

Employer Name: Troy Area School District		Employer Address: 68 Fenner Ave Troy PA 16947		County:	
Employee Name (last, first, initial):			Home Phone #:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status: M <input type="checkbox"/> S <input type="checkbox"/> Dep.: <input type="checkbox"/>
Home Address (street, city, state, zip code):					County:
Social Security #:	Date of Birth:	Date of Incident:	Time of Incident:	Date Reported:	To Whom Reported:
Location of Incident (building, room, etc.):			Type of Injury (cut, sprain, etc.):		
Injured Body Part:			Cause of Injury (machine, tool, equipment, liquid, etc.):		
Employee's Job Title:		Hours Worked Per Week:		Name of Witness(es):	
Description of Incident (please describe in detail what happened):          DATE OF HIRE:					
Employee Name:		Employee Signature:			Date:
Employee's Supervisor Name:		Employee's Supervisor's Signature:			Date:
<b>Section Three: No Medical Treatment</b>					
<input type="checkbox"/> Returned to Work		<input type="checkbox"/> Returned to Work with Modified Duties		<input type="checkbox"/> Sent Home	
Supervisor's Signature:		Date:			
<b>Section Four: Medical Treatment or First Aid</b>					
Type of Injury:		<input type="checkbox"/> New <input type="checkbox"/> Other (describe):			
Treatment/First Aid:					
Diagnosis:					
Disposition:		<input type="checkbox"/> Return to work without limitations <input type="checkbox"/> Return to work with limitations (describe): <input type="checkbox"/> May return to work on: <input type="checkbox"/> Follow-up appointment with: on			
Signature of medical/first aid provider				Date:	
Medical Facility Address:					

**NOTICE TO EMPLOYEES  
TROY AREA SCHOOL DISTRICT**

**CM Regent Insurance Company, Workers' Compensation Division, the claims administrator for the school district's workers' compensation carrier, Old Republic Insurance Company, has required that we post the following list of health care providers in accordance with Section 306 of the Workers' Compensation Act.**

**IN CASE OF A WORK-RELATED INJURY**

1. In order to ensure that your medical treatment will be paid for by your employer, or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed.
2. You must continue to visit one of the listed providers for ninety (90) days from the date of your first visit. If you do not comply with this requirement, your employer will be relieved from liability for payment of services rendered during this period.

**DESIGNATED PHYSICIANS**

**See Reverse Side**

You recognize and agree that your employer has posted a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). You also acknowledge that you have been presented with this written notice setting forth your rights and duties under Section 306(f.1)(1)(I) of the Pennsylvania Workers' Compensation Act. Your 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 I am referred by a designated provider to a non-designated provider, my employer shall provide 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 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 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; and
9. If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I choose to follow the recommendation of my health care provider (the additional opinion), the treatment shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion).

**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 SIGNATURE

\_\_\_\_\_  
EMPLOYEE'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**TROY AREA SCHOOL DISTRICT  
DESIGNATED PHYSICIANS**

<b>MEDICAL PROVIDER</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>SPECIALTY</b>
Guthrie Occupational Medical Providers	One Guthrie Square Sayre, PA 18840	570-888-5858	Occupational Medicine
Guthrie Family Medicine	285 Guthrie Drive Troy, PA 16947	570-297-4104	Family Medicine
Dr. Stephen Renzi	160 S. Railroad Street Troy, PA 16947	570-297-4555	Internal Medicine
Ralph Rathbun, DC	235 Redington Ave. Troy, PA 16947	570-297-2086	Chiropractic Medicine
Guthrie Sayre Neurology Dept	Sayre, PA 18840	570-888-5858	Neurology
Guthrie Sayre Orthopedics Dept	Sayre, PA 18840	570-888-5858	Orthopedics
ProCare	Troy, PA 16947	570-297-2864	Physical Therapy
Guthrie Medical	275 Guthrie Drive Troy, PA 16947	570-888-5858	Diagnostic Imaging
One Call Care Management (OCCM)	For locations and appointments, please call	800-848-1989	Skilled Nursing / DME
Corvel 800-563-8438	Cooke's Pharmacy 101 E. Main St. Troy, PA 16947	570-297-2848	Pharmacy
	Brown's Pharmacy 63 Canton St. Troy, PA 16947	570-297-5400	