coordinated care organizations and no fewer than three (3) of whom are physicians. Therefore, I acknowledge that I must treat with one of these health care providers for ninety (90) days from the date of my first visit. If I fail to treat with one of these designated health care providers, I understand that my employer will not be liable for the payment for services rendered during this ninety (90) day period. Subsequent treatment may be provided by any health care provider of my choice. However, I must advise my employer within five (5) days of my first visit to each and every non-designated health care provider. Failure to do so may affect whether my employer is liable for payment for services rendered prior to appropriate notice.

My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and that I understand my rights and duties.

Employee's Signature Date

Employee's Name (Print) Employee Number

Employer Department

Witness' Signature Date

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.



WORKERS' COMPENSATION INFORMATION

To All Employees:

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.

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.

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.

If your claim is denied by your employer, you have the right to request a hearing before a Workers' Compensation Judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information:

Department of Labor & Industry
Bureau of Workers' Compensation
651 Boas Street 8th Fl
Harrisburg, Pennsylvania 17121-0750
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

For a complete list of panel physicians, please contact your employer. Please call 1-800-633-1197 with any additional questions.

I, _____, employee of _____,
(employer)

certify that I have been provided with, read, and understood the information set forth above consistent with the requirements of the Pennsylvania Workers' Compensation Act.

Date: _____

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.

Workpartners Claims Management Services PO Box 2971 Pittsburgh PA 15230

RASD
WORK INJURY REPORT FORM

RASD

(IT IS VERY IMPORTANT THAT YOU COMPLETE ALL INFORMATION IN ITS ENTIRETY)

NAME OF INJURED EMPLOYEE: _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____ MARITAL STATUS: _____

ADDRESS: _____

HOME PHONE: _____ DATE AND TIME OF INJURY: _____

WHAT WAS EMPLOYEE DOING AND HOW DID THE INJURY OCCUR?

DESCRIBE IN DETAIL THE EXACT LOCATION OF THE INJURY ON THE BODY AND THE TYPE OF INJURY RECEIVED.

WAS MEDICAL ATTENTION RECEIVED, WHERE AND BY WHOM (GIVE DR.'S NAME AND FACILITY WHERE TREATED, ALSO DATE AND TIME OF INITIAL APPOINTMENT)?

OCCUPATION AND IF *FULL-TIME OR PART-TIME*: _____

WAS SAFETY EQUIPT. PROVIDED? _____ WAS SAFETY EQUIPT. USED? _____

HAVE YOU HAD ANY PREVIOUS WORK INJURIES? _____

DO YOU WORK ELSEWHERE? _____

NORMAL STARTING TIME: _____

EMPLOYEE SIGNATURE: _____

WITNESS SIGNATURE AND PHONE NUMBER: _____

YOU ARE STILL REQUIRED TO CALL THE ADMINISTRATION OFFICE AS SOON AS POSSIBLE
AFTER YOUR ACCIDENT.
ALL INFORMATION SHOULD REMAIN CONFIDENTIAL AT ALL TIMES.