



Northern Tioga School District - Elkland, Westfield, Tioga (16920,16950,16946)
YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORKPARTNERS
Send Bills To: PO Box 2971, Pittsburgh, PA 15230
Fax: (412) 454-8717
To Report a Claim Call: 1-800-633-1197
WC Policy: WC100-2029261-2019A
Policy Effective Date: 07/01/2019

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.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, 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.
6. 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 physicians 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.
7. 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>Scheduling</u>	<u>Area of Specialty</u>
*UPMC Susquehanna Workcenter at Soldiers & Sailors	25 Walnut St Wellsboro, PA 16901	570-723-0103	Occupational Medicine
Guthrie Clinic - Occupational Medicine – Wellsboro	110 Plaza Ln Wellsboro, PA 16901	570-724-4241	Urgent Care
MedExpress Urgent Care - Williamsport	1953 E Third St Williamsport, PA 17701	570-323-4072	Urgent Care
*UPMC Susquehanna General Surgery at Wellsboro	1 Main St Wellsboro, PA 16901	570-723-0716	General Surgery
Guthrie Clinic - Neurosurgery - Sayre	1 Guthrie SQ Sayre, PA 18840	570-888-5858	Neurosurgery
*UPMC Susquehanna Health Orthopedics at Wellsboro	9 Water St Wellsboro, PA 16901	570-724-2325	Orthopedics
Guthrie Clinic - Orthopedics	1 Guthrie SQ Sayre, PA 18840	570-888-5858	Orthopedics
The Eye Center of Central Pennsylvania - Wellsboro	61 West Ave Wellsboro, PA 16901	866-995-3937	Ophthalmology
One Call Physical Therapy	Call Toll-Free for Closest Location	1-844-284-2525	Physical Therapy
One Call Chiropractic	Call Toll-Free for Closest Location	1-844-284-2525	Chiropractic
One Call Imaging Services	Call Toll-Free for Closest Location	1-844-284-2525	Diagnostic Imaging
One Call Durable Medical Equipment	Call Toll-Free for Supplier	1-844-284-2525	DME
myMatrixx (an Express Scripts company)	Call Toll-Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

*In accordance with Section 306(f.1)(1)(i) of the Worker's Compensation Act AND 34 Pa. Code Section 127.753 Disclosure Requirements, this health care provider is employed, owned or controlled by
UPMC