



UNIVERSITY OF PITTSBURGH

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:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
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.dli.state.pa.us, PA keyword: workers' comp

For a complete list of panel physicians, please refer to [http: www.cfo.pitt.edu/wc](http://www.cfo.pitt.edu/wc) . Please contact UPMC Work Partners-Claims Management Services at 1-800-633-1197 or the Workers' Compensation office at 412-624-1198 with any additional questions.

I, _____, employee of the University of Pittsburgh, hereby 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.

Employee Signature: _____ Date: _____

Revised: 1/1/12

Form – B



UNIVERSITY OF PITTSBURGH GREENSBURG

WORKERS' COMPENSATION - NOTICE TO EMPLOYEES:

HEALTH CARE PROVIDER PANEL

IN CASE OF A WORK- RELATED INJURY:

1. **Immediately report the work-related injury/illness:**
 - **Call UPMC Work Partners at 1-800-633-1197 (24 hours/day, 7 days/week) AND**
 - **Notify your supervisor**
2. Medical care must be provided by one of the designated providers listed below for 90 days.
3. If you require emergency medical care, you may seek treatment at the closest Emergency Department for your initial care but any additional medical treatment must be obtained by one of the providers below.

OCCUPATIONAL MEDICINE	GENERAL SURGERY	ORTHOPEDICS
<i>Excelsa Health WORKS</i> 8775 Norwin Avenue, Suite 6 North Huntingdon, Pa. 15642 724-765-1230	<i>George L. Austin, MD</i> 562 Shearer Street, Suite 302 Greensburg, PA 15601 724-836-2441	<i>Orthopedic Specialists-UPMC*</i> <i>Stephen Conti, MD</i> <i>Alan Klein, MD</i> 4803 Northern Pike Monroeville, PA 15146 1-877-471-0935
URGENT CARE	NEUROSURGERY	
<i>UPMC North Huntingdon*</i> Target Plaza, 8945 Route 30 North Huntingdon, PA 15642 724-861-8099 <i>MedExpress Greensburg</i> 5126 Route 30, Suite 300 Greensburg, PA 15601 724-836-3027 Initial injury care only. All needed follow up care is to be provided from one of the Health Care Providers on this panel.	<i>University of Pittsburgh Physicians*</i> <i>Department of Neurosurgery</i> <i>Michael J. Rutigliano, MD</i> 425 Frye Farm Road Greensburg, PA 15601 724-532-0866	<i>Excelsa Orthopedics</i> Excelsa Square at Norwin 8775 Norwin Ave. North Huntingdon, Pa. 15642 724-861-7901
PHYSICAL THERAPY	OPHTHALMOLOGY	PHYSICAL MEDICINE & REHAB
<i>Center for Rehab Services*</i> 5142 Route 30 East Gate Shopping Center Greensburg, PA 15601 1-888-723-4277 Multiple locations available.	Eye Injuries: <i>Hartman Ophthalmic Associates</i> <i>H. King Hartman, MD (Jr, Sr. & Coby Hartman)</i> 516 Pellis Road Greensburg, PA 15601 724-836-0190	<i>Brian Ernstoff, MD</i> 500 Hospital Way, Suite 6 McKeesport, PA 15132 412-901-2891
EMERGENCY CARE	PHARMACY: No out-of-pocket expense	CHIROPRACTIC CARE
Emergent Care may be sought from the closest Emergency Department. All needed follow up care is to be provided from one of the Health Care Providers on this panel.	<i>Express Scripts Inc.</i> Multiple pharmacy locations Call 1-866-759-6146 for assistance BIN#003858 Group# KYSA Pharmacy Help Desk: 1-800-824-0898 Please bring your University of Pittsburgh employee ID with you.	<i>Terry Clemens, DC</i> 2000 Tower Way, Suite 2036 Greensburg PA 15601 724-600-7248
PHYSICAL THERAPY	PHARMACY: No out-of-pocket expense	DIAGNOSTIC IMAGING
<i>Center for Rehab Services*</i> 5142 Route 30 East Gate Shopping Center Greensburg, PA 15601 1-888-723-4277 Multiple locations available.	<i>Express Scripts Inc.</i> Multiple pharmacy locations Call 1-866-759-6146 for assistance BIN#003858 Group# KYSA Pharmacy Help Desk: 1-800-824-0898 Please bring your University of Pittsburgh employee ID with you.	<i>One Call Care Management</i> 1-800-453-0574 Identify that Work Partners/University of Pittsburgh is the payer. Please call Work Partners at 1-800-633-1197 to notify of the date and time of the test. (* In accordance with Section 306(f.1)(1)(i) of the Workers' Compensation Act and 34 Pa. Code Section 127.753 Disclosure Requirements, this health care provider is employed, owned, or controlled by UPMC.

