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 Information and Notification of Rights & Duties** – These forms should be signed by the employee to verify that they have received and understand their rights and duties under the Workers' Compensation Act. Copies 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.

A

[Municipality Letterhead]

TO: *[Injured Employee Name]*
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**) as adopted by your employer. 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 determined 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.

B

SUSQUEHANNA MUNICIPAL TRUST
A regional workers compensation self-insured trust

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 Panel of Physicians 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 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 for a Panel of Physicians as adopted by your employer.

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**) as adopted by your employer. The PA Workers' Compensation Act gives employers the right to establish a list of designated healthcare 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 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 as adopted by your employer.
- 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.

C

SUSQUEHANNA MUNICIPAL TRUST
A regional workers compensation self-insured trust

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 healthcare 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**) as adopted by your employer. 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 seven (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
651 Boas Street, 8th Floor
Harrisburg, Pennsylvania 17121
Telephone number within Pennsylvania: 1-800- 482-2383
Telephone number outside of this Commonwealth: 717-772-4447
TTY: 1-800-362-4228 (for hearing and speech impaired only)
Website: https://www.pa.gov/en/agencies/dli/departments-offices/workers-and-employers/workers-compensation.html

❖ 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.pa.gov/content/dam/copapwp-pagov/en/dli/documents/individuals/workers-compensation/publications/documents/libc-100.pdf.

D

Pennsylvania
Department of Labor & Industry
BUREAU OF WORKERS' COMPENSATION

WORKERS' COMPENSATION AND THE INJURED WORKER

www.pa.gov

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, longshoremen, 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.

Temporary Compensation

This benefit can be in the form of wage-loss benefits and medical or just for medical benefits. The Notice of Compensation Payable form which should come from the insurance carrier handling your claim will indicate the actual benefits being paid. These temporary benefits are not an acceptance of liability and can stop at any time. Temporary benefits are paid for a maximum of 90 days.

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 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.

Workers' Compensation & the Injured Worker is published by the Dept. of Labor & Industry, Bureau of Workers' Compensation, 651 Boas Street, 8th Floor, Harrisburg, Pa 17121-0750

Employer Information Services	Claims Information Services	Hearing Impaired	Email
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-helpline@pa.gov

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.

D

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.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

E

Updated [Date]

[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
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 KEYSCRIPTS 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

SUSQUEHANNA MUNICIPAL TRUST
A regional workers compensation self-insured trust

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Workers Compensation Information

The following information is provided to you in compliance with 34 Pa. Code, Sec 121.3b

(1) 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.
(2) Benefits are required to be paid by your employer when 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, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.
(3) You should report immediately any work injury or work-related illness to your employer.
(4) Your benefits could be delayed or denied if you do not notify your employer immediately.
(5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
(6) 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, 651 Boas Street, Harrisburg, PA 17121; telephone number within Pennsylvania (800) 482-2383; telephone number local and outside of Pennsylvania (717) 772-4447; Hearing Impaired PA Relay 7-1-1 to (717) 772-4447; website at www.pa.gov/agencies/dli/programs-services/workers-compensation.

Remember: It is important to tell your employer about your injury.

_____	_____	_____
Employee's Printed Name	**Employee's Signature**	**Date**

Revision 3.7.25

SUSQUEHANNA MUNICIPAL TRUST
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Workers' Compensation

Notification to Employees of Their Rights and Duties Under the PA Workers' Compensation Act, Section 306 (f.1)(1)(i)

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

Your signature and return of this signed document to your employer will be your acknowledgement that you have been provided with your rights and duties.

Rights and Duties

A list of designated health care providers has been established and posted by your employer. You have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that your employer is not liable for the medical bills incurred. Specific rights and duties are:

- The employee has a 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.
- The employee has the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer if treatment is obtained from a designated provider during the 90-day period.
- The employee has the right, during this 90-day period, to switch from one designated health care provider to another designated provider, and all treatment paid for by the employer.
- The employee has the right to seek treatment from a provider if referred to that provider by a designated provider, and the employer shall pay for the treatment rendered by the referral provider.
- The employee has the right to 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.
- The employee has the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but the services shall be at the expense of the employee for the applicable 90 days.
- 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.
- The employee has the duty to notify the employer of treatment by a non-designated provider (after the 90-day period) 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 the treatment is found to be unreasonable by a Utilization Review Organization (URO).

