

**PENNSYLVANIA
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 prostheses, 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 six designated health care providers listed below:

NAME	ADDRESS	TELEPHONE	AREA OF SPECIALTY
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(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

*(NOTE: If any of the health care providers listed above are employed, 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.)

3. 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.
4. 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 provider 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).

The employer shall not be liable to pay for such treatment until a report has been filed.

5. If one of the health care providers listed above refers you to another health care provider, your employer or its insurer will pay the bill for these services provided they are reasonable and necessary.
6. If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.
7. If you have any questions, contact: _____