

**WORKERS' COMPENSATION EMPLOYEE NOTIFICATION IN ACCORDANCE WITH SECTION 306(F.1)(i) OF THE PENNSYLVANIA WORKERS' COMPENSATION ACT**

If you are injured while employed and on duty at Duquesne University, you are responsible for reporting the injury/illness immediately to your supervisor. If you seek medical care for your work-related injury or illness, Duquesne University shall provide payment for reasonable surgical medical services, services rendered by physicians or other health care providers, and medicines and supplies, as and when needed, according to the procedures that follow.

In compliance with the Workers Compensation Act, Duquesne University has established a list of health care providers to treat you in case of a work-related injury or illness. You are required to be treated by one of the designated Panel providers or one designated directly by Assistant Director, Benefits in Human Resources for a period of ninety (90) days from the date you first seek medical treatment, or Duquesne University may not be required to pay for your medical care during that period of time. In the case of a medical emergency, you may be treated at the closest emergency department. However, any follow-up treatment is required to be provided by one of Duquesne University's panel providers or an approved provider for the first ninety (90) days from the date of your first treatment. Unauthorized, non-emergency treatment for a work-related injury/illness with a non-panel or non-approved health care provider during the initial 90-day period will not be paid by Duquesne University.

**If you wish to change medical providers within the first ninety (90) days of medical treatment, you must select a new health care provider from Duquesne's designated panel of providers or consult with the Assistant Director, Benefits in Human Resources at 412-396-5105 for an approved provider. If one of these designated providers refers you to another health care provider, you may receive care from that provider and the fees will be paid by Duquesne University. If a designated provider recommends invasive surgery, you may obtain a second opinion from a non-panel provider at the expense of Duquesne University. However, should you elect to follow the treatment plan recommended by the non-panel provider, you must obtain such treatment from a panel or approved provider for ninety (90) days from the date of the appointment with the non-panel provider. The list of health care providers is posted in various locations throughout the University campus, and copies are available in the office of the Assistant Director, Benefits in Human Resources, 102K Koren Bldg. The list of providers and the rules governing medical treatment change periodically, so you should consult the Assistant Director, Benefits in Human Resources if you need access to medical care.**

Should you require continued medical treatment after the initial 90-day period, you may continue seeing the panel approved provider or you may go to another physician or health care provider of your choice. You must notify the Assistant Director, Benefits, (412) 396-5105, within five (5) days of treatment with a non-panel provider. This non-panel provider must provide an initial medical report to the Assistant Director, Benefits within ten (10) days of the date of first treatment, and every thirty (30) days thereafter as long as treatment continues. Failure to notify the Assistant Director, Benefits or Duquesne University will relieve Duquesne University of the responsibility for the payment of services rendered if such services are determined to have been unreasonable or unnecessary.

If you follow the guidelines set forth in this notification, you will not be responsible for payment of any charges related to the medical treatment of your work-related injury/illness, or any charges in excess of charges as calculated under the Workers' Compensation Act, unless your treatments are unrelated to your injury/illness. If you refuse reasonable medical services, you may forfeit rights to compensation for your injury.

By my signature below, I acknowledge that I have read the above notification and understand the provisions of the Pennsylvania Workers' Compensation Act as set forth and understand my rights and duties. This notice was presented to me (check one):

Name(Print) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## WORKERS' COMPENSATION INFORMATION

In Pennsylvania, the workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not immediately notify your employer.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, Pennsylvania 17104-2501

Telephone number within Pennsylvania (800) 482-2383  
Telephone number outside of this Commonwealth (717) 772-4447

TTY (800) 362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us) - PA Keyword: workers comp.

## ACKNOWLEDGMENT

I, (Print Name) \_\_\_\_\_ employee of Duquesne University hereby certify that I was provided with the above statement on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date).

\_\_\_\_\_  
Employee Signature