

EMPLOYEE'S ACKNOWLEDGEMENT
UNDER SECTION 306(F.1)(1)(i)

I, _____, understand and agree that my employer has posted a list of at least six health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated 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 responsibilities under Section 306(f.1)(1)(i) of the Pennsylvania Workers' Compensation Act. My rights and responsibilities 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 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; and
9. If a designated provider recommends invasive surgery, I understand that I may obtain a second opinion from a non-panel provider. Should I elect to follow the treatment plan recommended by the non-panel provider, I understand that I must obtain that treatment from a panel provider for ninety (90) days from the date of the appointment with the non-panel provider.

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

DATE

EMPLOYEE'S SIGNATURE

DATE

WITNESS