

**Robert Morris University - Pittsburgh (15222)**

YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY UPMC WORKPARTNERS

PO Box 2971, Pittsburgh, PA 15230

Fax: (412) 454-8717

To Report a Claim Call: 1-800-633-1197

WC Policy:WC100-0007675-2016A

Policy Effective Date:7/1/2016

**NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area Of Specialty</u>
Concentra Medical Center	120 Lytton Avenue Suite 275 Pittsburgh, PA 15213	412-621-5430	Occupational Medicine
Concentra Medical Center	1600 W. Carson Street Pittsburgh, PA 15219	412-391-1137	Occupational Medicine
Dr. Brian M Ernstoff	300 Halket Street Suite 1700 Magee-Womens Hospital Pittsburgh, PA 15213	412-901-2891	Physiatry
UPP Dept. of Orthopaedic Surgery	3471 5th Avenue Suite 1010 Lillian S Kaufmann Medical Bldg Pittsburgh, PA 15213	412-605-3239	Orthopedics
Orthopaedic Specialists - UPMC	2100 Jane Street Suite 7100 Pittsburgh, PA 15203	877-471-0935	Orthopedics
Dr. Berkowitz & Dr. Rosenberg	532 South Aiken Avenue Suite 520 Pittsburgh, PA 15232	412-621-5822	Ophthalmology
UPP Dept. of Surgery	1400 Locust Street Suite 3121 Pittsburgh, PA 15219	412-281-2255	General Surgery
UPP Dept. of Neurosurgery	200 Lothrop Street Suite B400 Pittsburgh, PA 15213	412-647-3685	Neurosurgery
Concentra	1600 West Carson Street Pittsburgh, PA 15219	866-862-4072	Physical Therapy
Align Networks Chiro Network	Call Toll Free for Closest Location	1-844-284-2525	Chiropractic
One Call Care Management	Call Toll Free for Closest Location	1-800-872-2875	MRI
Express Scripts Inc.	Call Toll Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

(06/27/2016)

**Robert Morris University - Pittsburg (15225)**

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WC Policy:WC1000007675-2016

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2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers.
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4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area Of Specialty</u>
MedExpress Urgent Care	5944 Steubenville Pike McKees Rocks, PA 15136	412-787-3508	Occupational Medicine
Concentra Medical Center	4390 Campbells Run Road Pittsburgh, PA 15205	412-429-9675	Occupational Medicine
Dr. Brian M Ernstoff	300 Halket Street Suite 1700 Magee-Womens Hospital Pittsburgh, PA 15213	412-901-2891	Physiatry
Tri Rivers Musculoskeletal Centers	9104 Babcock Blvd. Suite 2120 Pittsburgh, PA 15237	866-874-7483	Orthopedics
Orthopaedic Specialists - UPMC	9104 Babcock Blvd 5th Floor Pittsburgh, PA 15237	877-471-0935	Orthopedics
Sewickley Eye Center	27 Heckel Road Suite 211 McKees Rocks, PA 15136	412-777-4300	Ophthalmology
Surgical Associates of Sewickley	111 Hazel Lane Suite 100 Sewickley, PA 15143	412-741-8862	General Surgery
UPP Dept. of Neurosurgery	200 Lothrop Street Suite B400 Pittsburgh, PA 15213	412-647-3685	Neurosurgery
Concentra	4390 Campbells Run Road Pittsburgh, PA 15205	866-862-4072	Physical Therapy
Align Networks Chiro Network	Call Toll Free for Closest Location	1-844-284-2525	Chiropractic
One Call Care Management	Call Toll Free for Closest Location	1-800-872-2875	MRI
Express Scripts Inc.	Call Toll Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

(06/27/2016)

