



University of Pittsburgh

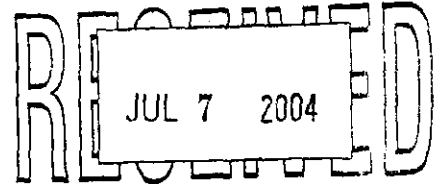
7/9/04

TO: Division Directors
FROM: Dr. Michalopoulos
Please post appropriately.

Workers' Compensation

1826 Cathedral of Learning
Pittsburgh, Pennsylvania 15260
412-624-1198
Fax: 412-624-1817

MEMORANDUM



George K. Michalopoulos, M.D., PhD
Professor and Chairman, Department of Pathology

TO: Deans, Directors and Department Chairpersons
FROM: Karl Kwolek *Kik*
Manager, Workers' Compensation
DATE: June 15, 2004
SUBJECT: Workers' Compensation-Health Care Provider Panel and Procedures

Our Workers' Compensation Health Care Provider Panel and Procedures has changed.
According to the Pennsylvania Workers' Compensation Act, we are required to notify our employees of the current panel and procedures.

Please do the following:

- Post the attached Notice in a central location (or multiple locations, if necessary) in your area where employees are likely to see it. You may also wish to provide copies of the Notice to your staff. Please make sure that any outdated postings of this panel have been replaced. The revised date (July 2004) is indicated at the bottom of the panel.
- In the event of a work-related injury, direct the employee to the panel and have the employee sign the attached Employee Acknowledgement. The Pennsylvania Workers' Compensation Act states that execution of the form is evidence that we have notified our employees of this information.

If you have any questions regarding this or other issues related to workers' compensation, please feel free to contact me. Thank you for your cooperation.

Attachments

NOTICE TO EMPLOYEES
UNIVERSITY OF PITTSBURGH - OAKLAND PANEL

HEALTH CARE PROVIDER PANEL AND PROCEDURES

IN CASE OF A WORK- RELATED INJURY:

1. You must **immediately** report the injury to your supervisor. In order to ensure prompt attention to your claim, the Office of Workers' Compensation requires a copy of your accident report within one business day.
2. To ensure that the University of Pittsburgh will pay bills associated with medical treatment, you **must** select from one of the licensed physicians or health care providers listed below.
3. Medical care must be provided by one of the designated providers listed below for the first 90 days from your first treatment. (For Bloodborne Pathogen Exposures and Animal Related Incidents - call Employee Health at (412) 647-3695.)
4. If you require emergency medical care, you may seek treatment at the closest Emergency Department for your initial care, but any additional medical treatment must be obtained by one of the providers below.
5. You are required by law to treat with one of the designated providers listed below for 90 days from the date of your first visit. Failure to treat with these providers will result in the University denying responsibility for payment of bills for the first 90 days of treatment.
6. After the 90-day period, if continued treatment is prescribed, you may choose to go to another licensed physician or health care provider for treatment. However, you must notify workers' compensation of this action within five (5) days of visit to the provider of your choice. Bills associated with such treatment of a work-related injury/illness will be paid if the licensed physician or health care provider files reports as required. (These reports must be filed within 21 days after the first visit and, at least once a month for as long as treatment continues.)

If there are any questions concerning this Notice, please call (412) 624-1198.

OCCUPATIONAL MEDICINE

CONCENTRA MEDICAL CENTERS

All Work Related Injuries:

Concentra – Oakland
120 Lytton Avenue, Suite 275
Pittsburgh, PA 15213
(412) 621-5430

Concentra – Aspinwall
15 Freeport Road, Suite 100
Pittsburgh, PA 15215
(412) 784-1678

Concentra – Robinson
4390 Campbells Run Road
Pittsburgh, PA 15205
(412) 429-9675

Concentra-West End
1635 West Carson Street
Pittsburgh, PA 15219
(412) 391-1137

CHIROPRACTIC CARE

John Depasqua, D.C.
305 Mt. Lebanon Blvd., Suite 100
Pittsburgh, PA 15234
(412) 531-4800

~or~

Richard Erhard, D.C., P.T.
3200 South Water Street
Pittsburgh, PA 15203
(412) 432-3700

EMPLOYEE HEALTH

(Bloodborne Pathogen Exposures & Animal Related Incidents)
3708 Fifth Avenue
Medical Arts Building, Suite 500.59
Pittsburgh, PA 15213
(412) 647-3695

GENERAL SURGERY

Fredric Jarrett, M.D.
5200 Centre Avenue, Suite 705
Pittsburgh, PA 15232
(412) 681-8720

MRI TESTING

Raytel Imaging Network
1-800-453-0574
Multiple Facility Locations

OPHTHALMOLOGY

Eye Injuries
Peter Berkowitz, M.D.
532 S. Aiken Avenue, Suite 520
Pittsburgh, PA 15232
(412) 621-5822

ORTHOPAEDICS

Bone and Joint Injuries:
Michael Paul, M.D.
1635 West Carson Street
Pittsburgh, PA 15219
(412) 391-1137

PHARMACY

No out of pocket expense
Falk Pharmacy
3601 Fifth Avenue, Room 221
Pittsburgh, PA 15213
(412) 648-3124
Please bring University of Pittsburgh employee ID with you

~or~

Giant Eagle Pharmacy
Multiple Pharmacy Locations
Please bring University of Pittsburgh employee ID with you

PHYSICAL MEDICINE

Muscular-Skeletal Injuries:

April Campbell, M.D.
120 Lytton Avenue, Suite 275
Pittsburgh, PA 15213
(412) 621-5430

~or~

Marc Adelsheimer, M.D.
580 South Aiken Avenue, Suite 100
Pittsburgh, PA 15232
(412) 681-1638

PHYSICAL THERAPY

Centers for Rehabilitation Services
Center for Sports Medicine
3200 South Water Street
Pittsburgh, PA 15203
(Other locations available)
(412) 432-3700

~or~

Any listed **Concentra** location

EMERGENCY CARE

Emergent Care may be sought from the closest Emergency Department; all needed follow up care is to be provided from one of the Health Care Providers on this panel

**PENNSYLVANIA WORKERS' COMPENSATION ACT
EMPLOYEE ACKNOWLEDGMENT**

I recognize and agree that my employer has posted a list of at least six (6) health care providers, at least four (4) of whom may be a coordinated care organization and no fewer than three (3) of whom are physicians to treat work-related injuries and illnesses during the first 90 days of treatment. I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306-(F.1) (1) (I) of the Pennsylvania Workers' Compensation Act. My rights and duties include the following:

1. I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for ninety (90) days from the date of first visit to a designated provider;
2. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer;
3. I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment;
4. If a designated provider refers me to a non-designated provider, my employer shall pay for the treatment rendered by the referral provider;
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period;
6. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand that my employer is not responsible to pay for these services;
7. After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider and my employer must pay for such treatment if it is reasonable and necessary;
8. If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer with notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification.
9. Should a physician prescribe invasive surgery or other health care provider so designated by the employer, I shall be permitted to receive an additional opinion from any health care provider of my own choice. If the additional opinion differs from the opinion provided by the physician or health care provider designated by the employer, I shall determine the course of treatment. If I choose to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or health care providers so designated by the employer for a period of ninety (90) days from the date of visit to the physician or health care provider of my own choice. Should I not comply with the foregoing, my employer will be relieved from liability for the payment of services rendered during such applicable period. Any health care provider of my choice may provide subsequent treatment.

My employer has informed me of my rights and duties and my signature acknowledges that I have been so informed and understand my rights and duties.

Date

Employee's Printed Name

Employee Signature

Witness Signature