

# THE DESIGNATED PHYSICIANS PROGRAM: ACKNOWLEDGMENT OF EMPLOYEE'S RIGHTS AND DUTIES UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT

If I am involved in a work-related injury, I should report the incident to my supervisor and seek treatment with a health care provider on the list posted by my employer.

I understand and acknowledge the following rights and duties:

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the health care providers designated by my employer for 90 days from my first visit.
2. As long as I continue to treat with a provider designated by my employer during the 90-day period, I have the right to have expenses for all reasonable medical supplies and treatment related to the injury paid by my employer.
3. I have the right to switch from one health care provider on my employer's list to another on that list during the 90-day period, and my employer will pay for this treatment.
4. If a provider designated by my employer refers me to a provider not designated by my employer, my employer must pay for the treatment.
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency care must be sought from a provider designated by my employer for the remainder of the 90-day period.
6. I have the right to seek medical treatment or consultation from a provider not designated by my employer at my own expense during the 90-day period.
7. After 90 days, I have the right to seek treatment from any health care provider, and my employer shall pay for all reasonable and necessary care.
8. After 90 days, I may treat with a health care provider not designated by my employer, but I understand that I must notify my employer within five days of my first visit. Prior to receiving this notification, my employer may not be responsible for payment of the services provided. After notification, my employer shall pay for all services found to be reasonable.
9. If a designated provider prescribes invasive surgery, I understand that I have the right to seek an additional opinion from any health care provider of my choice. If the additional opinion differs and provides a specific and detailed course of treatment, I am entitled to select between the treatment plans. If I select the alternative outlined by the additional opinion, a provider on my employer's designated list shall perform the treatment for 90 days from the date of my first visit to the provider of the additional opinion.

If my employer is not liable, I understand that I am responsible for making the full payment for services rendered.

I acknowledge that I have been informed of and understand these rights and duties and that I have reviewed the list of designated providers.

## ANTI-FRAUD LEGISLATION

In accordance with the Anti-Fraud Legislation passed by the Commonwealth of Pennsylvania, insurance carriers are required to advise all policyholders and claimants of the following:

**Any person who —knowingly and with intent to defraud any insurance company or other person— files an application for insurance or statement of claim containing any materially false information or conceals (for the purpose of misleading) information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

\_\_\_\_\_  
Witness/Supervisor

\_\_\_\_\_  
Employee (initial acknowledgment)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Supervisor

\_\_\_\_\_  
Employee (at time of injury)

\_\_\_\_\_  
Date

***IF YOU HAVE ANY ADDITIONAL QUESTIONS, YOU MAY ASK YOUR SUPERVISOR.***