

**TOWNSHIP OF CUMRU**  
**WORKERS' COMPENSATION PROGRAM: DESIGNATED HEALTH CARE PROVIDERS**

THE FOLLOWING PROCEDURE MUST BE FOLLOWED IN CASE OF WORK RELATED INJURY OR ILLNESS:

**A. IMMEDIATELY REPORT THE INJURY TO YOUR SUPERVISOR.**

Any injury you sustain at work must be reported immediately to your supervisor. Failure to do so may delay your benefits or cause you to lose your rights to benefits. Supervisors must promptly report injuries to the appropriate personnel office.

**B. OBTAIN MEDICAL CARE FROM A PROVIDER LISTED BELOW.**

<i>Provider</i>	<i>Address</i>	<i>Phone Number</i>	<i>Specialty</i>
1. Jonathon Dreazen, MD	WORKNET, 3212 Kutztown Road Reading. PA 19605	610-921-9000	OCCUPATIONAL MEDICINE
2. David E. Nowotarski, DC	Nowotarski Chiropractic, 3443 Penn Avenue Sinking Springs. PA 19608	610-678-8600	CHIROPRACTIC
3. Express Dental Care	For the nearest location, please call the toll free number	888-539-0577	DENTIST
4. Michael T. Brown, MD	Spring Ridge Medical Center, 2758 Century Boulevard Wyomissing. PA 19610	610-373-4151	GENERAL SURGERY
5. Moiz M. Carim, MD	Carim Eye & Retina Center Ltd., 2630 Westview Drive Wyomissing. PA 19610	610-376-1981	OPHTHALMOLOGY
6. John F. Perry, III, MD	1121 Penn Avenue Wyomissing. PA 19610	610-286-1660	ORTHOPEDIC SURGERY
7. National Pharmaceutical Services	For the nearest location, please call the toll free number	800-546-5677	PHARMACY
8. NovaCare	For the nearest location and to make an appointment, please call the toll free number.	800-770-6682	PHYSICAL THERAPY
9. Raytel Imaging	For the nearest location and to make an appointment, please call the toll free number.	800-453-0574	RADIOLOGY
10. Hospital	For Emergency Services, please go to the nearest hospital		HOSPITAL (FOR EMERGENCY SERVICES ONLY)

**C. MEDICAL EMERGENCY:**

If you are faced with a medical emergency, you may secure initial emergency treatment from any of the below mentioned emergency facilities or any other emergency facility. However, any follow-up care to the emergency treatment must be with a designated health care provider.

**D. IF YOU CHOOSE TO TREAT WITH AN OUT OF STATE PROVIDER, YOU MAY BE SUBJECT TO BALANCE BILLING.**

**E. FOR MEDICAL TREATMENT TO BE PAID BY YOUR EMPLOYER:**

1. You must select one of the physicians or physician groups listed above.
2. You must continue to visit one of the physicians listed above or any specialist to which that provider refers you, if you need treatment, for **Ninety (90) days from the date of your first visit.** This requirement is in conformance with the Pennsylvania Workers' Compensation Act, Section 306 (F) (1) (i)
3. After Ninety (90) days, if you still need treatment, you may continue with the same physician or you may choose to go to another physician or health care provider for treatment. **If you decide to go to another provider, you must notify your employer of this action within five (5) days of your visit.**
4. Your bills will be paid if your physician or health care provider reports as required (within ten days after your first visit and at least once a month as long as treatment continues). **You** must notify the new provider that these reports are to be submitted to the following address:

ACS - CAMP HILL OFFICE  
 AmeriHealth Casualty Services  
 100 Corporate Center Drive, Suite 101  
 Camp Hill, PA 17011  
 1-800-719-2889

04/26/2011

- For medical practice groups, all providers are eligible to render medical services

**RECEIVED**  
**APR 29 2011**

BY:.....