**Robert Morris University - Moon Twp (15108)**

YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY UPMC WORKPARTNERS

PO Box 2971, Pittsburgh, PA 15230

Fax: (412) 454-8717

To Report a Claim Call: 1-800-633-1197

WC Policy:WC100-0007675-2016A

Policy Effective Date:7/1/2016

**NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area Of Specialty</u>
MedExpress Urgent Care	8702 University Blvd Moon Township, PA 15108	412-299-3627	Occupational Medicine
UPMC Urgent Care	6500 Steubenville Pike Robinson Court Pittsburgh, PA 15205	412-788-1002	Occupational Medicine
Concentra Medical Center	4390 Campbells Run Road Pittsburgh, PA 15205	412-429-9675	Occupational Medicine
Dr. Brian M Ernstoff	300 Halket Street Suite 1700 Magee-Womens Hospital Pittsburgh, PA 15213	412-901-2891	Physiatry
Tri Rivers Musculoskeletal Centers	9104 Babcock Blvd. Suite 2120 Pittsburgh, PA 15237	866-874-7483	Orthopedics
Orthopaedic Specialists UPMC	1600 Coraopolis Heights Road UPMC West - Suite G1 Coraopolis, PA 15108	877-471-0935	Orthopedics
The Sewickley Eye Group	400 Broad Street Sewickley, PA 15143	412-741-4610	Ophthalmology
Surgical Associates of Sewickley	111 Hazel Lane Suite 100 Sewickley, PA 15143	412-741-8862	General Surgery
UPP Dept. of Neurosurgery	200 Lothrop Street Suite B400 Pittsburgh, PA 15213	412-647-3685	Neurosurgery
Concentra	4390 Campbells Run Road Pittsburgh, PA 15205	866-862-4072	Physical Therapy
Align Networks Chiro Network	Call Toll Free for Closest Location	1-844-284-2525	Chiropractic
One Call Care Management	Call Toll Free for Closest Location	1-800-872-2875	MRI
Express Scripts Inc.	Call Toll Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy



**NOTICE TO EMPLOYEES  
Health Care Provider Panel and Procedures**

**IN CASE OF A WORK INJURY OR ILLNESS:**

1. You must immediately report the injury or illness to your supervisor.
2. To report the injury/illness the employee's supervisor/manager is responsible for calling Human Resources at 412-397-6277. All injuries/illnesses must be reported to Human Resources no later than 24 hours after the injury/illness. All correspondence and bills must be directed to:

**UPMC WORK PARTNERS  
Claims Management Services  
PO Box 2971  
Pittsburgh, PA 15230  
Fax: (412) 454-8717**

3. To ensure that bills associated with medical treatment will be paid by UPMC Work Partners, you must select from one of the licensed physicians or health care providers listed below.

**If there are any questions concerning this notice, please call 1-800-633-1197.**

**REQUIRED NOTICE OF EMPLOYEE RIGHTS AND DUTIES**

- (1) The employee has the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- (2) The employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as treatment is obtained from a designated provider during the 90-day period.
- (3) The employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer.
- (4) The employee has the right to seek treatment from a referral provider if the employee is referred to him by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.
- (5) The employee has the right to seek emergency medical treatment from any provider, but that subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- (6) The employee has the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days.
- (7) The employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary.
- (8) The employee has the duty to notify the employer of treatment by a non-designated provider within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless that treatment is found to be unreasonable by a URO, under Subchapter C (relating to medical treatment review).
- (9) The employee has the right to seek an additional opinion from any health care provider, of the employee's choice when a designated provider prescribes invasive surgery for the employee. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.



## WORKERS' COMPENSATION INFORMATION

To All Employees:

The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer if self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place. It is also required to be posted in any areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer. Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a Workers' Compensation Judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, Pennsylvania 17104-2501  
Telephone No. within Pennsylvania: 1-800-482-2383  
Telephone No. outside of this Commonwealth: 717-772-4447  
TTY: 1-800-362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us), PA keyword: workers' comp

For a complete list of panel physicians, please contact your employer.

I, \_\_\_\_\_, employee of \_\_\_\_\_,  
(employer)

certify that I have been provided with, read, and understood the information set forth above consistent with the requirements of the Pennsylvania Workers' Compensation Act.

Date: \_\_\_\_\_

**Email this form to [wissingera@rmu.edu](mailto:wissingera@rmu.edu) or fax to 412-397-2555.**



**EMPLOYEE'S ACKNOWLEDGEMENT FORM UNDER  
SECTION 306(f)(1)(i) OF THE PENNSYLVANIA WORKER'S COMPENSATION ACT**

I recognize and agree that my employer has provided a list of at least six (6) designated health care providers, no more than two (2) of whom are coordinated care organizations and no fewer than three (3) of whom are physicians. Therefore, I acknowledge that I must treat with one of these health care providers for ninety (90) days from the date of my first visit. If I fail to treat with one of these designated health care providers, I understand that my employer will not be liable for the payment for services rendered during this ninety (90) day period. Subsequent treatment may be provided by any health care provider of my choice. However, I must advise my employer within five (5) days of my first visit to each and every non-designated health care provider. Failure to do so may affect whether my employer is liable for payment for services rendered prior to appropriate notice.

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

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee's Name (Print) \_\_\_\_\_ Employee Number \_\_\_\_\_

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Employer \_\_\_\_\_ Department \_\_\_\_\_

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Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email this form to [wissingera@rmu.edu](mailto:wissingera@rmu.edu) or fax to 412-397-2555.**