July 20, 2026

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.

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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:07/01/2026

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.

Name	Address	Scheduling	Area of Specialty
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
WellNow Urgent Care - DuBois	655 E DuBois Ave DuBois, PA 15801	814-913-3097	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

Panel updated: 6/10/2026

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Ridgway Area School District - Ridgway (15853)
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Name	Address	Scheduling	Area of Specialty
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 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
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

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.

Panel updated: 6/10/2026

workpartners

Ridgway Area School District - Ridgway (15853)
YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORKPARTNERS
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Name	Address	Scheduling	Area of Specialty
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

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Panel updated: 6/10/2026

workpartners

Ridgway Area School District - Saint Marys (15857)
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Fax: (412) 454-8717
To Report a Claim Call: 1-800-633-1197
WC Policy:WC100-2030907
Policy Effective Date:07/01/2026

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

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

Name	Address	Scheduling	Area of Specialty
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
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
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
One Call Physical Therapy	Call Toll-Free for Closest Location	1-844-284-2525	Physical Therapy
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Panel updated: 6/10/2026

workpartners

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

workpartners

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.

Donna Sidelinger	Business Manager	Central Office	Admin. Rep.
Mark Heindl	Elementary Principal	FSG Elementary School	Admin. Rep.
David Fordoski	MH Principal	Middle/High School	Admin. Rep.
Joe Elias	Director of Building and Grounds	Middle/High School FSG Elemantary School	Admin. Rep.
Amy Ellis	Secretary/Worker's comp. Coordinator	Central Office	Employee Rep.
Kevin McAlee	Cafeteria Manager	Middle/High School FSG Elemantary School	Wellness Rep.
Luann Dybowski	School Nurse	FSG Elementary School	Employee Rep.
Dan Rimer	Asst.Tech Director	Middle/High School FSG Elemantary School	Tech. Rep.
Natalie Aiello			Parent/Board Member

Ridgway Area School District

ACCIDENT INVESTIGATION FORM

What is the Purpose of the Form?

This form is to be used to investigate any accidents involving employees within the school district.

When Should the Form be Filed?

Whenever there is any type of accident involving any district employee.

Special Notes:

Make note that only the persons listed are to do the investigation and if needed, a safety committee member may be asked to assist if needed.
ALL INFORMATION SHOULD REMAIN CONFIDENTIAL AT ALL TIMES.

Revised: Sept. 2019

RASD INCIDENT/ACCIDENT INVESTIGATION REPORT

(To be conducted by the school administrator with the employee)

Note: The information provided here in is for the intent purpose of promoting a safer working and learning environment for all personnel by identifying unsafe work practices and/or conditions.

Employee Name_____Date of incident/injury _ ___

Employer Name_____

1. Describe the root cause(s) of the incident, what specific factor(s) caused the incident (employees activity/behavior). How was the activity being canied out and what equipment, procedures or objects were involved, was the activity routine or non-routine.

2. Would you describe this incident as being the result of:_____work practices_____work environment_____both

3. Was personal protective equipment or guards available for this activity? —— es_____no_____not applicable

4. Was personal protective equipment or guards being used at the time? —— es no

5. Should personal protective equipment or guards be provided for this activity?-____-yes_____no

6. Are there safety rules or procedures that apply to this activity?_____yes_____no

7. Describe the resulting injuries:

8. Witnesses:

Name	Phone # (day)	Phone # (evening)
_____	_____	_____
_____	_____	_____

9. Explain in detail what actions could be taken to prevent this type of incident/accident from occurring again.

10. Who is responsible for implementing the corrective action and when do you anticipate it will be accomplished?

ALL INFORMATION SHOULD REMAIN CONFIDENTIAL AT ALL TIMES.

Administrator's Signature ——————————————Date ——————

Revised: May 2003