

## PENNSYLVANIA RIGHTS AND DUTIES

1. The employer shall provide payment in accordance with the Workers' Compensation Act for reasonable, surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed, including an additional opinion when invasive surgery may be necessary, attributable to the work-related injury.
2. When an employer establishes a medical panel, it must have 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 employer shall not include on this list a physician or 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.
3. 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.
  - a. 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.
  - b. 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.
4. You 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.
5. Should you not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period.
6. It shall be the duty of the employer to provide a clearly written notification of your rights and duties under the Act to the employee.
7. The employer shall further insure that you have been informed and. that you understand these rights and duties.

8. This duty shall be evidenced only by your written acknowledgement of having been informed and having understood your rights and duties.
9. Any failure of the employer to provide and evidence such notification shall relieve you from any notification duty owed, notwithstanding any provision of the Act to the contrary, and the employer shall remain liable for all rendered treatment.
10. Any health care provider of your choice may provide subsequent treatment, after the ninety (90) day period.
11. Following the termination of the ninety (90) day period, if you are provided treatment from a non-designated health care provider, you shall notify the employer within five (5) days of the first visit to said health care provider.
12. Failure to 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 to have been unreasonable or unnecessary.
13. In addition to the above service, the employer shall provide payment for medicines and supplies, hospital treatment, services and supplies and orthopedic appliances, and prostheses in accordance with the Act.

\_\_\_\_\_  
**EMPLOYEE**

\_\_\_\_\_  
**EMPLOYER WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

THE ABOVE SIGNATURE ACKNOWLEDGES THAT I HAVE BEEN INFORMED AND UNDERSTAND MY RIGHTS AND DUTIES PERTAINING TO MEDICAL TREATMENT FOR WORK-RELATED INJURIES.