



## CCRES WORK-RELATED ACCIDENT FORM

*Please notify CCRES HR Immediately if you are HURT on the job.*

This form must be completed and submitted within 24 hours of incident, regardless if further medical attention is necessary.

1. Date of Report	2. Date of Injury and Time	3. Normal Starting Time	4. If Back to Work, Return Date
5. Date Injury Reported	6. Individual(s) to Whom Injury was Reported		
7. Employee Name: First Middle & Last		8. Social Security Number	9. Gender
10. Home Phone Number	11. Address		
12. Married (Select One) Yes      No	13. Number of Children < 18	14. Date of Birth	15. Age
16. Position Title	17. Years Employed @CCRES	18. Place of Injury: Name of Premises and Address	
19. What Were You Doing When Injured? (Please be Specific)			
20. How Did Injury Occur? (Please Describe Fully the Events Which Resulted in Injury or Disease)			
21. Nature and Location of Injury or Disease (Please Describe Fully, Including Parts of Body Affected)			
22. Did Injury or Disease Occur Due to Mechanical Defect?  Yes                      No If yes, please explain:		23. Did Injury or Disease Occur Due to Unsafe Act?  Yes                      No If yes, please explain:	
24. Attending Physician/Hospital Name and Address (Include only if Physician/Hospital Consulted)			
25. Witness Printed Name and Date		26. Witness Contact Number	
27. Supervisor Signature and Date		28. Employee Signature and Date	

Submit **completed** form to CCRES  
**alyssamckenzie@ccres.org**



## EMPLOYEE'S RIGHTS & DUTIES UNDER SECTION 306 (F.1) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT

If you are injured while at work and medical treatment is necessary, you are required to visit one of the physicians or health care providers on the list designated by your employer for a period of 90 days from your first visit with the physician or health care provider.

All reasonable medical treatment and supplies (e.g. medicines, prosthetics) related to the injury will be paid for by the employer provided treatment is by a designated physician or health care provider on the list during the 90-day period. Charges for treatment and supplies are specified by the ACT. You are not responsible for the payment of any charges in excess of those specified by the ACT.

During the 90-day period, you may change from one designated physician or health care provider on the list to another physician or health care provider on the list, and the treatment will be paid for by the employer.

If the designated physician or health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider however, the subsequent non-emergency treatment must be by a designated physician or health care provider for the remainder of the 90-day period.

You may seek treatment or consultation from a non-designated physician or health care provider during the 90-day period however, you are responsible for the charges for this treatment during the 90-day period.

If the employer-designated physician or health care provider recommends invasive surgery, you are permitted to obtain a second opinion from a non-designated physician or health care provider. Your employer will pay for the cost for this opinion. If this opinion differs from the opinion of the designated physician or health care provider and provides a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment however must be provided by a designated physician or health care provider for 90 days from the date of the visit to the non-designated physician.

You have the right to seek treatment from any physician or health care provider after the 90-day period has ended, and your employer will pay for this treatment provided it is reasonable and necessary.

You have the duty to notify your employer of treatment by a non-designated physician or health care provider within five days of your first visit to this physician or provider. Your employer may not be required to pay for treatment by a non-designated physician or health care provider prior to notification. The employer however shall pay for this treatment once notified unless the treatment is found to be unreasonable.

Signing this form is an acknowledgment of your rights and duties. You may not refuse to sign this acknowledgment in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or 1-717-783-5421.

### I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND THE ABOVE RIGHTS AND DUTIES.

\_\_\_\_\_  
Employee name

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor name

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

*IF THE EMPLOYEE IS UNABLE OR REFUSED TO SIGN, IT IS ACKNOWLEDGED THAT THE EMPLOYEE WAS PROVIDED A COPY OF THIS DOCUMENT.*

\_\_\_\_\_  
Supervisor name

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date



## NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of six or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at \_\_\_\_\_ for you to view. Also, you may get a copy of this list from \_\_\_\_\_.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

### MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. 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.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least six providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

### MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties.  
If you have questions, be sure you have your rights and duties explained to you before signing this form.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

☐ TIME OF HIRE      ☐ WHEN I WAS INJURED      ☐ OTHER

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

(OVER)



# MEDICAL RECORDS RELEASE

TO: Any licensed physician, chiropractor, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person that has any records or knowledge of my health, history, condition or well-being

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state privacy laws and regulations, I, \_\_\_\_\_,

Claimant name

Claim number

hereby authorize the use or disclosure of my individually identifiable health information described below to \_\_\_\_\_, P.O. Box 3151 Charleston, WV 25322.