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

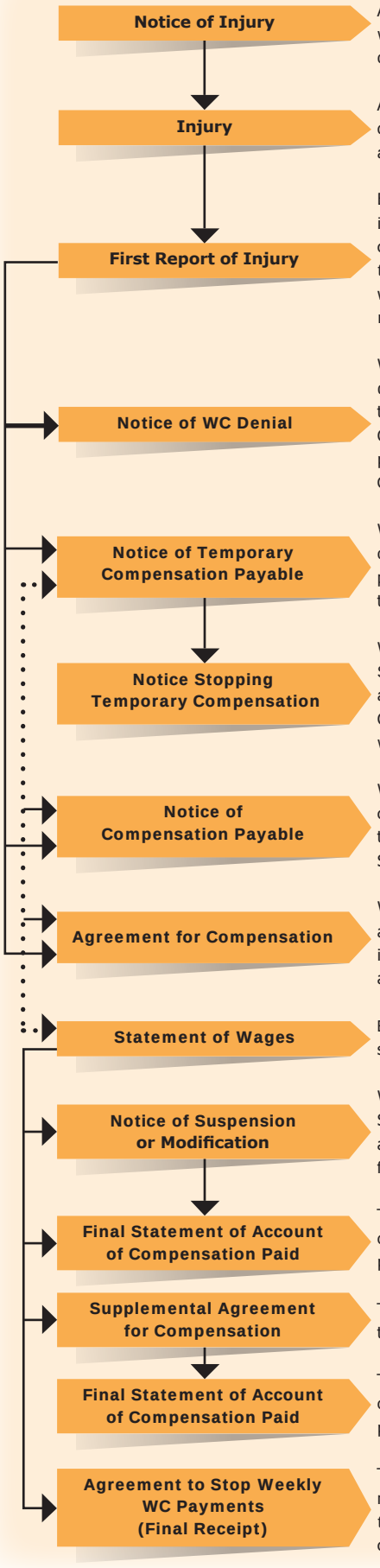
_____	_____	_____
Employee's Printed Name	**Employee's Signature**	**Date**

If you have any questions, ask your employer's human resources office or call the Bureau of Workers' Compensation at 800.482.2383.

Text of Section 306 (f.1)(1)(i)

The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: Provided, however, That the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or heal care provider so designated by the employer, the employee shall determine which course of treatment to follow: Provided, That the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgement of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. An employee who, next following termination of the applicable period, is provided treatment from a non-designated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

The Flow of a Pennsylvania Workers' Compensation Claim



Employers are required to post form LIBC-500, Remember: It is Important to Tell Your Employer About Your Injury, to inform employees of the name, address and phone number of their workers' compensation insurance company, their third-party administrator or internal workers' compensation contact person.

An employee injury is to be reported to the employer within 21 days; if not reported within 120 days from the date of injury or having knowledge of a work-related disease, no compensation is allowed (except for cases involving progressive diseases).

Employers are required to immediately report all employee injuries to their insurer or, if self-insured, to report them to the person responsible for management of the employer's workers' compensation program. Employers are also required to file a First Report of Injury via EDI transaction in the IAIABC Claims Release 3 format with the Bureau of Workers' Compensation within 48 hours for every injury resulting in death, and within seven days for all other injuries that result in disability lasting more than a day, shift or turn of work.

Within 21 days from the date the employee provides notification of an injury, the employer/carrier denies liability and issues a Notice of Workers' Compensation Denial (LIBC-496) to the employee; the Denial and appropriate EDI transaction must also be filed with the Bureau of Workers' Compensation. The claim is now closed, though the injured worker can seek legal advice to pursue a claim through the litigation system. See the Flow of a Litigated Workers' Compensation Claim on page 4 for more information.

