



TO: Susquehanna Municipal Trust Members
RE: Workplace Injury Packet

Enclosed is a packet that has been prepared to assist you with managing workers' compensation claims. It is intended that you will modify language within the *[highlighted italic bracket sections]*, and any other language throughout the document, to customize it to the specific needs of your municipality. Keep multiple copies of the attached packet on hand, and provide the information packet to an employee at the time of a work-related injury.

- A. **Workers Compensation Benefits Letter** – Transfer this to your municipality's letterhead and update the highlighted areas as appropriate for your organization.
- B. **Workers' Compensation Work-related Injury or Illness - What's next?** – This handout outlines the steps for the injured employee to follow after experiencing a workplace injury.
- C. **Understanding Your Workers' Compensation Benefits Frequently Asked Questions** – A list of some common questions that an injured employee may have. Attach any relevant sections from your Personnel Policy as appropriate.
- D. **PA Department of Labor & Industry Bureau of Workers' Compensation Brochure**. This document provides an injured employee with an overview of the PA Workers' Compensation Act.
- E. **Panel of Physicians** – We've included a placeholder for Document E. Replace the sample with your municipality's Panel of Physicians. If you do not have a Panel of Physicians, remove the sample.
- F. **Workers' Compensation Employee Notification** – this form should be signed by the employee to verify that they have received and understand their rights and duties under the Workers' Compensation Act. A copy should be kept in the employee's personnel file.
- G. **PA Worker's Compensation Claim Flowchart** – A step-by-step overview of the claim process as provided by the PA Bureau of Workers' Compensation.
- H. **Workers' Compensation Claims Contacts** – A list of the claims representatives at Inservco, the company that processes workers' compensation claims for your municipality.
- I. **KeyScripts** – A prescription medication program that allows an injured employee to have prescriptions and supplies covered and paid for under their workers' compensation claim. The card can be activated by you or your employee by following the directions on the form. Write the claim number assigned by Inservco once the First Report of Injury (FROI) is entered into the online system.
- J. **SMT Insurance Card Template** – make copies of this template to keep on hand. Prints best on Avery 28878 Clean Edge Business Cards 2" x 3.5", 10/page. An employee should receive one (1) card with their packet at the time of injury. Write the claim number on the card for the employee.

These materials are also provided for you on the Susquehanna Municipal Trust website in the Members Only portal at www.smtpa.org. Please contact a SMT team member should you have any questions or require assistance! Thank you.

Mailing Address: P.O. Box 5406, Lancaster, PA 17606-5406 / **Street Address:** 201 E. Oregon Road, Lititz, PA 17543
Phone 717.723.4600 / Toll-Free 888.400.4647
www.smtpa.org



[Municipality Letterhead]

TO: Injured Employee
FROM: [Municipality Name / Employer]
RE: Workers' Compensation Benefits Letter

We understand that you have been injured in the course of your employment and have filed a claim for workers' compensation benefits. We want to ensure that you receive the best possible care and that this claim goes smoothly for you. Our goal is to provide you with the necessary information to see you through this process. Please review the information below and the information contained in this packet. Please don't hesitate to let us know if you have any questions.

1. Report the incident and work-related injury with [designated benefits individual in your organization].
2. [The designated benefits individual within your organization] will file a First Report of Injury (FROI) with our workers' compensation administrator, Inservco Insurance Services. You will then be assigned a claim number.
3. If you are seeking medical treatment, choose a designated medical provider from the posted Panel of Physicians (see [Document E](#)). Be sure to tell the medical provider that this is a work-related injury and a workers' compensation claim.
4. If you need prescription medications, please do NOT use your health insurance card. As soon as a claim number is established for your claim, you will be provided with a Keyscripts benefits card to be used to purchase prescription medication. Please see the Keyscripts information in this packet (see [Document I](#)).
5. During the course of your injury claim, please continue to provide a copy of all medical reports and invoices from all medical providers to:
Inservco Insurance Services, Inc.
PO Box 3899
Harrisburg, PA 17105-3899
Phone: 1-800-356-0438

If you wish, submit the medical reports and invoices to [designated benefits individual within your organization], and they will forward it to Inservco for you.

6. If you are disabled from work by a physician, you may be entitled to workers' compensation indemnity benefits. More information is located in this packet (see [Document C](#)).
7. If you are disabled from work, you are required to check in with [your supervisor or designated benefits individual within your organization] on at least a [bi-weekly] basis to provide a status of your recovery and expected return to work.
8. Additional answers to frequently asked questions are provided in this packet (see [Document C](#)).
9. For specific questions regarding your workers' compensation claim, please contact an Inservco Insurance Services claims representative on the Inservco contact sheet attached ([Document H](#)).
10. Please continue to regularly communicate with us, your medical provider, and the Inservco representative as your worker's compensation claim and your recovery progresses.



WORKERS' COMPENSATION

Work-related injury or illness - What's next?

REPORT THE INCIDENT IMMEDIATELY:

Report the injury to your employer immediately, or as soon as possible, regardless of whether or not you seek medical treatment. Your employer will submit a First Report of Injury (FROI) with the workers' compensation insurance administrator, Inservco Insurance Services ([Document H](#)). You will then receive a claim number and a Keyscripts prescription card for your workers' compensation claim expenses. Use these when seeking medical treatment and purchasing prescriptions for your work-related illness.