AmeriHealth Casualty Services  
100 Corporate Center Drive  
Suite 101  
Camp Hill, PA 17011  
717.213.2990  
800.719.2889  
800.929.0534 fax



### What Happens If I Get Hurt At Work?

Even at the safest of workplaces, injuries can occur. Here's what to do if you are injured at work:

1. Notify your supervisor immediately. He/She will ensure that you receive medical care if you need it and will file a workers' compensation claim on your behalf.
2. For emergency care you should go to the closest emergency room. Any follow-up care should be provided by one of the approved facilities on your workers' compensation panel list. For non-emergencies, choose one of the panel doctors. If you do not have a panel list, see your supervisor or Human Resources.
3. According to Pennsylvania's Workers' Compensation Act, you must treat with a panel provider for the first **90 days**. Any unauthorized treatment or treatment outside the panel will be **your** financial responsibility and may jeopardize your claim. After 90 days you may treat with a provider of your choice but you **must** notify your employer in writing within 5 days of the first visit or the treatment becomes your financial responsibility.
4. The panel physician will evaluate your injury and determine if it is safe for you to return to work. If you are not returned to work, notify your supervisor immediately.
5. You must keep scheduled appointments with your treatment provider. If, for any reason, you are unsatisfied with the care you are receiving, please call AmeriHealth at 1-888-871-3606. After regular business hours, call 1-800-393-7196. Our claims adjusters and medical case managers are available to discuss your claim and to ensure that you receive reasonable and necessary care for your work injury.

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#### Acknowledgment

In compliance with Pennsylvania's Workers' Compensation Act, I acknowledge that I have been informed of my rights and have received a copy of the designated health care provider panel which was designed by AmeriHealth Casualty Services for my employer,

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I understand that any work

(Name of Company)

related injury or illness is to be immediately reported to my supervisor and, with the exception of true emergency care, I am to treat with one of the providers on the panel for the first 90 days after my injury. I understand that if I treat outside this panel without proper authorization, my employer has the right to refuse payment for that care. Should I still require treatment after 90 days, I understand that I may choose a non-panel provider but that I must notify my employer within five days of the first visit to this provider. I understand that if surgery is recommended I may seek a second opinion with a physician of my choosing. If the second opinion differs, I may choose the course of treatment I wish to follow but that treatment is to be rendered by one of the panel providers if I am within the first 90 days after injury.

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Signature

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Date

AmeriHealth Casualty Services  
100 Corporate Center Drive  
Suite 101  
Camp Hill, PA 17011  
717-213-2990  
800-719-2889  
800-929-0534 fax



### Authorization to Release Medical Information

I hereby authorize any physician, nurse or other health care professional who has attended me, or any hospital at which I have been confined to furnish to AmeriHealth Casualty Services or an authorized representative, any and all information which may be requested regarding my physical or mental condition and treatment rendered therefore and, if necessary, to allow them or any physician appointed by them to examine any x-rays take of me or records regarding my physical or mental condition or treatment.

A photocopy of this instrument may be used instead of the original.

### La Autorización a Soltar a Información Médico

Por este medio autorizo a cualquier médico, cualquiera enfermera u otro profesional de cuidado de la salud que me ha asistido a mí, o cualquier hospital en el cual he estado recluido para proveer para AmeriHealth Casualty Services o un representante autorizado, cualquier información que puede ser demandado referente a mi condición física o mental y que mi tratamiento dado por esto y, si necesario, a permitirlos a ellos o cualquier médico señalado por ellos a examinar cualquier tome radiografías de mí o los registros estimando mi condición física o mental o el tratamiento.

Una fotocopia de esta forma puede ser usada en lugar del original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
La fecha

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Nombre del Empleado (la Impresión)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Signatura del Empleado

\_\_\_\_\_  
Employee's Date of Birth

\_\_\_\_\_  
Fesha de Nacimiento del Empleado

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
El Numero de Seguro Social del Empleado

\_\_\_\_\_  
Employee's Home/Cell Phone Number

\_\_\_\_\_  
El Número de Teléfono de Casa/Celular del Empleado



