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## **EMPLOYEE'S RIGHTS AND DUTIES UNDER SECTION 306(F.1) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT**

If you are injured while at work and need medical treatment, you are required to visit one of the health care providers on the list designated by your employer. This duty continues for 90 days from the date of your first visit with a provider on that list, or from the date of any emergency treatment, whichever is earlier.

All reasonable and necessary medical treatment and supplies (such as medicines and prosthetics) that you need as a result of the injury will be paid for by the employer if the treatment is prescribed by a designated health care provider during the 90 day period. Charges for treatment and supplies are specified by the Workers' Compensation Act. You are not responsible for paying any charges that exceed those specified by the Act.

During the 90 day period, you may change from one designated health care provider to another provider on the list, and the treatment will be paid for by the employer.

If the designated health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider. However, any subsequent non-emergency treatment must be provided by a designated health care provider for the remainder of the 90 day period.

If a designated health care provider recommends invasive surgery, you may obtain a second opinion from a health care provider of your choice. Your employer will pay for the cost of this opinion. If this opinion differs from the opinion of the designated health care provider and sets out a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment, however, must be provided by a designated health care provider for 90 days from the date of the visit to the non-designated health care provider.

After the 90 day period has ended, you have the right to seek treatment from any physician or health care provider. Your employer will pay for this treatment if it is reasonable, necessary, and related to your work injury. However, you must notify your employer of treatment by a non-designated health care provider within 5 days of your first visit to this provider. Your employer is not required to pay for treatment by a non-designated health care provider before you give this notice. Once you have given this notice, your employer shall pay for this treatment unless the treatment is found to be unreasonable or unnecessary, or unrelated to your work injury.

By signing this form, you acknowledge your rights and duties. You may not refuse to sign this form in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or (717) 783-5421.

I acknowledge that I have been informed of and understand the above rights and duties.

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Employee Signature

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Date

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Employer's Representative Signature

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**EMPLOYEE**

**INSTRUCTIONS FOR CLAIMS REPORTING**

Please read the entire contents of the packet and follow directions below.

1. Report your work-related claim as soon as possible by phone at **1-800-445-6965** or online at [sdicwc.org](http://sdicwc.org) (click the "Report a Claim" button).
2. Advise your Workers' Compensation Coordinator that you have reported your work-related claim.
3. You must seek medical treatment for your claimed injury with one of the providers listed on your **POSTED PANEL** for ninety (90) days from the date of your first visit.
4. Please use the enclosed Pharmacy Sheet and temporary pharmacy card. You may fill your prescription at your local Walgreen's, CVS Pharmacy, Rite Aid, Wal-Mart, Giant, Acme. The Mitchell International, our pharmacy management company, will send you a personalized pharmacy card for future prescriptions. **Mitchell Script Advisor** can be reached at: 1-866-846-9279
5. Please provide your claim number and SDIC's address to all medical providers.
6. Please complete the enclosed documents as promptly as possible.
7. Please notify your **Claims Representative at SDIC** and your **Workers' Compensation Coordinator** immediately when you receive a **return to work date**.

Please call **1-800-445-6965** if you need any assistance or have questions regarding your work-related injury.

**School Districts Insurance Consortium**  
**P.O. Box 1249**  
**North Wales, PA 19454**

**1-800-445-6965**