MEDICAL TREATMENT:

Seek appropriate medical treatment, if needed. You do not have to seek medical treatment immediately. You can wait a few days for treatment, or you may decide to not go at all.

Emergency Medical Treatment:

In the case of an emergency, call 911 or seek treatment with a physician or at a medical facility immediately. There are no Physicians Panel list requirements in the case of an emergency. Report your injury to your employer as soon as possible.

No Medical Treatment Required:

If you declined treatment, do not need treatment, or only require basic First Aid at this time, still report your injury to your employer immediately or as soon as possible. Your First Report of Injury (FROI) is filed with Inservco, through your employer, and treated as informational only. If you later feel that you should see a doctor, please contact your employer, and you will be directed to a medical facility approved for you to receive appropriate care.

Non-Emergency Medical Treatment Required:

If you require more than basic First Aid, please seek medical treatment with one of the medical providers listed on the Panel of Physicians ([Document E](#)) posted in the workplace by your employer. The PA Workers' Compensation Act gives employers the right to establish a list of designated health care providers. When the list is properly posted, injured employees must seek treatment for the work-related injury or illness with one of the designated providers for the first 90 days of treatment following a work-related injury. If a Panel of Physicians is in place, but you decide to seek treatment elsewhere, the medical bills will not be paid through your workers' compensation claim. Report your injury to your employer immediately or as soon as possible.

Be sure to tell the treatment provider that this is a work-related injury and provide all of the details associated with what and how it happened. It is critical that you provide this information to ensure the

provider will file this as a workers' compensation claim. If they do not file it as a workers' compensation claim, your claim may be delayed or denied. Always double check.

SUBMIT BILLS AND MEDICAL REPORTS:

All medical bills and reports should be submitted with the claim number to:

Inservco Insurance Services, Inc.
PO Box 3899
Harrisburg, PA 17105-3899

REMINDERS:

Your workers' compensation claim and payments will go smoothly if you remember to:

- Report your injury immediately to your employer.
- Seek medical treatment from a medical provider listed on your workplace Panel of Physicians.
- Communicate with your employer regularly throughout your claim and provide them with regular updates on your injury and work status.

Your benefits could be delayed or denied if you do not notify your employer of your injury in a timely manner.



Understanding Your Workers' Compensation Benefits Frequently Asked Questions

Your employer provides workers' compensation benefits in accordance with the Pennsylvania Workers' Compensation Act. Your employer is a member of the Susquehanna Municipal Trust, a self-insured workers' compensation insurance fund. Workers' compensation claims are administered by Inservco Insurance Services.

The following information is provided to help with questions you may have about your workers' compensation claim and benefits.

❖ **I've just been injured, or I think I may have been injured, on the job. What should I do?**

Report the injury to your employer immediately or as soon as possible. Any time there is an incident, a report should be made, whether or not medical treatment is needed. An employee who has properly reported an incident, but may not seek medical treatment until later, has protected their rights to file a workers' compensation claim for benefits. An accident or injury that is not reported for several weeks may be denied.

❖ **If I need medical attention, who chooses the doctor?**

The PA Workers' Compensation Act gives employers the right to establish a list of designated health care providers. When the list is properly posted in the workplace, injured employees must seek treatment for the work-related injury or illness with one of the designated medical providers for the first 90 days of treatment. Please see the posted Panel of Physicians (see [Document E](#)) for a list of approved doctors. If the incident is an emergency, call 911.

❖ **If the doctor gives me a prescription, what should I do?**

Do not use your health insurance for prescriptions associated with your work-related injury or illness. Please use the Keyscripts prescription card (see [Document I](#)) once your claim is established. Simply follow the instructions on the card. If you need a prescription right away or outside of business hours prior to receiving the Keyscripts card, you can pay out-of-pocket. Keep your receipts, and you will be reimbursed.

❖ **Where should my doctor and medical providers submit their bills and reports?**

All medical bills and reports should be submitted, with claim number, to:

Inservco Insurance Services, Inc.
PO Box 3899
Harrisburg, PA 17105-3899
Phone: 1-800-356-0438

❖ What if the treating physician releases me to work with restrictions?

If the physician indicates that you can return to work with physical restrictions, you must contact your employer immediately. Your employer will determine whether or not work is available within your physical restrictions. Failure to return to duty with restrictions, when it is available, could reduce the workers' compensation benefits to which you may be entitled.

❖ What if the medical provider says I am unable to return to work due to the work-related injury?

All time missed due to a work-related injury must be authorized by a medical provider(s). You must contact your employer immediately after each appointment and inform them of your status. You must attend all medical treatment appointments that the medical provider or the workers' compensation claims adjuster schedules for you.

❖ Will I be paid if I can't return to work?

Yes. If a physician has disabled you from work and it has been determined that you sustained a work-related injury in the course of your employment, you may be entitled to workers' compensation benefits. Workers' compensation benefits are approximately 66 2/3% of your average weekly wage (not taxable). Per the Pennsylvania Workers' Compensation Act, there is a 7-day waiting period until you receive workers' compensation benefits. Workers' compensation benefits are retroactive, so if you are off work more than thirteen (13) days due to a work-related injury, you will be paid for the first seven (7) days. Workers' compensation checks are issued by Inservco Insurance Services on a bi-weekly basis. Please see your employer's personal policy regarding eligible benefits or pay, if any, for the days during and following a waiting period for a potential workers' compensation claim.

