If you suffer a work-related injury, immediately report the injury to your supervisor. Failure to do so may delay your benefits or may cause you to lose your rights to benefits. For necessary medical treatment and supplies to be paid by your employer:

- All treatment must be obtained from one of the healthcare providers listed below.
- You must continue to visit one of the healthcare providers listed below if you need treatment for 90 days from the date of your first visit. If one of the providers listed below refers you to another licensed specialist, those services will be paid.
- After this 90-day period, if you still need treatment, you may go to another healthcare provider for treatment as long as you notify your claims adjuster within five (5) days of your visit to a new provider.
- If a listed physician prescribes invasive surgery, you have the right to obtain a second opinion from a physician of your choice. If a second opinion differs from that of the listed physician’s opinion, you may determine which course of treatment to follow; however, the second opinion must contain a detailed treatment plan. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

If you are faced with a medical emergency, you may secure initial emergency treatment from any emergency facility. However, when the emergency is resolved, follow-up treatment must be obtained from one of the following healthcare providers. If you choose to treat with an out-of-state provider, you may be balance billed.

**NAME OF PROVIDER | STREET | CITY, STATE, ZIP | PHONE | SPECIALTY**

Boytown Medical Assoc. 23 North Walnut Street Boyertown, PA 19512 610.367.2259 Family Practice
Penn State Health - Schuylkill Valley 5 South Centre Avenue, #A3 Leesport, PA 19533 610.926.5707 Family Practice
Tower Health Medical Group 4885 DeMoss Road, Ste. 201 Reading, PA 19606 610.779.9489 Family Practice
Tower Health Medical Neurology 301 S. 7th Avenue, Ste. 210 West Reading, PA 19611 484.628.4656 Neurology
HealthWorks- Allentown 1243 South Cedar Crest Blvd. Allentown, PA 18103 610.402.9285 Occ. Medicine
Coordinated Health 1503 N. Cedar Crest Blvd Allentown, PA 18104 610.861.8080 Occ. Medicine
HealthWorks- Trexlertown 6900 Hamilton Blvd. Trexlertown, PA 18087 610.402.0047 Occ. Medicine
Center for Sight 1739 Fairmont Street Allentown, PA 18104 610.437.4988 Ophthalmology
Eye Consultants of PA 1 Granite Point Drive, Ste. 100 Wyomissing, PA 19606 610.378.1344 Ophthalmology
Orthopaedic Assoc. of Allentown 250 Cetronia Road Allentown, PA 18104 610.973.6200 Orthopedic Surgery
LVPG Orthopedics & Sports Medicine 1250 S. Cedar Crest Blvd., Ste. 110 Allentown, PA 18103 610.402.8900 Orthopedics
Coordinated Health 1621 N. Cedar Crest Blvd. Allentown, PA 18104 610.861.8080 Orthopedics
LVPG Orthopedics & Sports Medicine 798 Hausman Road, Ste. 100 Allentown, PA 18104 610.402.8900 Orthopedics
Ortho. Foot Ankle and Knee Institute 1605 N. Cedar Crest Blvd. Allentown, PA 18104 610.821.4950 Orthopedics
LVPG Orthopedics & Sports Medicine 2597 Schoenersville Rd., Ste. 100 Bethlehem, PA 18017 610.402.8900 Orthopedics
Commonwealth Orthopaedic Associates 11 Fairfare Road Reading, PA 19606 610.779.2663 Orthopedics
James A. Keefe PT 6616 Ruppsville Rd. Allentown, PA 18106 866.446.2848 Physical Therapy
Good Shepherd Physical Therapy 15260 Kutztown Rd., Ste. 170 Kutztown, PA 19530 866.446.2848 Physical Therapy
LVHN ExpressCARE 4825 W. Tilghman Street, Ste. 101 Allentown, PA 18104 610.402.3900 Urgent Care
Patient First 3178 Tilghman St. Allentown, PA 18104 610.844.9150 Urgent Care
St. Luke's Care Now 501 Cetronia Road Allentown, PA 18104 484.426.2513 Urgent Care
LVHN ExpressCARE 1791 Airport Road Allentown, PA 18104 484.658.3010 Urgent Care
LVHN ExpressCARE 1101 S. Cedar Crest Blvd. Allentown, PA 18103 484.240.4073 Urgent Care
LVHN ExpressCARE 2649 Schoenersville Road, Ste. 100 Bethlehem, PA 18017 484.884.8146 Urgent Care
LVHN ExpressCARE 14351 Kutztown Road Fleetwood, PA 19522 610.944.8800 Urgent Care
LVHN ExpressCARE 1431 Nursery St., Ste. 101 Fogelsville, PA 18051 484.273.4343 Urgent Care
LVHN ExpressCARE 6451 Village Lane Macungie, PA 18062 610.967.2772 Urgent Care
LVHN ExpressCARE 2741 MacArthur Road Whitehall, PA 18052 610.403.6000 Urgent Care
Patient First 2600 Paper Mill Rd. Wyomissing, PA 19610 484.220.0051 Urgent Care
Mueller Chiropractic 8235 Schantz Rd., Ste. 2 Breinigsville, PA 18031 866.446.2848 Chiropractic

For prescription medications and durable medical equipment or to schedule physical therapy, chiropractic and diagnostic imaging appointments, and locations close to you, please call Keyscripts at 1.866.446.2848.

All of your healthcare provider bills and reports need to be sent to the following address for review and payment in accordance with the Pennsylvania Workers’ Compensation Act:

Kutztown University of PA/SSHE/Inservco
Inservco Insurance Services, Inc. P.O. Box 3899, Harrisburg, PA 17105-3899
Phone: 1.800.356.0438 - Fax: 1.866.356.0438

Updated 07/22/2020
WORKERS’ COMPENSATION EMPLOYEE NOTIFICATION

Rights and Duties

The Workers’ Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider, however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer’s premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for treatment rendered by the provider whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers’ Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days after the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKER’S COMPENSATION ACT AS SET FORTH HEREIN.

_________________________  ____________________
Signature                  Date

EMPLOYEE RE-NOTIFICATION

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Worker’s Compensation Act. I have received a copy of this Worker’s Compensation employee notification form.

_________________________  ____________________
Signature                  Date