Within 21 days from the date the employee provides notification of an injury, the employer/carrier issues a Notice of Temporary Compensation Payable (LIBC-501) to extend the investigation period to 90 days before accepting or denying full liability for the injury. This paper form and EDI transaction must be filed with the bureau along with the Statement of Wages (below).

When the employer elects to stop paying the injured worker temporary compensation, a Notice Stopping Temporary Compensation (LIBC-502) is completed. The employer must then issue either a Notice of Workers' Compensation Denial, Notice of Compensation Payable or Agreement for Compensation to the injured worker as well as the appropriate EDI transaction with the bureau within the 90-day temporary window.

Within 21 days from the date the employee provides notification of an injury, the employer/carrier accepts liability for the injury and issues a Notice of Compensation Payable (LIBC-495) to the injured worker. The Notice of Compensation Payable, the appropriate EDI transaction and Statement of Wages must be filed with the bureau.

Within 21 days from the date the employee provides notification of an injury, the employer/carrier accepts liability for the injury and issues an Agreement for Compensation (LIBC-336) to the injured worker. The appropriate EDI transaction, the Agreement for Compensation in paper form and the Statement of Wages must be filed with the bureau.

Employers must use the Statement of Wages (LIBC-494C) to calculate the employee's wages and should send a copy to the injured employee. This form must be submitted to the bureau.

When an injured worker returns to their previous employment, the insurer may file a Notice of Suspension or Modification (LIBC-751) within seven days of the injured party's return to work along with the appropriate EDI transaction. Additional LIBC-751s for further modifications may be filed as necessary within seven days of the modification date.

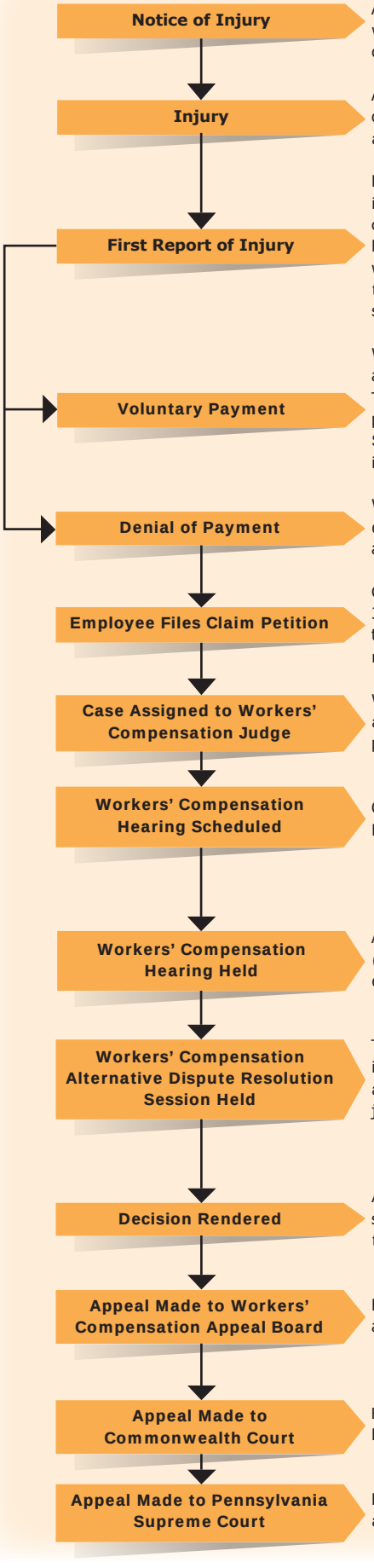
The insurer must provide the injured worker with the LIBC-392A, Final Statement of Account of Compensation Paid and submit the appropriate EDI transaction to the bureau after the final payment of compensation.

The insurer must provide the injured worker with a Supplemental Agreement (LIBC-337) to alter the worker's benefits and submit the appropriate EDI transaction and paper form to the bureau.

