

## **REGULATION 127.755:**

### **Required Notice of Employee Rights and Duties (Pertaining to "Panel" Medical Providers) Section 306(f.1)(1)(i) Regulation 127.755**

If the employer properly composes, posts and notifies all employees of a designated list of workers' compensation medical providers, then injured employees are required to treat with one of the designated providers for the first 90 days of medical treatment.

The list of medical providers must be "posted in prominent and readily accessible places at the work site, [including] places used for treatment and first aid of injured employees and employee informational bulletin boards.

In order to enforce the provider and time restrictions on medical treatment, the employer must be able to produce the employee's acknowledgment of these rights and duties, in the form of a document signed by the employee both at the time of hire and immediately following a work-related injury.

**REQUIREMENTS FOR EMPLOYER'S LIST OF  
HEALTH CARE PROVIDERS**

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).
4. The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
6. Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

**NOTE:** Your employer's list of health care providers must meet all of the above requirements. If the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

---

BUREAU OF WORKERS' COMPENSATION  
HELPLINE INFORMATION CENTER  
1-800-482-2383 (long-distance calls inside PA)  
(717) 772-4447 (local and calls outside PA)

---

**Employee Acknowledgment of Rights and Duties  
under Section 306(f.1)(1)(i) of the Pennsylvania  
Workers' Compensation Act**

I, \_\_\_\_\_, recognize and agree that my employer has posted a list of designated workers' compensation health care providers, in compliance with the Workers' Compensation Act and Regulations. I further acknowledge that my employer has provided the name, address, telephone number and area of specialty for each designated provider on the list. I also acknowledge, by affixing below my signature and the date of that signature, that I have been presented with this written notice setting forth my rights and duties, which include the following:

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 90 days from the date of the first visit to a designated provider.
2. I have the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as treatment is obtained from a designated provider during the 90-day period.
3. I have the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.
4. I have the right to seek treatment from a referral provider if I am referred to him/her by a designated provider and the 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 subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
6. I have the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but these services shall be at my expense for the applicable 90 days.
7. I have the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.
8. I have the duty to notify the employer if treatment by a non-designated provider 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. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a URO, under Subchapter C (relating to medical treatment review).

9. I have the right to seek an additional opinion from any health care provider of my choice when a designated provider prescribes invasive surgery for me. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, I shall determine which course of treatment to follow. If I opt to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.

Date: \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT

Date: \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT

## **REGULATION 121.3(b):**

### **Providing Workers' Compensation Information**

The Regulations require that the information listed below be provided by the Employer to every employee at the time of hire and immediately after the injury, or as soon thereafter as possible under the circumstances of the injury. The information document shall be entitled "workers' compensation information" and include the following:

1. 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.
2. Benefits are required to be paid by your employer when 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, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
3. You should report immediately any work injury or work-related illness to your employer.
4. Your benefits could be delayed or denied if you do not notify your employer immediately.
5. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
6. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional information at: Bureau of Workers' Compensation, 1171 S. Cameron Street, Room 103, Harrisburg, PA 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); [www.state.pa.us](http://www.state.pa.us), PA Keyword; workerscomp.

The information specified herein must be printed on paper no smaller than 8½ by 11 inches and in font no smaller than 11 pt.

## Workers' Compensation Information (Sample)

1. Pennsylvania's workers' compensation law, known as the Pennsylvania Workers' Compensation Act, provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
2. Benefits are required to be paid by your employer when it is 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, including, without limitation, areas used for the treatment of injured employees for the administration of first aid.

We have engaged \_\_\_\_\_ to administer all workers' compensation claims, and we have posted this information at the following locations in your work place: \_\_\_\_\_.

3. You should report immediately any injury or work-related illness to your employer.
4. Your benefits could be delayed or denied if you do not notify your employer immediately.
5. If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
6. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional information at: Bureau of Workers' Compensation, 1171 S. Cameron Street, Room 103, Harrisburg, PA 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); [www.state.pa.us](http://www.state.pa.us), PA Keyword; workerscomp.

Date: \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT

Date: \_\_\_\_\_

\_\_\_\_\_  
CLAIMANT

**NOTE:** The Regulations do not require Claimant's signature on this document. However, because the statute and regulations do require Claimant's signed acknowledgment of the Employee Acknowledgment document (pertaining to panel medical providers), we recommend that both forms be presented to and signed by all employees as part of the hiring package, and immediately following any work-related injury.