Company name

For purposes of this Authorization, individually identifiable health information shall mean: Any and all of my personal health information created, received or obtained, including any medical or dental records, X-ray or radiology films, pathology materials, MedFlight reports, insurance-related documents and benefit forms or any other medically related record or item that relates to my physical health or condition, the provision of health care to me, or the payment for my care, as the foregoing information relates to the assessment, treatment or recordation of history related to any injury to me or any disease that affects me regardless of the time or cause of the onset of said injury or disease.

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), AIDS related complex (ARC), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, treatment for alcohol and drug abuse, psychological or psychiatric treatment, social services counseling, communicable diseases or infections, tuberculosis and hepatitis. Such records will be released through this authorization unless otherwise indicated. **Do not release any of the following information if an "x" appears before the description.**

          HIV/AIDS          

          Behavioral health          

          Drug and alcohol          

          Genetic history          

I further authorize Recipient to use, disclose or re-disclose any and all of my above-described health information and to make copies thereof for purposes of evaluating and administering an insurance claim I have filed with Recipient. I understand that my health information may be re-disclosed by Recipient and may then no longer be protected by any applicable federal or state privacy laws or regulations.

I understand that I may revoke this authorization at any time by sending a written notice of revocation to Recipient at the address listed above. I understand that my revocation will only be effective after it is received by Recipient and that the revocation will not apply to information that has already been released in response to this authorization.

This authorization shall expire on: \_\_\_\_\_. If no date is specified, this authorization shall expire one year from the date it is signed. Any disclosures made prior to my revocation or prior to the expiration of this authorization will not be affected by my revocation or by the expiration of this authorization.

I understand and agree that a photocopy or electronically reproduced copy of the original of this authorization shall have the same effect as an original.

\_\_\_\_\_  
Signature of individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signature of personal representative, estate representative or guardian  
(Provide documentation of authority to act for individual)



## CCRES Inc. - Downingtown 19335

Your Workers' Compensation Insurance Carrier is:

**Encova Insurance**

**PO Box 3151 Charleston, WV 25332**

**Phone: 1-866-452-7425**

### NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
Mainline Health Urgent Care Occupational & Travel Health (Multiple Locations)	154 Exton Square Parkway Exton Square Office Exton, PA 19341	484-565-1293	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	625 North Pottstown Pike Exton, PA 19341	610-903-0640	Occupational Medicine
Tower Health Urgent Care (Multiple Locations)	278 Eagleview Blvd. Exton, PA 19341	610-561-6400	Urgent Care/Occupational Medicine
Premier Orthopedics (Multiple Locations)	491 John Young Way, Suite 210 Baxter Building Exton, PA 19341	610-280-1578	Orthopedics
Philadelphia Hand to Shoulder Center (Multiple Locations)	Crozer Medical Plaza at Brinton Lake 500 Evergreen Drive, Suite 10 Glen Mills, PA 19342	800-385-7472	Orthopedics - Hand/Wrist/Elbow
Penn Surgical Specialists PC (Multiple Locations)	915 Old Fern Hill Road, Building B, Suite 201 West Chester, PA 19380	610-436-6696	General Surgery
Brandywine Neurology Tower Health Medical Group	213 Reeceville Road, Suite 22A Coatesville, PA 19320	610-384-7491	Neurology
Neuro Surgical Care, LLC	649 North Lewis Road, Suite 225 Royersford, PA 19468	610-495-3620	Neurosurgery
Chester County Eye Care (Multiple Locations)	740 West Lincoln Highway Exton, PA 19341	610-696-1230	Ophthalmology

### CONVENIENT NETWORK LOCATIONS LISTED BELOW

PCS PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
PCS Diagnostic Network	Call Toll Free for Closest Location	1-888-594-4001	Diagnostic Testing
Apricus	Call Toll Free	1-877-203-9899	DME
Mitchell ScriptAdvisor	Call Toll Free for Closest Location	1-866-846-9279	Pharmacy