The insurer must provide the injured worker with the LIBC-392A, Final Statement of Account of Compensation Paid and submit the appropriate EDI transaction to the bureau after the final payment of compensation.

The Final Receipt (LIBC-340) is filed when an injured worker's benefits terminate. The insurer must provide the injured worker with the Final Receipt and submit the appropriate EDI transaction to the bureau. The worker has three years from the date of the last received workers' compensation check to file a claim petition contesting the termination of payments.

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



Notice of Injury

Employers are required to post form LIBC-500, Remember: It is Important to Tell Your Employer About Your Injury, to inform employees of the name, address and phone number of their workers' compensation insurance company, their third-party administrator or internal workers' compensation contact person.

Injury

An employee injury is to be reported to the employer within 21 days; if not reported within 120 days from the date of injury or having knowledge of a work-related disease, no compensation is allowed (except for cases involving progressive diseases).

First Report of Injury

Employers are required to immediately report all employee injuries to their insurer or, if self-insured, to report them to the person responsible for management of the employer's workers' compensation program. Employers are also required to file a First Report of Injury (formerly the Employer's Report of Occupational Injury or Disease) with the Bureau of Workers' Compensation within 48 hours for every injury resulting in death, and within seven days for all other injuries that result in disability lasting more than a day, shift or turn of work. This document must be submitted electronically.

Voluntary Payment

Within 21 days from the date the employee provides notification of an injury, the employer/carrier accepts liability for the injury and issues a Notice of Workers' Compensation Payable, a Notice of Temporary Compensation Payable or an Agreement for Compensation to the employee. These paper form and EDI transactions must also be filed with the Bureau of Workers' Compensation. See the Flow of a Pennsylvania Workers' Compensation Claim on page 3 for more detailed information.

Denial of Payment

Within 21 days from the date the employee provides notification of an injury, the employer/carrier denies liability and issues a Notice of Workers' Compensation Denial to the employee; the Denial and appropriate EDI transaction must also be filed with the bureau.

Employee Files Claim Petition

Generally, the employee has three years from the date of injury to file a Claim Petition (LIBC-362). The law also provides that injured workers may reopen their claim within three years from the last date an indemnity payment was made on a claim. (Mere paying of medical benefits would not be the same as reopening the claim.)

Case Assigned to Workers' Compensation Judge

Workers' compensation petitions are normally assigned to a workers' compensation judge according to the county in which the employee lives. A Notice of Assignment is issued to the parties advising them as to which judge is assigned to the matter.

Workers' Compensation Hearing Scheduled

Once assigned, all parties involved in the case are notified as to the date, time and place of hearing.

Workers' Compensation Hearing Held

A workers' compensation judge hears and receives evidence presented by both the defendant (employer/insurer) and claimant at one or more hearings that may be extended by the need to obtain medical evidence and hear other witnesses.

Workers' Compensation Alternative Dispute Resolution Session Held

The workers' compensation judge will schedule the case for mediation, unless the judge concludes it would be futile. If this mediation does not take place or lead to settlement, the parties may at any time ask for an informal conference or settlement conference with a workers' compensation judge.

Decision Rendered

A written decision is circulated to involved parties after a case is closed (all evidence has been submitted and the judge has everything necessary to render a decision). No further action is taken.

Appeal Made to Workers' Compensation Appeal Board

Either party has 20 days from the date the workers' compensation judge's decision is circulated to all parties to file an appeal with the Workers' Compensation Appeal Board.

Appeal Made to Commonwealth Court

Either party has 30 days from the date of publication of the Workers' Compensation Appeal Board's opinion to file an appeal with the Commonwealth Court.

Appeal Made to Pennsylvania Supreme Court

Either party has 30 days from the date of publication of the Commonwealth Court's decision to file a Petition for Allowance of an Appeal with the Pennsylvania Supreme Court.

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SUSQUEHANNA MUNICIPAL TRUST
A regional workers compensation self-insured trust

WORKERS' COMPENSATION INSURANCE CONTACTS

Your employer's workers' compensation insurance coverage is provided through the **Susquehanna Municipal Trust (SMT)**, a group self-insured workers' compensation consortium of municipalities throughout eastern and central Pennsylvania. The Trust is administered by the **Benecon Group**.