❖ What should I do if I receive bills for my Workers' Compensation injury?

Immediately provide your employer with all bills related to your work-related injury. Your employer will forward your bills to Inservco Insurance Services for payment. Medical bills are paid once a report is received from the provider that confirms the bills are related to your work-related injury.

❖ Do I have to file a claim with an attorney to receive workers' compensation benefits?

No, you do not need to file a claim with an attorney to receive workers' compensation benefits. Once you report the incident to your employer and fill out the First Report of Injury (FROI), the claim is filed with Inservco Insurance Services and with the PA Department of Labor & Industry, the Bureau of Workers' Compensation. A representative from Inservco Insurance Services will conduct a thorough investigation of your claim including:

- A thorough investigation of the events surrounding the incident
- A call to your supervisor, co-workers, and witnesses to the incident or injury for a statement
- Contacting you to discuss the incident and take a statement

If the claims adjuster concludes that you **sustained a work-related injury within the course and scope of your employment and a physician has disabled you from work**, you will receive workers' compensation indemnity benefits.

The workers' compensation law mandates that a decision on the compensability of your claim be made within twenty-one (21) days of the date that you reported your injury. The claims adjuster will either:

- Accept your claim as compensable and issue either a Notice of Compensation Payable form LIBC-495 or a Notice of Temporary Compensation Payable form LIBC-501 (this form gives the claims adjuster 90 days to make a final determination on the compensability of your claim); or
- Deny your claim and issue a NOTICE OF WORKERS' COMPENSATION DENIAL form LIBC-496

❖ What can I do if my claim is denied and I disagree with the denial?

If your claim is denied, 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 at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone number within Pennsylvania (800) 482-2383
Telephone number outside of this Commonwealth (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
Website: www.state.pa.us / PA Keyword: workers comp

❖ Where can I find information on my rights and duties?

In this packet, you will find a copy of "Workers' Compensation and the Injured Worker" as supplied by the PA Department of Labor & Industry, Bureau of Workers' Compensation. Or, for more information go to <https://www.dli.pa.gov/Individuals/Pages/Individual-Services.aspx>.

This brochure is a general guide for injured workers on the Pennsylvania Workers' Compensation Act for work injuries and illnesses occurring on or after June 24, 1996. This is general information only and does not represent official interpretations of the law. Injured workers are encouraged to discuss questions and concerns regarding the workers' compensation law and the additional options with legal counsel.

What is workers' compensation?

If you sustain a job injury or a work-related illness, the Pennsylvania Workers' Compensation Act, or Act provides payment for your medical expenses and, in the event you are unable to work, wage-loss compensation benefits until you're able to go back to work. Additionally, death benefits for work-related deaths are paid to your dependent survivors.

Benefits are paid by private insurance companies (also includes third-party administrators) or the State Workers' Insurance Fund (a state-run workers' compensation insurance carrier) or by self-insured employers.

Are you covered?

Nearly every Pennsylvania worker is covered by the Act. Employers must provide workers' compensation coverage for all of their employees, including seasonal and part-time workers. Nonprofit corporations, unincorporated businesses and even employers with only one employee must comply with the Act's requirements.

Some employees are covered by other compensation laws, including federal civilian employees, railroad workers, longshoremens, shipyard and harbor workers. Others who may not be covered include volunteer workers, agricultural laborers, casual employees, domestics and employees who have been granted a personal religious exemption from the Act. Certain types of executive officers of corporations may elect exemption from the Act. A worker should seek further information if there is any doubt as to coverage.

If you learn that your employer does not have insurance or is not self-insured for workers' compensation, you may be eligible for benefits from the Uninsured Employer Guaranty Fund. For details, see our website (www.dli.pa.gov) or call the Bureau of Workers' Compensation, toll free, at 800-482-2383 or locally and outside Pennsylvania at 717-772-4447.

What is covered?

If your work causes an injury, illness or disease, you may be entitled to WC. No compensation shall be paid when an injury or death is intentionally self-inflicted, or is caused by an employee's violation of the law including, but not limited to, the illegal use of drugs. An injury or death caused by intoxication also may not be covered.

When am I covered?

Coverage begins on the date of hire. Medical benefits are payable from the first day of injury; payment of lost wages is addressed on Page 3.

How do I get the benefits?

Prompt reporting is the key. Report any injury or work-related illness to your employer or supervisor immediately. You must tell your employer that you were injured in the course of employment and inform your employer of the date and place of injury. Failure to notify the employer can result in the delay or denial of benefits. Once you have lost a day, shift or turn of work, your employer is required to report your injury to the Bureau of Workers' Compensation by filing a first report of injury.

The employer may choose to either accept or deny the claim. If your claim is denied, you have the right to file a claim petition with the bureau for a hearing before a WC judge.

What are the benefits?

The law provides several types of workers' compensation benefits:

Payments For Lost Wages

Wage-loss benefits are available if it is determined that you are totally disabled and unable to work or partially disabled and receiving wages less than your pre-injury earnings. Please see the Total and Partial Disability Benefits Status section for further information as to disability status.

Death Benefits

If the injury results in death, surviving dependents may be entitled to benefits.