**Panel Date: 12/2/2021**



**CCRES Inc. - Lancaster County**  
**Your Workers' Compensation Insurance Carrier is:**  
**Encova Insurance**  
**PO Box 3151 Charleston, WV 25332**  
**Phone: 1-866-452-7425**

**NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
WORKNET Occupational Medicine (Multiple Locations)	241 Rohrerstown Road, 2nd Floor, Suite 200 Lancaster, PA 17603	717-431-1770	Occupational Medicine
MedExpress (Multiple Locations)	Four Rohrerstown Road Lancaster, PA 17603	717-299-3627	Urgent Care/Occupational Medicine
Concentra Medical Centers (Multiple Locations)	113 Butler Avenue Lancaster, PA 17601	717-391-3087	Occupational Medicine
Integrated Surgical Specialists (Multiple Locations)	2201 Ridgewood Road, Suite 200 Wyomissing, PA 19610	570-624-4777	Orthopedics
Lancaster Orthopedic Group (Multiple Locations)	703 Lampeter Road Lancaster, PA 17602	717-291-1881	Orthopedics
Orthopedic Associates of Lancaster (Multiple Locations)	170 North Pointe Blvd. Lancaster, PA 17601	717-299-4871	Orthopedics
Surgical Specialists of Lancaster, P.C. (Multiple Locations)	2101 Embassy Drive Lancaster, PA 17603	717-735-7410	General Surgery
Penn State Health Neuroscience's Clinic	30 Hope Drive, Suite 1300 Hershey, PA 17033	717-531-3828	Neurology
Eye Associates of Lancaster LTD (Multiple Locations)	1254 Lititz Pike Lancaster, PA 17601	717-397-4724	Ophthalmology

**CONVENIENT NETWORK LOCATIONS LISTED BELOW**

PCS PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
PCS Diagnostic Network	Call Toll Free for Closest Location	1-888-594-4001	Diagnostic Testing
Apricus	Call Toll Free	1-877-203-9899	DME
Mitchell ScriptAdvisor	Call Toll Free for Closest Location	1-866-846-9279	Pharmacy

**Panel Date: 12/2/2021**



## CCRES Inc. - Kennett Square 19348

**Your Workers' Compensation Insurance Carrier is:**

**Encova Insurance**

**PO Box 3151 Charleston, WV 25332**

**Phone: 1-866-452-7425**

### **NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
The Occupational Health Center (Multiple Locations)	830 West Cypress Street Kennett Square, PA 19348	610-444-6214	Occupational Medicine
Tower Health Urgent Care (Multiple Locations)	300 Old Forge Lane, Suite 302 Kennett Square, PA 19348	484-778-8000	Urgent Care/Occupational Medicine
Concentra Medical Centers (Multiple Locations)	625 North Pottstown Pike Exton, PA 19341	610-903-0640	Occupational Medicine
Premier Orthopaedic & Sports Medicine - Chester County Orthopaedic Associates Division (Multiple Locations)	400 McFarlan Road, Suite 100 Kennett Square, PA 19348	610-692-6280	Orthopedics
Rothman Orthopaedic Institute (Multiple Locations)	600 Evergreen Drive, Suite 201 Glen Mills, PA 19342	267-339-3776	Orthopedics
Delaware Surgical Group - Dr. Conway, Hobbs, Kalish (Multiple Locations)	Limestone Surgery Center 1941 Limestone Road, Suite 213 Wilmington, DE 19808	302-892-2100	General Surgery
Mainline Health Neurosurgery (Multiple Locations)	3855 West Chester Pike, Suite 245 Newtown Square, PA 19073	610-527-2443	Neurosurgery
Vistarr Laser & Vision Centers (Multiple Locations)	415 McFarlan Road, Suite 209 Kennett Square, PA 19348	610-692-8100	Ophthalmology

