

**EMPLOYEE'S ACKNOWLEDGEMENT OF DESIGNATED PHYSICIAN PANEL**

I acknowledge that my employer has selected a list of 6 or more designated physicians and other health care providers, who are available to treat work-related injuries and illnesses during the first ninety (90) days of treatment. This list is attached on the following page of this form and is posted for me to view, at \_\_\_\_\_. I may also receive a copy of this list from: \_\_\_\_\_. My employer has provided the name, address, telephone number and area of medical specialty of each designated physician on the list. I've been provided written notice with my rights and duties under Section 306(F.L)(L)(I) of the Pennsylvania Workers' Compensation Act. These include:

**DURING THE FIRST 90 DAYS:**

- I have the right to receive reasonable and necessary medical treatment for my work injury or occupational illness.
- My employer must pay for the treatment, as long as the treatment is by one of the designated physicians;
- I have the right to choose which of the designated physicians will treat me for my work injury or occupational illness.
- I have the right to switch from one designated physician to another on the list;
- If I am referred by a designated physician to a non-designated physician, my employer shall provide for the treatment rendered by the referral designated physician;
- I have the right to seek emergency medical treatment from any physician, but I understand that subsequent non-emergency treatment must be rendered by a designated physician;
- If a designated physician recommends surgery, I have the right to obtain a second opinion from any physician of my choice. Should I elect to follow the treatment plan recommended by the non-designated physician, understand that I must obtain that treatment from a designated physician for 90 days from the date of the appointment with the non-designated physician.
- I have the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated physicians for the first ninety 90 days of treatment;
- I have the right during the 90-day period to seek medical treatment from a non-designated physician, but I understand that my employer may not be responsible to pay for these services. (Therefore, speak with your employer before seeking treatment from a non-designated physician);

**AFTER THE FIRST 90 DAYS:**

- I have the right to seek treatment from any health care physician and my employer must pay for such treatment if it is reasonable and necessary;
- I have the duty to provide my employer a notice within 5 days of my first treatment with a non-designated physician. My employer may not be required to pay for treatment until I have provided notice.

I hereby acknowledge that my employer has informed me of my rights and responsibilities.

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Employee Name

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Employee Signature

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Date

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Employee Name

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Employee Signature

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Date