Specific Loss Benefits

If you have lost the permanent use of all or part of your thumb, finger, hand, arm, leg, foot, toe, sight, hearing or have a serious and permanent disfigurement on your head, face or neck, you may be entitled to a specific loss award.

Medical Care

Employers are responsible for advising workers of their rights and duties under Section 306(f.1)(1)(i) of the Act. The written notice of these rights and duties is to be provided to the employee at the time of injury or as soon after the injury as is practicable.

In the event of a work-related illness or injury, you are entitled, if covered under the Act, to the payment of related reasonable surgical and medical services rendered by a physician or other health care provider.

Medicine, supplies, hospital treatment and services, orthopedic appliances and prostheses are also covered for as long as they are needed. (To assure payment of medical services, see the Choice of Doctor section.) Even if you have lost no time from work, health care costs for a work-related injury or illness are payable at the fee schedule rate. However, an employee may not be charged the difference between the health care provider's charge and the amount paid by the employer or its insurance carrier. In other words, there can be no balance billing to you.

If you seek medical treatment outside Pennsylvania, you may be subject to the risk of balance billing by the medical provider. You should discuss this with your medical provider prior to initiating treatment.

Choice of Health Care Provider

You are free to choose your own health care provider to treat your work injury unless the employer accepts your claim and has posted in your workplace a list of six or more physicians or health care providers. You are required to visit a provider on the list for initial treatment. You are to continue treatment with that provider or another on the list for a period of 90 days following the first visit. You may see any provider on the list; your employer may not require or direct you to any specific provider on the list.

If a listed provider prescribes invasive surgery, you are entitled to a second opinion that will be paid for by your employer/insurer. Treatment recommended as a result of the second opinion must be provided by a listed provider for 90 days.

If during the 90-day period you visit a provider(s) not on the list, your employer or your employer's insurance carrier may refuse to pay for such treatment. After the 90 days, and in situations where your employer has no posted list or an improper list, you may seek treatment with any physician or other health care provider you select. You must notify your employer of the provider you have selected. During treatment, the employer or the employer's insurance carrier is entitled to receive monthly reports from your physician or provider.

Injured workers should be advised that your health care providers may need information concerning your claim. Some of this information may be contained in correspondence you receive from your insurance carrier, and you may want to provide copies of letters or forms to your health care provider.

Once you begin receiving WC benefits, the employer/insurer has the right to ask you to see a doctor of their choice for examination. If you refuse, the employer is entitled to request an order from the WC judge requiring you to attend an examination. Failure to then attend may result in a suspension of your benefits.

Occupational Disease

Occupational diseases under the Act are covered if caused by or aggravated by employment. Your disability must occur within 300 weeks of your last employment in an occupation where you were exposed to the hazard.

For certain lung diseases, you must have worked in an occupation with a silica, coal or asbestos hazard for at least two years in Pennsylvania during the 10 years prior to your disability.

Total and Partial Disability Benefits Status

Total Disability Benefits Status

Applies to injured workers for a period during which they are considered totally disabled and unable to work. After 104 weeks of such status, the employer/insurer can require a medical examination to determine if the employee is at least 35 percent impaired based upon his/her work injury according to American Medical Association standards. If the 35 percent threshold is not met, the employee's status can change to partial disability.

Partial Disability Benefits Status

This benefit status is for a maximum of 500 weeks. If, while on partial disability status, you obtain a qualified impairment-rating physician's determination of impairment that is equal to or greater than 35 percent, you may file a petition for reinstatement of total disability status.

Partial disability of up to 500 weeks of benefits are paid if you can, or do, return to work at a lower paying job within work-related restrictions or you are found not totally disabled.

How much are the payments for lost wages?

Wage-loss benefits are equal to approximately two-thirds of your average weekly wage, up to a weekly maximum. WC wage-loss benefits can be offset for 50 percent of Social Security (old age) benefits, the employer-paid portion of a retirement pension, severance pay, unemployment compensation or other earnings the employee receives. The law does not allow for a cost-of-living increase.

There are several different ways to calculate the average weekly wage under the Act. The minimum compensation rate is the lower of 90 percent of the workers' average weekly wage or 50 percent of the statewide average weekly wage.

Reporting Wages and Other Benefits Received

Under the Act, any worker who has filed a petition for total or partial disability benefits or who is receiving such benefits is required to report, in writing to the insurer, any information that is relevant in determining entitlement to, or amount of, compensation including, but not limited to, information

Workers' Compensation & the Injured Worker is published by the Dept. of Labor & Industry, Bureau of Workers' Compensation, 1171 S. Cameron St., Room 324, Harrisburg, PA 17104-2501

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov

regarding the receipt of wages from another employer or from self-employment. The worker is obligated to cooperate with the carrier in an investigation of employment, self-employment, wages and physical condition.

Insurance Fraud is a Crime

The above-mentioned reports and other WC forms must be honestly completed to avoid violating PA fraud provisions.

When are wage-loss payments made?

You must be disabled more than seven calendar days (including weekends) before WC payments for disability are payable. Benefits for time lost from work are payable on the eighth day after injury. Once you have been off work 14 days, you receive retroactive payment for the first seven days.

If you report the injury promptly, miss more than seven days of work and your claim is accepted by the insurance carrier, you should receive your first compensation check within 21 days of your absence from work. After that, you will receive a check on a regular basis.

