

Williamsport Area School District

Workers' Compensation Claims are Managed by UPMC Work Partners
PO Box 2971, Pittsburgh, PA 15230, To Report a Claim Call: 1-800-633-1197, Fax: (412) 454-8717

WC Policy: WC300-0006181, Policy Effective Date: **07-01-2024**

Provider Panel

In Case of Work-Related Injuries:

1. You must **immediately** report the work-related injury or illness to the WASD Human Resources Office at **570-327-5500, x40201 or x40200**. You must **also notify your supervisor** of your injury or illness.
2. The WASD Human Resources Office is responsible for notifying UPMC Work Partners no later than **48 hours** after the work-related injury or illness. All correspondence and bills must be directed to the above address.
3. 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.
4. In order to insure 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 listed below** (Provider Panel).
5. 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**. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
6. 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.
7. 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 physician's 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.
8. 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 Divine Work Center	1100 Grampian Blvd. Divine Providence Campus Williamsport, PA 17701	570-320-7444	Occupational Medicine
DISA Global Solutions (formerly Mid-State)	2605 Reach Rd. Williamsport, PA 17701	570-327-8790	Occupational Medicine
Med Express Urgent Care All Locations – MedExpress.com	1953 East 3rd St. Williamsport, PA 17701	570-323-4072	Urgent Care
UPMC Susquehanna Orthopedics	1705 Warren Ave., Suite 101 John M Wenner Building Williamsport, PA 17701	570-321-2020	Orthopedics
UPMC Susquehanna Sports Medicine	1201 Grampian Blvd., Suite 2F Health Services Building Williamsport, PA 17701	570-321-2020	Orthopedics
UPMC Susquehanna General Surgery	740 High St., Suite 1003 Williamsport, PA 17701	570-321-3160	General Surgery
UPMC Susquehanna Neurosurgery	740 High St., Suite 3002 The Neuroscience Center Williamsport, PA 17701	570-321-2820	Neurosurgery
The Eye Center of Central Pennsylvania	435 River Ave. Williamsport, PA 17701	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 Closest Location	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

Workers' Compensation

Required Notice of Employee

RIGHTS & DUTIES

EMPLOYER: Williamsport Area School District (WASD) 570-327-5500, x40200 or x40201

WORKERS' COMPENSATION INFORMATION:

1. 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.
2. Benefits are required to be paid by your employer if 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. It is also required to be posted in any areas used for treatment of injured employees or for the administration of first aid.
3. You should report immediately any injury or work-related illness to your employer. Your benefits could be delayed or denied if you do not notify your employer immediately.
4. If your claim is denied by your employer, you have the right to request a hearing before a Workers' Compensation Judge.
5. The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information: Bureau of Workers' Compensation, 651 Boas Street 8th Fl, Harrisburg, Pennsylvania 16121-0750, Telephone No. within Pennsylvania: 1-800-482-2383, Telephone No. outside of this Commonwealth: 717-772-4447, TTY: 1-800-362-4228 (for hearing and speech impaired only) www.state.pa.us, PA keyword: workers' comp.
6. For a list of panel providers, please contact the WASD Human Resources Office at **570-327-5500, x40200 or x40201**. Please call UPMC Work Partners at 1-800-633-1197 with any additional questions.

IN CASE OF A WORK INJURY OR ILLNESS:

1. You must **immediately** report the work-related injury or illness.
2. To report a work-related injury or illness, please call the WASD Human Resources Office at **570-327-5500, x40200 or x40201**.
3. You must **also notify your supervisor** of your injury or illness.
4. The WASD Human Resources Office is responsible for notifying UPMC Work Partners no later than **48 hours** after the work-related injury or illness. All correspondence and bills must be directed to: UPMC WORK PARTNERS - Claims Management Services, PO Box 2971, Pittsburgh, PA 15230, Fax: (412) 454-8717.
5. 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.
6. In order to insure your **medical treatment** will be paid for by your employer or the insurance company, you must select from one of the health care providers listed on the **Provider Panel**.
7. You must continue to visit one of the physicians on the Provider Panel, if you need treatment, for ninety (90) days from the date of your first visit. If one of the persons on the Provider Panel refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
8. After this ninety (90) day period, if you still need treatment and your employer has provided a Provider Panel, 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.
9. If a physician on the Provider Panel prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the Provider Panel physician's 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 Provider Panel 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.
10. 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 physician on the Provider Panel.
11. For a list of panel providers, please contact the WASD Human Resources Office at **570-327-5500, x40200 or x40201**. Please call UPMC Work Partners at 1-800-633-1197 with any additional questions.