



UNIVERSITY OF PITTSBURGH

PENNSYLVANIA WORKERS' COMPENSATION ACT

EMPLOYEE ACKNOWLEDGMENT

OF RIGHTS & DUTIES

My employer has provided a list of at least six (6) designated healthcare providers for evaluation and treatment of work-related injuries and illnesses, which include at least three (3) physicians and no more than four (4) coordinated care organizations. I acknowledge that I have received and reviewed this list of designated health care providers and have been presented with this written notice of my rights and duties under Section 306(f.1)(1)(i) of the Pennsylvania Workers' Compensation Act. My rights and duties include:

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

Witness Signature

Employee's Signature

Revised: 1/1/12

Form – D