Payments of temporary compensation may be made by your employer or the insurance carrier for up to 90 days, even if your claim is not accepted by your employer or its insurance carrier. If your employer or the company's insurance carrier advises you that it will not continue your temporary compensation checks past 90 days, or if they deny your claim, you have the right to file a claim petition with the Office of Adjudication for a hearing if you believe you are entitled to benefits.

Offer of Employment

If, after you begin to receive benefits, your employer has evidence to prove that employment is available to you, within your medical restrictions and in your local area, you may receive an offer of employment.

If you decline the job offer, the employer may then petition a WC judge to either reduce or stop your wage-loss benefits based upon that job. The insurer/employer must continue to pay benefits during the hearing process unless the judge orders otherwise.

In open hearings, the judge will hear and receive medical evidence, both from you and your insurer/employer, on the availability of the work and your ability to do it, before rendering a decision.

When Wage-Loss Payments Stop

Wage-loss benefits can be stopped by an employer/ insurer that has evidence that you have returned to work at wages equal to or more than your earnings level prior to the injury and after providing a timely notice of that fact. If you are receiving temporary compensation benefits during the 90 days following the report of injury, the insurance carrier/ employer may notify you they are stopping benefits because they are not accepting the claim of a work-related injury.

Other reasons that benefits may be stopped include, but are not limited to: a WC judge stopped benefits after a hearing; the employee signs either a supplemental

agreement or an agreement to stop workers' compensation (commonly referred to as a final receipt); the 500-week period of partial disability status expires.

What if there is a problem?

If you think you haven't received benefits that you are due, contact your employer or your employer's insurance carrier. The insurance carrier is allowed 21 days from your notice to the employer of your disability to decide to accept or deny your claim or to make payments of temporary compensation for up to 90 days.

Cooperative communication with your insurance carrier and employer is recommended. If the problem is not resolved, it may be necessary for you to file a petition with the Office of Adjudication. Forms can either be obtained online at www.dli.pa.gov or through the Claims Information Helpline at 800-482-2383. The Office of Adjudication is responsible for resolving disputes by assigning petitions to WC judges who decide each case after holding hearings on the issues.

Time Limits

Unless an employer has knowledge of the injury or the employee gives notice to the employer within 21 days of the injury, no compensation is due until notice is given. Notice must be given no later than 120 days after the injury for compensation to be allowed. If your request for WC benefits is denied by your employer or your employer's insurance carrier, you have three years from the date of injury to file a claim petition.

In occupational disease cases, injury/disability must occur within 300 weeks from the date of last employment in an occupation in which you had exposure to a hazard, and a petition must be filed no later than three years from the date of injury/disability.

Failure to file a petition on a timely basis may result in forfeiture of your right to benefits.

If your benefits were terminated, you may file a petition to reinstate WC benefits within three years after the date of your most recent WC check.

If your benefits were suspended, you may file a petition to have benefits reinstated. This petition must be filed within 500 weeks from the date of suspension.

Payment of medical benefits by your employer does not mean that your claim has been accepted or reopened.

Alternative Dispute Resolution

In alternative dispute resolution, a WC judge helps the parties settle the case by talking through their differences. Alternative dispute resolution may take the form of mediation, settlement conference or informal conference.

If either you or your employer files a petition with the Office of Adjudication, the WC judge will schedule mediation unless a judge determines it would be futile. If the case does not settle at this mediation, the parties may resume mediation or a settlement conference later in the proceedings. The parties may also request mediation or a settlement conference later in the proceedings if the judge had previously found mediation to be futile.

You may also request an informal conference to try to resolve your issues. If you are not represented by an attorney at an informal conference, your employer is not entitled to be represented either. Informal conference forms are available online at www.dli.pa.gov or through the Bureau of Workers' Compensation Claims Information Helpline at 800-482-2383.

Do I need an attorney?

You may represent yourself in WC proceedings, but a non-attorney cannot represent you. However, you should be aware that WC litigation is complex, and your employer or your employer's insurance carrier will be represented by an experienced attorney. If you hire an attorney, you should discuss fee and cost arrangements. The fee agreement must be approved by a WC judge or the Workers' Compensation Appeal Board. Your local bar association, or the Pennsylvania Bar Association's Lawyer Referral Service at 800-692-7375, can help you find an attorney.

Appeals

WC judge decisions can be appealed to the Workers' Compensation Appeal Board and then to Commonwealth Court. You will be informed of appeal rights upon receiving the WC judge's decision.

Other Benefits

If the injury is a very serious one where you won't be able to work for a year or more you may be eligible for additional disability benefits from Social Security. For information, visit the Social Security Administration's website at www.socialsecurity.gov or contact your nearest Social Security Administration office.

General Information

If you require a special accommodation to participate in a hearing due to a physical impairment, or need a sign language interpreter or an interpreter for your own language other than English, without cost, request one online at www.dli.pa.gov or contact the Bureau of Workers' Compensation Helpline and describe the accommodation:

Email: ra-li-bwc-helpline@pa.gov

Helpline voice telephone numbers:

toll free in Pennsylvania: 800-482-2383

local and outside Pennsylvania: 717-772-4447

Only people with hearing loss:

PA Relay 7-1-1

You may also ask your employer or supervisor for information on WC or contact your employer's WC insurance carrier, your union or an attorney.

