

NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER SECTION 306 (f.1)(1)(i)
OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT

The Pennsylvania Workers' Compensation Act requires that employees be given written notification of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. Below are your rights and duties under Sec. 306 (f.1) (1)(i) and an acknowledgment signature line. This acknowledgment, signed by you, is to be returned to your employer.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days.

The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non-designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

Print Name: _____ Employee Signature _____ Date: _____

If you have any questions, contact your American Airlines Administration office or
call the Bureau of Workers' Compensation at 800.482.2383

PENNSYLVANIA WORKERS' COMPENSATION ACT
SECTION 306 (F.1)(1)(i)

Text of Section 306 (f.1)(1)(i): The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

ATTENTION! NOTICE TO EMPLOYEES- IN CASE OF WORK-RELATED INJURY

- If you suffer a work-related injury, your employer or its insurance company shall pay all reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
- In order to ensure that reasonable medical treatment will be paid for by your employer or the insurance company, you are required to select one of the licensed physicians or practitioners of the healing arts listed below.
- You must continue to visit one of these persons listed below if you need treatment, for ninety (90) days from the date of your first visit.
- After the ninety (90) day period expires, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another licensed physician or practitioner of the healing arts for treatment, but you must notify the employer within 5 days of your first treatment with such provider. If you fail to give such notice, the employer is not liable for payment until notice has been given and may be relieved entirely if treatment is held to be unreasonable or unnecessary.
- If one of the persons listed below refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
- If you are faced with a medical emergency, you may secure assistance from a hospital, physician or practitioner of the healing arts of your choice on the list. If no hospitals are listed, you may go to a hospital of choice.
- If surgery is recommended a second opinion from one of the panel providers is possible.

PHILADELPHIA AIRPORT

DESIGNATED LICENSED PHYSICIANS OR PRACTITIONERS OF THE HEALING ARTS

| NAME | ADDRESS | PHONE | SPECIALITY |
|---|---|--|---|
| The Clinic Premise Health Onsite at PHL Airport (outside of Security in A East) | PMB #178 8500 Essington Ave Philadelphia, PA 19153 | 215-492-2789 Mon-Fri 8am to 6pm | Occupational Medicine Telemedicine Available |
| WORKNET (Novacare) | 1017 4 TH Avenue Suite 200 Essington, PA 19029 | 610- 521-6880 extended hours Mon - Thurs until 8 PM, Fri 7:30 - 4:00pm • Sat 9 - 2 pm Van service provided | Occupational Medicine/ Physical Therapy Telemedicine Available |
| Liberty Orthopedics | Chester Pike & Bartol Ave Ridley Park , PA 19078 | 610- 521-8970 | Orthopedics Telemedicine Available |
| Rothman Institute | 925 Chestnut Street Philadelphia, PA 19107 | 267-339-3500 | Orthopedics Telemedicine Available |
| Larry Starr, MD John Ruffini, MD John Rizzo, MD | 8 Morton Ave Ridley Park, PA 19078 | 610-521-2111 | OPHTHALMOLOGY (eye injuries) |
| Taylor Hospital | 175 E Chester Pike Ridley Park, PA 19078 | 610-595-6000 | Emergencies and after-hours only |

Ambulance Service for Essington: 610-565-6500

ATTENTION! NOTICE TO EMPLOYEES- IN CASE OF WORK-RELATED INJURY

- If you suffer a work-related injury, your employer or its insurance company shall pay all reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.
- In order to ensure that reasonable medical treatment will be paid for by your employer or the insurance company, you are required to select one of the licensed physicians or practitioners of the healing arts listed below.
- You must continue to visit one of these persons listed below if you need treatment, for ninety (90) days from the date of your first visit.
- After the ninety (90) day period expires, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another licensed physician or practitioner of the healing arts for treatment, but you must notify the employer within 5 days of your first treatment with such provider. If you fail to give such notice, the employer is not liable for payment until notice has been given and may be relieved entirely if treatment is held to be unreasonable or unnecessary.
- If one of the persons listed below refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
- If you are faced with a medical emergency, you may secure assistance from a hospital, physician or practitioner of the healing arts of your choice on the list. If no hospitals are listed, you may go to a hospital of choice.
- If surgery is recommended a second opinion from one of the panel providers is possible.

PITTSBURGH INTERNATIONAL AIRPORT

DESIGNATED LICENSED PHYSICIANS OR PRACTITIONERS OF THE HEALING ARTS

| NAME | ADDRESS | PHONE | SPECIALITY |
|--|--|------------------------------|---|
| WorkWell Physicians Hrs: M-Fri 8:30AM-5PM | 1187 Thorn Run Rd Ext 20 Coraopolis, PA 15108 (additional locations in the area) | 800-662-2400 | Occupational Medicine/ Physical Therapy |
| Heritage Valley Signature Business Care Hrs: M-Fri 8AM-5PM | 5000 Industrial Blvd. Hopewell Twp. PA 15001 | 724-857-4004 | Occupational Medicine/ Physical Therapy |
| CONCENTRA MEDICAL CENTER Hrs: M-Fri 8AM-5PM | 4390 Campbells Run Rd Pittsburgh, PA 15205 | 412-429-9675 | Occupational Medicine/ Physical Therapy Telemedicine Available |
| Tri-State Orthopedics & Sports Medicine (additional offices in the area) Orthopedics/ Physical Therapy | 4955 Steubenville Pike, 120 Pittsburgh, PA 15205 | 412-787-7582 | 412-787-7582 |
| Mercy Orthopedics | 1350 Locust St Ste 220 Pittsburgh, PA 15219 | 412-232-5800 | Orthopedics |
| Sewickley Eye Center | 400 Broad St, 2nd Floor Sewickley, PA 15143 | 412-741-4610 | Ophthalmology (eye injuries) |
| Allegheny Neurosurgery | 701 5t St Beaver, PA 15009 (additional offices in Pittsburgh) | 412-682-6800 800-438-4608 | Neurosurgery |
| Sewickley Valley Hospital | 720 Blackburn Rd. Sewickley, PA 15143 | 412-741-6600 | Emergencies and after hours, only |