

EMPLOYEE'S ACKNOWLEDGMENT UNDER SECTION 306 (F.1)(1)(I)

I, _____, recognize and agree that my 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). I further agree that my employer has provided the name, address, telephone number, and area of medical specialty of each designated provider on the list. 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 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, or the Altoona Area School District will not be responsible for payment during the ninety (90) day period;
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 the District's insurer 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. 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 procedure shall be performed by one or more of the District's 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). I understand that should I fail to comply with the foregoing, the District will be relieved from liability for the payment for the services rendered during the applicable period; and
10. I have reviewed and am aware of the list of health care providers referenced above, and have been provided with a Panel list.

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. This notice was presented to me (check one):

_____ At Time of Hire

_____ When I was injured

_____ Other

Date

Employee

Date

Witness