

**HOLY FAMILY UNIVERSITY**  
**9801 Frankford Avenue**  
**Philadelphia, PA 19114**

**04/16/2024**

**PENNSYLVANIA WORK-RELATED INJURIES**

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 prostheses, including training in their use.

In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the designated health care providers listed below:

**Concentra Medical Center**  
*Occupational Medicine Clinic*  
*Urgent Care Clinic*  
*Walk In Clinics*  
2804 Southampton Rd.  
Philadelphia, PA 19154  
215-677-0930  
*Est Dist: 3.4 mi*  
*Telehealth/Telemedicine URL:*  
www.concentratelemed.com

**Jefferson Urgent Care**  
*Urgent Care Clinic*  
2607 Rhawn St  
Philadelphia, PA 19152  
215-333-0304  
*Est Dist: 3.0 mi*

**Mkparu, Anuli Nwaife**  
Sunnyvale Orthopaedic and  
Rehabilitation Clinic LLC  
*Orthopedic Surgery:*  
2340 E Allegheny Ave  
Philadelphia, PA 19134  
215-608-8937  
*Est Dist: 7.9 mi*

**One Call Care Management**  
*Diagnostic Testing*  
Call for Scheduling  
800-872-2875

**Healthsystems Bin# 012874**  
*Pharmacy*  
877-528-9497  
If assistance is needed, please contact Injured Employee Prescription Fill Form to your pharmacy

**Arnold, William V.**  
Rothman Orthopaedic Institute - Use  
*Orthopedic Surgery:*  
9501 Roosevelt Blvd 4th Flr  
Philadelphia, PA 19114  
800-321-9999  
*Est Dist: 2.5 mi*

**Bogucki, Alfred R., MD**  
*Surgery: General*  
3996 Red Lion Rd  
# 125  
Philadelphia, PA 19114  
215-824-4559  
*Est Dist: 0.8 mi*

**Richmond, Allen C., MD**  
Northern Ophthalmic Associates, Inc  
*Ophthalmology*  
3998 Red Lion Rd Suite 302  
Philadelphia, PA 19114  
215-824-1717  
*Est Dist: 0.8 mi*

For assistance with Physical Therapy and Durable Medical Equipment referrals, please contact the insurance company.

**\*\***(NOTE: If any of the health care providers listed above are employer, owned or controlled by the employer or the employer's carrier, it will be so designated by an asterisk next to the health care provider's name.)

You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.

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. You **MUST** notify your employer of this action within five (5) days of your visit to the health care providers of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

If one of the health care providers listed above refers you to another health care provider, your employer or its insured will pay the bill for these services provided they are reasonable and necessary.

If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.

If you have any questions, contact:

**HOLY FAMILY UNIVERSITY**  
**33 University Drive**  
**Newtown, PA 18940**

**04/16/2024**

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**Concentra Medical Center**  
*Occupational Medicine Clinic*  
*Urgent Care Clinic*  
*Walk In Clinics*  
360 North Oxford Valley Rd, Suite 400  
Langhorne, PA 19047  
215-943-9000  
*Est Dist: 3.1 mi*  
*Telehealth/Telemedicine URL:*  
www.concentratelemed.com

**Bills, Thomas K., MD**  
Mercer-Bucks Orthopaedics, PC  
*Orthopedic Surgery:*  
1203 Langhorne Newtown Rd Suite 220  
Langhorne, PA 19047  
215-860-4274  
*Est Dist: 2.3 mi*

**Patient First Pennsylvania Medical  
Group PLLC**  
*Urgent Care Clinic*  
100 Lincoln Hwy  
Fairless Hills, PA 19030  
267-587-0775  
*Est Dist: 3.5 mi*

**Lotto, Christine, MD**  
*Surgery: General*  
3 Penns Trl Fl 2  
Newtown, PA 18940  
609-537-7300  
*Est Dist: 0.6 mi*

**Aland, Christopher M.,  
MD**  
Rothman Orthopaedic  
Institute - Use  
*Orthopedic Surgery:*  
101 Pheasant Run  
Newtown, PA 18940  
800-321-9999  
*Est Dist: 0.6 mi*

**Patel, Jayrag A.**  
Century Eye Care Ltd  
*Ophthalmology*  
1 Cornerstone Dr Ste 200  
Langhorne, PA 19047  
215-702-1418  
*Est Dist: 2.9 mi*

**One Call Care  
Management**  
*Diagnostic Testing*  
Call for Scheduling  
800-872-2875

**Healthsystems Bin#  
012874**  
*Pharmacy*  
877-528-9497 If  
assistance  
is needed, please take  
Injured Employee  
Prescription  
Fill Form to your  
pharmacy

For assistance with  
Physical  
Therapy and Durable  
Medical  
Equipment referrals,  
please  
contact the insurance  
company.

**\*\***(NOTE: If any of the health care providers listed above are employer, owned or controlled by the employer or the employer's carrier, it will be so designated by an asterisk next to the health care provider's name.)

You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.

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. You **MUST** notify your employer of this action within five (5) days of your visit to the health care providers of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

If one of the health care providers listed above refers you to another health care provider, your employer or its insured will pay the bill for these services provided they are reasonable and necessary.

If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.

If you have any questions, contact:

# RIGHTS AND DUTIES FORM - SIDE 1

## ***NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER SECTION 306 (f.1)(1)(i) OF THE PA. 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.

A brief summary: 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 your employer is not liable for the medical bills incurred.

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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 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 that they are explained above.

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Print Name

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Employee Signature

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Date

**See reverse for a complete text of Section 306 (f.1)(1)(i)**

If you have any questions, ask your human resources office representative or call  
The Bureau of Workers' Compensation at 1-800-482-2383

## **RIGHTS AND DUTIES FORM - SIDE 2**

### **PENNSYLVANIA WORKERS' COMPENSATION ACT 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.