Workers' Compensation Insurance Policy

Susquehanna Municipal Trust at Benecon
Phone 717-723-4600

Roni Ryan, SMT Executive Director at Ext.186 or rryan@benecon.com
Melissa Kashner, SMT Manager of Risk Control Services at Ext. 226 or mkashner@benecon.com
Kelly Holmes, Associate Account Manager at Ext. 169 or kholmes@benecon.com

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Workers' Compensation Claims

Inservco Insurance Services is the claims adjuster for The Trust's workers' compensation claims. To submit a medical bill or ask questions regarding a particular claim, contact Inservco.

INSERVCO INSURANCE SERVICES, INC.
PO Box 3899
Harrisburg, PA 17105-3899
(800) 356 - 0438
Fax (866) 356 - 0438

Lost Time Claims
Sharon L. Monahan, Claims Technical Specialist
Phone: 1-800-356-0438 Ext. 4061 or Email: smonahan@pnat.com

Medical Only Claims
Anna R. Noblit, Claims Representative
Phone: 1-800-356-0438 Ext. 4049 or Email: anoblit@pnat.com

PA Department of Labor & Industry
Bureau of Workers' Compensation
https://www.pa.gov/en/agencies/dli/programs-services/workers-compensation.html

KEYSCRIPTS PRESCRIPTION CARD INSTRUCTIONS

- Employer reports the injury online 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.

- Preauthorized 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.

KEYSCRIPTS

Live-Operator Support 866.446.2848
Email info@keyscriptsllc.com
Visit www.keyscriptsllc.com
Fax 717.732.9467

Dear Injured Worker:

The attached temporary KeyScripts Prescription Benefit Card will authorize you to obtain prescription medications related to your work injury, with no out-of-pocket expense, **but you must call to activate the card before taking it to the pharmacy**. The call takes only a few minutes. You will be asked for your name, date of birth, employer's name and telephone number, and your date of injury, so please have this information available when you call.

CALL 866.446.2848 TO ACTIVATE YOUR CARD NOW

YOUR ACCOUNT NAME IS: INSERVCO INSURANCE SERVICES, INC.

Write your name and Employee ID number (provided to you during card activation) in the spaces provided on the card. Your card will be immediately activated after your call, and you may then take it to your pharmacy to fill your work injury prescription(s). *NOTE: There may be limitations on how much of your prescription can be filled, based on your employer's prescription benefit plan.*

Do not attempt to fill any prescription other than your work injury prescription using the KeyScripts card. Avoid filling any prescription related to your work injury directly at the prescribing physician's office, as most physicians do not accept prescription benefit cards similar to KeyScripts' for billing purposes.

You may visit your KeyScripts Network pharmacy of choice, which includes all major retail pharmacies, such as CVS, Rite Aid, Target, Walgreens and Walmart. **Need help finding your nearest KeyScripts Network pharmacy? Call KeyScripts at 866.446.2848.** Or, visit KeyScripts at www.keyscriptsllc.com, and find KeyScripts Network pharmacies by zip code. (Click *Tools and Resources* on the home page, then click *Find A Pharmacy*.)

Your temporary KeyScripts Prescription Benefit Card contains important claims and customer service information for you and your pharmacist. After activation, present the card to your pharmacist when filling any prescription related to your work injury. You will receive a permanent card in the mail shortly.

KEYSCRIPTS

For customer service, call 866.446.2848

Bin #: 009430
Group ID: INSV0030

MC-Rx Powered by ProCare Rx

Employee Name:_____

Employee ID: _____

Workers' Compensation Prescription Benefit Card

To the Employee: Present this card to your pharmacy of choice for any prescription drug related to your worker's 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.

To the Pharmacy: Submit claims via the ProCare System only for the person for whom the prescription was written.

MC-Rx

1267 Professional Parkway, Gainesville, GA 30507
Pharmacy Help Desk 1.800.699.3542

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