The WC Act is available on the department website at www.dli.pa.gov.

Panel of Physicians

[TOWNSHIP / BOROUGH NAME]

INSERVCO INSURANCE SERVICES, INC.

Workers' Compensation Program: Designated Health Care Providers

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

If you suffer a work-related injury, immediately report the injury to your supervisor. Failure to do so may delay your benefits or may cause you to lose your rights to benefits. For necessary medical treatment and supplies to be paid by your employer:

- All treatment must be obtained from one of the healthcare providers listed below.
- You must continue to visit one of the healthcare providers listed below if you need treatment for 90 days from the date of your first visit. If one of the providers listed below refers you to another licensed specialist, those services will be paid.
- After this 90-day period, if you still need treatment, you may go to another healthcare provider for treatment as long as you notify your claims adjuster within five (5) days of your visit to a new provider.
- If a listed physician prescribes invasive surgery, you have the right to obtain a second opinion from a physician of your choice. If a second opinion differs from that of the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a detailed treatment plan. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.

If you are faced with a medical emergency, you may secure initial emergency treatment from any emergency facility. However, when the emergency is resolved, follow-up treatment must be obtained from one of the following healthcare providers. If you choose to treat with an out-of-state or non-panel provider, you may be subject to balance billing.

NAME OF PROVIDER	STREET	CITY, STATE, ZIP	PHONE	SPECIALTY
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LIST BELOW:

[PROVIDERS NAMES]

[PROVIDERS LOCATIONS]

[PROVIDERS SPECIALTIES]

FOR PRESCRIPTION MEDICATIONS AND DURABLE MEDICAL EQUIPMENT OR TO SCHEDULE PHYSICAL THERAPY, CHIROPRACTIC AND DIAGNOSTIC IMAGING APPOINTMENTS, AND LOCATIONS CLOSE TO YOU, PLEASE CALL KEYSERSCRIPTS AT 1.866.446.2848.

All of your healthcare provider bills and reports need to be sent to the following address for review and payment in accordance with the Pennsylvania Workers' Compensation Act:

Inservco Insurance Services, Inc.
P.O. Box 3899
Harrisburg, PA 17105-3899
Phone: 1.800.356.0438
Fax: 1.866.356.0438

For Use Beginning August 23, 1996

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider, however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for treatment rendered by the provider whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days after the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKER'S COMPENSATION ACT AS SET FORTH HEREIN.