### **CONVENIENT NETWORK LOCATIONS LISTED BELOW**

PCS PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
PCS Diagnostic Network	Call Toll Free for Closest Location	1-888-594-4001	Diagnostic Testing
Apricus	Call Toll Free	1-877-203-9899	DME
Mitchell ScriptAdvisor	Call Toll Free for Closest Location	1-866-846-9279	Pharmacy

**Panel Date: 12/2/2021**





## CCRES Inc. - Delaware & Montgomery Counties

Your Workers' Compensation Insurance Carrier is:

**Encova Insurance**

**PO Box 3151 Charleston, WV 25332**

**Phone: 1-866-452-7425**

### NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
WORKNET Occupational Medicine (Multiple Locations)	170 North Henderson Road, Suite 306 King of Prussia, PA 19406	610-337-1558	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	7000 Holstein Avenue Philadelphia, PA 19153	215-365-7510	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	850 Germantown Pike Plymouth Meeting, PA 19462	610-275-3884	Occupational Medicine
Cooper Bone & Joint Institute (Multiple Locations)	3740 West Chester Pike Newtown Square, PA 19073	610-356-9410	Orthopedics
Rothman Orthopaedic Institute (Multiple Locations)	825 Old Lancaster Road, Suite 100,140, & 200 Bryn Mawr, PA 19010	267-339-3776	Orthopedics
MLHC Surgical Associates	830 Old Lancaster Road Suite 306 Bryn Mawr, PA 19010	484-592-3000	General Surgery
Mainline Health Neurosurgery (Multiple Locations)	3855 West Chester Pike, Suite 245 Newtown Square, PA 19073	610-527-2443	Neurosurgery
Siepsner Laser Eye Center (Multiple Locations)	860 East Swedessord Road Wayne, PA 19087	610-265-2020	Ophthalmology

### CONVENIENT NETWORK LOCATIONS LISTED BELOW

PCS PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
PCS Diagnostic Network	Call Toll Free for Closest Location	1-888-594-4001	Diagnostic Testing
Apricus	Call Toll Free	1-877-203-9899	DME
Mitchell ScriptAdvisor	Call Toll Free for Closest Location	1-866-846-9279	Pharmacy

**Panel Date: 12/2/2021**





## CCRES Inc - Boyertown Area School District - Berks County

**Your Workers' Compensation Insurance Carrier is:**

**Encova Insurance**

**PO Box 3151 Charleston, WV 25332**

**Phone: 1-866-452-7425**

### **NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
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6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Area of Specialty</u>
Concentra Medical Centers (Multiple Locations)	1114 Commons Blvd. Reading, PA 19605	610-926-0960	Occupational Medicine
Concentra Medical Centers (Multiple Locations)	4201 Pottsville Pike Reading, PA 19605	610-921-5811	Occupational Medicine
WORKNET Occupational Medicine (Multiple Locations)	3225 North Fifth Street Highway, Suite 4 Reading, PA 19605	610-939-2391	Occupational Medicine
Tower Health Urgent Care (Multiple Locations)	1139 West Ben Franklin Highway Douglassville, PA 19518	610-385-4444	Urgent Care/Occupational Medicine
MedSurg	1808 Swamp Pike, Suite 200 Gilbertsville, PA 19525	610-400-8310	Urgent Care
Reading Neck & Spine Center (Multiple Locations)	1270 Broadcasting Road Wyomissing, PA 19610	610-372-1140	Orthopedics
Rothman Orthopaedic Institute (Multiple Locations)	400 Enterprise Drive, 2nd Floor Limerick, PA 19468	267-339-3776	Orthopedics
Premier Orthopedics (Multiple Locations)	1561 Medical Drive Pottstown, PA 19464	610-792-9292	Orthopedics
Spring Ridge Surgical Specialists	2758 Century Blvd. Wyomissing, PA 19610	610-372-3824	General Surgery
Penn State Health St. Joseph – General Surgery	2494 Bernville Road, Suite 200 Reading, PA 19605	610-378-7900	General Surgery
WellSpan Neurology (Multiple Locations)	207 West Fulton Street Ephrata, PA 17522	717-721-8789	Neurology
Progressive Vision Institute (Multiple Locations)	1300 Broadcasting Road Wyomissing, PA 19610	610-396-9999	Ophthalmology
Campanella and Associates	3855 Penn Avenue, Suite 100 Sinking Springs, PA 19608	610-678-4552	Ophthalmology
Smith and Wellness Chiropractic	3443 Penn Avenue Sinking Spring, PA 19608	610-678-8600	Chiropractic
Spine and Wellness Center	3933 Perkiomen Avenue, Suite 101 Reading, PA 19606	610-779-4588	Chiropractic