Revised 2/4/2016

Form C - Greensburg



UNIVERSITY OF PITTSBURGH

PENNSYLVANIA WORKERS' COMPENSATION ACT

EMPLOYEE ACKNOWLEDGMENT

OF RIGHTS & DUTIES

My employer has provided a list of at least six (6) designated healthcare providers for evaluation and treatment of work-related injuries and illnesses, which include at least three (3) physicians and no more than four (4) coordinated care organizations. I acknowledge that I have received and reviewed this list of designated health care providers and have been presented with this written notice of my rights and duties under Section 306(f.1)(1)(i) of the Pennsylvania Workers' Compensation Act. My rights and duties include:

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for ninety (90) days from the date of first visit to a designated provider;
2. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer;
3. I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment;
4. If a designated provider refers me to a non-designated provider, my employer shall pay for the treatment rendered by the referral provider;
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period;
6. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand that my employer is not responsible to pay for these services;
7. After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider and my employer must pay for such treatment if it is reasonable and necessary;
8. If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer with notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification.
9. Should a physician prescribe invasive surgery or other health care provider so designated by the employer, I shall be permitted to receive an additional opinion from any health care provider of my own choice. If the additional opinion differs from the opinion provided by the physician or health care provider designated by the employer, I shall determine the course of treatment. If I choose to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or health care providers so designated by the employer for a period of ninety (90) days from the date of visit to the physician or health care provider of my own choice. Should I not comply with the foregoing, my employer will be relieved from liability for the payment of services rendered during such applicable period. Any health care provider of my choice may provide subsequent treatment.

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

Date

Employee's Printed Name

Witness Signature

Employee's Signature

Revised: 1/1/12

Form – D

Workers' Compensation Temporary Prescription ID Card

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 866.759.6146.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury
(enter in PA field in the format YYYYMMDD)

Express Scripts

ID #: _____
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: KYSA _____

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

Employee Information

_____ First _____ M _____ Last

_____ Street Address or PO Box

_____ City _____ State _____ ZIP

Employer Name

UPMC
WorkPartners
Providing Health & Productivity Solutions



EXPRESS SCRIPTS®

Participating Retail Network Pharmacies

A & P	Drug Emporium	Major Value	Schnucks
Acme Pharmacy	Drug Fair	Marsh Drugs	Scolari's
Albertson's	Drug Town	Medic Discount	Sedano
Albertson's/Acme	Drug World	Medicap	Shaw's
Albertson's/Osco	Eckerd	Medistat	Shop 'N Save
Albertson's/Sav-On	Econofoods	Meijer	Shopko
Amerisource	EPIC Pharmacy	Minyard	ShopRite
Bergen	Network	NCS HealthCare	Snyder
Anchor Pharmacies	FamilyMeds	Neighborcare	Stop & Shop
Arrow	Farm Fresh	Network	Sun Mart
Aurora	Farmer Jack	Pharmaceuticals	Super Fresh
Bartell Drugs	Food City	Northeast	Super Rx
Bigg's	Food Lion	Pharmacy Services	Target
Bi-Lo	Fred's	Osco	Texas Oncology
Bi-Mart	Gemmel	P & C Food	Srvs
BJ's Wholesale	Giant	Markets	The Pharm
Club	Giant Eagle	Pamida	Thrifty White
Brooks	Giant Foods	Park Nicollet	Times
Brookshire Brothers	Hannaford	Pathmark	Tom Thumb
Brookshire Grocery	Harris Teeter	Pavilions	Tops
Bruno	H-E-B	Price Chopper	Ukrop's
Carrs	Hi-School	Publix	United Drugs
Cash Wise	Pharmacy	Quality Markets	United
Coborn's	Hy-Vee	Raley's	Supermarkets
Costco	Jewel/Osco	Randalls	Vons
Cub	Kash n Karry	Rite Aid	Waldbaums
CVS	Keltsch	Rosauers	Walgreens
D&W	Kerr	Rx Express	Wal-Mart
Dahl's	Kmart	RXD	Wegmans
Dierbergs	Knight Drugs	Safeway	Weis
Discount Drugmart	Kroger	Sam's Club	Winn Dixie
Doc's Drugs	LeaderNet (PSAO)	Sav-On	
Dominicks	Longs Drug Store	Save Mart	

NOTE: This form is not valid in the state of Ohio. For all other states, liability of a workers' compensation claim is not assumed based on the dispensing of medication(s) to a patient.