DATE: _____

Employee

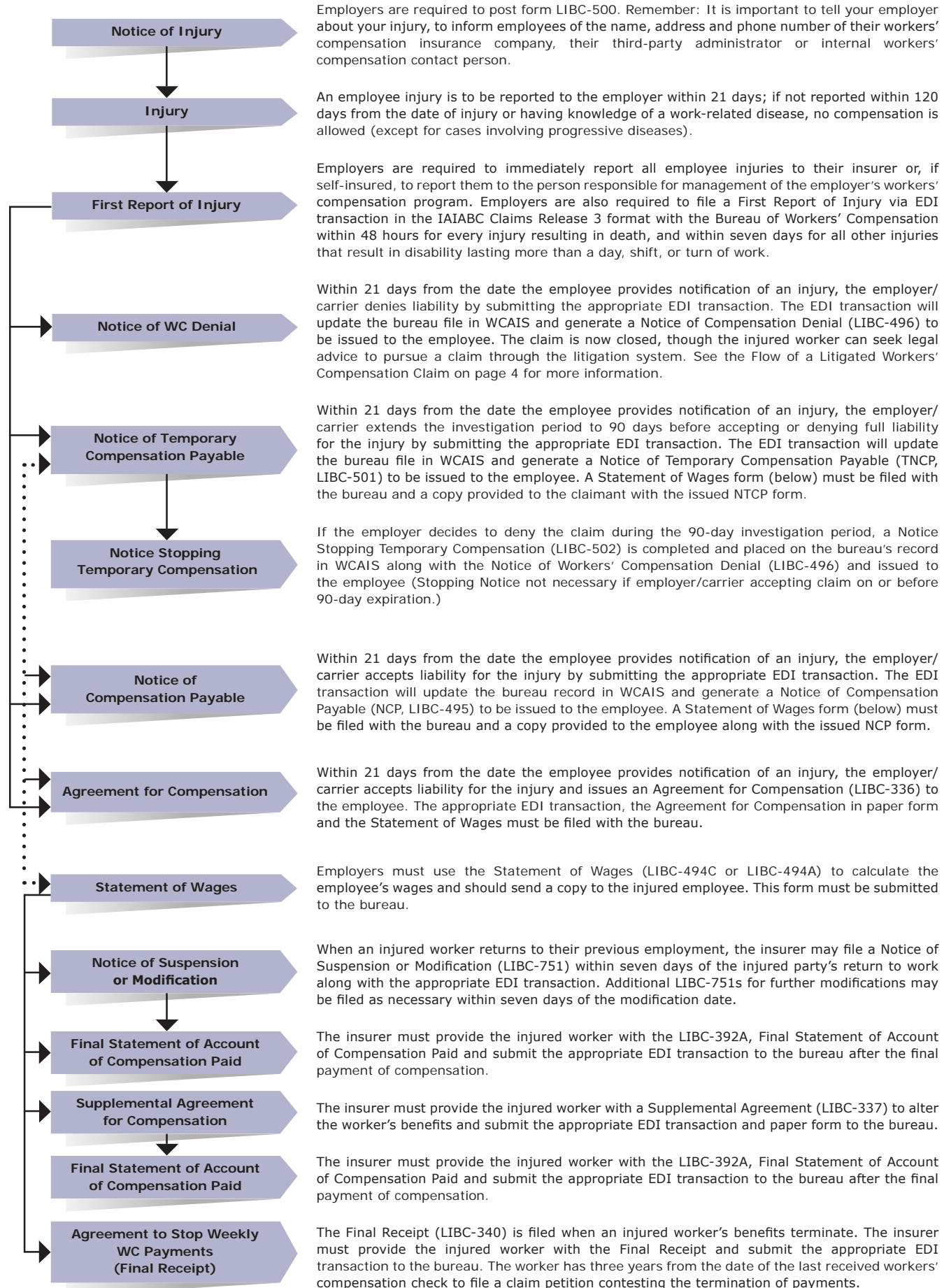
EMPLOYEE RE-NOTIFICATION

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Worker's Compensation Act. I have received a copy of this Worker's Compensation employee notification form.

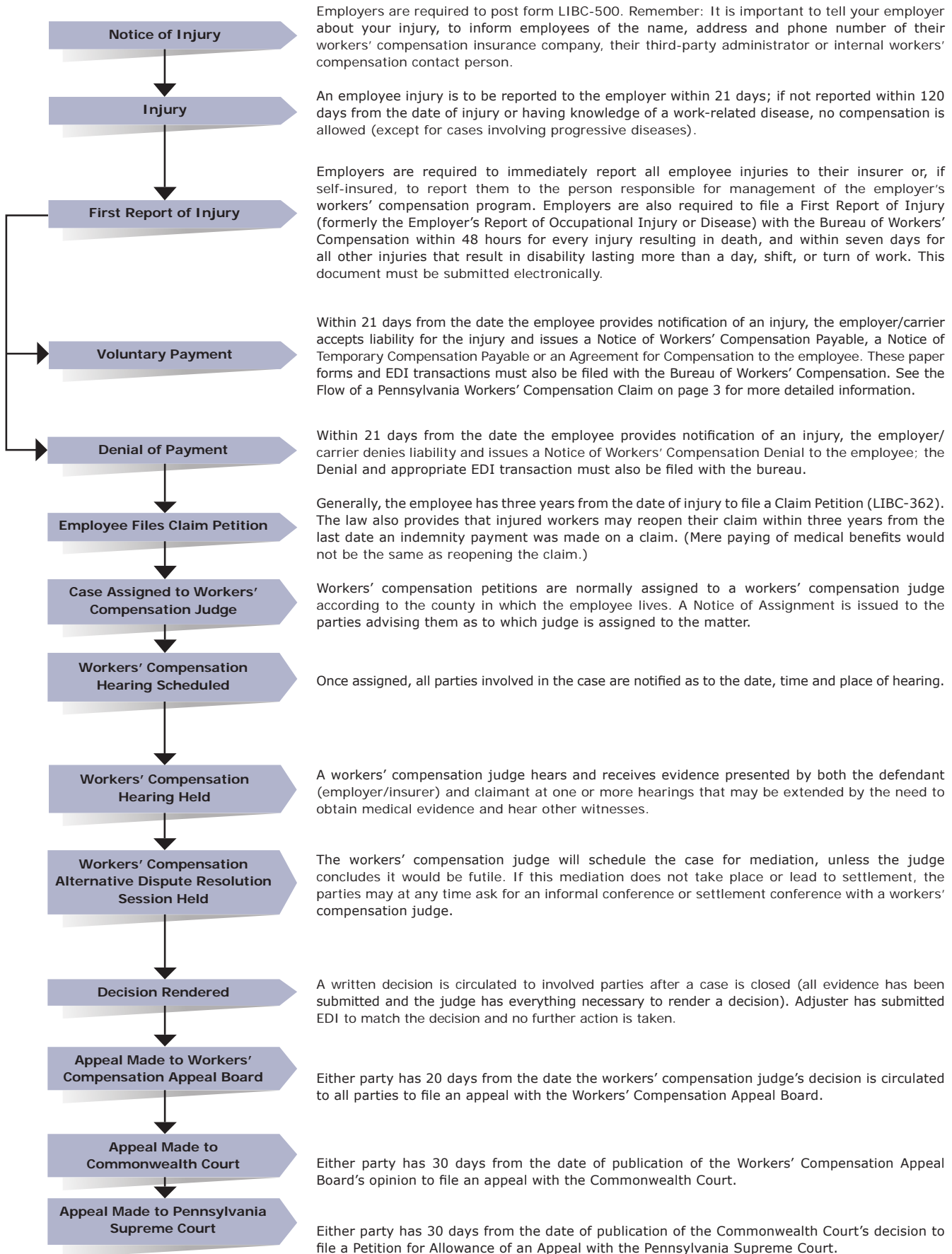
DATE: _____

Employee

The Flow of a Pennsylvania Workers' Compensation Claim



The Flow of a Pennsylvania Workers' Compensation Claim (Litigated)





Workers' Compensation Claims Contacts

Your employer's workers' compensation insurance coverage is provided through the Susquehanna Municipal Trust, a self-insured workers' compensation consortium of municipalities throughout eastern and central Pennsylvania.