### **CONVENIENT NETWORK LOCATIONS LISTED BELOW**

PCS PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
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PCS Diagnostic Network  
Apricus  
Mitchell ScriptAdvisor

Call Toll Free for Closest Location  
Call Toll Free  
Call Toll Free for Closest Location

1-888-594-4001  
1-877-203-9899  
1-866-846-9279

Diagnostic Testing  
DME  
Pharmacy

**Panel Date: 4/7/2022**

PCS PT Network

PCS Diagnostic Network

Apricus

Mitchell ScriptAdvisor

Call Toll Free for Closest Location

Call Toll Free for Closest Location

Call Toll Free

Call Toll Free for Closest Location

1-888-594-4001

1-888-594-4001

1-877-203-9899

1-866-846-9279

Physical Therapy

Diagnostic Testing

DME

Pharmacy

**Panel Date: 12/2/2021**

# Mitchell ScriptAdvisor

## Workers' Compensation **FIRST FILL** – Temporary Prescription Card

Mitchell ScriptAdvisor ha sido seleccionado por Encova para ayudarlo a obtener medicamentos recetados relacionados con su reclamo de compensación de trabajado. Esta forma le permite obtener los medicamentos relacionados con su lesión ya que sean recetados por su doctor autorizado por la compensación al trabajador. Simplemente llene la siguiente forma y preséntela en la farmacia en el momento que usted disponga de su receta. Con esta forma usted no tendrá que pagar nada de su bolsillo cuando reciba sus medicamentos por primera vez

Para su comodidad, Mitchell ScriptAdvisor tiene una extensa red de farmacias, incluyendo las principales cadenas de farmacias. Para localizaciones de farmacias, puede llamar a nuestro número gratuito 866-846-9279 o visite nuestra página de web [www.mitchellscriptadvisor.com](http://www.mitchellscriptadvisor.com), y utilice el localizador de farmacia.



### Empleados

- Comuníquese con nuestro Servicio al Cliente al 866.846.9279 para solicitar un numero de identificación temporal.



### Farmacia

- Esta es una tarjeta de identificación de receta temporal para un suministro de 10 días hasta que se pueda proporcionar la tarjeta permanente de esta persona.
- Todos los datos necesarios para procesar esta receta a través del Sistema de Adjudicación de Script Care esta incluida a continuación.

## Mitchell ScriptAdvisor

### Temporary Prescription Benefit Card



Attention Pharmacists: Process through Script Care and  
Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

Rx BIN: 019082

PCN: MPS

Group: MPS001536TC



## ¿Preguntas?

## Contactenos al 866.846.9279

Esta tarjeta se debe usar para recetas relacionadas con la lesión de compensación de trabajadores cubierta por su póliza de seguro. El uso de esta tarjeta no elimina ninguna limitación o exclusión de la política. Esta tarjeta no confirma la cobertura. Para confirmar la elegibilidad u obtener información específica, comuníquese con la Mesa de Ayuda con la información que se encuentra en el frente de esta tarjeta.



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## Workers' Compensation **FIRST FILL** – Temporary Prescription Card

Mitchell ScriptAdvisor has been selected by Encova Insurance to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **present it at the pharmacy** at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at [www.mitchellscriptadvisor.com](http://www.mitchellscriptadvisor.com) to access the pharmacy locator.



### Employee

- You may contact Mitchell Customer Service at (866) 846-9279 or you may present this sheet to the pharmacist along with your prescription.



### Pharmacy

- This sheet is a Temporary Prescription ID Card for a **10 Days'** Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

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### Temporary Prescription Benefit Card



Attention Pharmacists: **Process through Script Care and Enter RxBIN, RxPCN and GROUP.**

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

Rx BIN: 019082

PCN: MPS

Group: MPS001536TC



## Questions?

Contact us at 866.846.9279

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.



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