The Trust's workers' compensation claims are handled by Inservco Insurance Services. If, at any time, you have questions regarding your claim, please contact:

INSERVCO INSURANCE SERVICES, INC.

PO Box 3899
Harrisburg, PA 17105-3899
(800) 356 - 0438
Fax (866) 356 - 0438

Sharon L. Monahan, Claims Technical Specialist at 1-800-356-0438 Ext. 4061 or smonahan@pnat.com

Anna R. Noblit, Claims Representative at 1-800-356-0438 Ext. 4049 or anoblit@pnat.com

Susquehanna Municipal Trust at www.smtpa.org

PA Department of Labor & Industry, Bureau of Workers' Compensation:

E-MAIL: ra-li-bwc-helpline@pa.gov

WC CLAIMS INFORMATION HELPLINE

Toll free inside PA: 1-800-482-2383

Local calls and calls from outside PA: 717-772-4447

<https://www.dli.pa.gov/Individuals/Workers-Compensation/Pages/Contact-Information.aspx>

INSTRUCTIONS FOR WORKERS' COMPENSATION PRESCRIPTION BENEFIT CLAIMS

To the Card Holder:

The attached Prescription Benefit Card contains important information about your employer's prescription drug plan, and you must present it to your pharmacist when filling any prescription related to your work injury. The card requires activation by telephone. Once activated, it will authorize you to obtain only those medications that are directly related to your work injury. If your employer has called to activate your card, they will either fill in the required information on the card or provide you with the information needed to complete it. If your employer has not called to activate your card, you must call to activate the card prior to taking it to the pharmacy. When you call, you will be asked to provide your name, date of birth, employer's name and telephone number, and the date of injury. Please have this information available when you call.

CALL 1.866.446.2848 TO ACTIVATE YOUR CARD, OR IF YOU NEED MEDICAL EQUIPMENT & SUPPLIES


At the time of your call, write the ID number provided to you on your Prescription Benefit Card. Upon completion of your call, your card will be immediately activated. You may then take it to your pharmacy, and your prescription(s) will be filled subject to the following conditions:

- Your prescription(s) must be related to your work injury; should you attempt to use this card for any other prescriptions, it will become your responsibility to pay for them.
- There may be limitations on how much of your prescription can be filled, and our staff may need to review certain information before filling your prescription. We will let your pharmacist know if this is the case.
- All compound medications must be preauthorized before the pharmacy can fill the prescription.
- Your prescription plan requires the pharmacist to fill prescriptions from a list of generic drugs (if one is available), unless the physician has specified that the drug must be dispensed as written (with no substitution allowed, or otherwise required by law), so you may see a change in the actual drug you receive.

Please avoid having any prescription related to your work injury filled directly by the prescribing physician's office, as most physicians do not accept prescription benefit cards similar to KeyScripts' for billing purposes. You may visit the KeyScripts network pharmacy of your choice, which includes all major retail pharmacies, such as CVS, Rite Aid, Target, Walgreens and Walmart. You can quickly find your nearest KeyScripts network pharmacy by using the *Find A Pharmacy* link on our home page, at www.keyscripits.com, or you may call our toll-free customer service center at 1.866.446.2848.

Here is your KeyScripts Prescription Benefit Card containing important claims and customer service information for you and your pharmacist. After activation, detach the lower portion of this letter and present it to your pharmacist when filling your prescription.

Detach Here

 <p>For customer service, call toll free, at 1.866.446.2848</p> <p>Bin #: 009430 Group ID: INSV0030</p> <p>Employee Name: _____</p> <p>Employee ID: _____</p> <p>Workers' Compensation Prescription Benefit Card</p>	<p>To the Employee: Present this card to your pharmacy of choice for any prescription drug related to your workers' compensation injury. This card is for identification purposes only, and your pharmacist may require additional/photo identification at time of fill. Unauthorized or fraudulent use of this card is punishable by law. We reserve the right to revoke this card at any time.</p> <p>To the Pharmacy: Submit claims via the ProCare System only for the person for whom the prescription was written. All compound medications must be preauthorized.</p> <p style="text-align: center;">ProCare RX 1267 Professional Parkway, Gainesville, GA 30507 Pharmacy Help Desk 1.800.377.1037</p>
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KEYSCRIPTS PRESCRIPTION CARD INSTRUCTIONS

- Employer reports the injury on line to Inservco.
- Employer provides the temporary prescription card to the injured employee.
- Employer/employee calls 1-866-446-2848 to activate the card prior to going to the pharmacy.
- First fills of prescriptions will be filled that are in the workers compensation formulary for a 21 day supply.
- Drugs that are determined not related to the injury will be denied after the first 21 day fill.
- Pre authorized drugs will be filled for a 7 day supply only. If we later determine these prescriptions are not related to the injury no more will be filled after the first 7 day supply.
- A permanent card will be issued to the employee after the claim is confirmed compensable.



<p>Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438</p> <p>Claim Number _____</p>	<p>Inservco Insurance Services, Inc. PO Box 3899 Harrisburg, PA 17105-3899 1-800-356-0438</p> <p>Claim Number _____</p>
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