

July 22, 2024

Shippensburg Area School District
Shippensburg, PA 17257

Dear Valued Workpartners Policy Holder,

Thank you for choosing Workpartners for your workers' compensation program. As part of our services, we have enclosed your workers' compensation provider panels developed for your workplace locations to be utilized for work-related injuries sustained from your policy effective date and going forward. In the event of a panel update, that updated listing will be effective as of the date of notice and is to be used for any work-related losses reported from that day forward.

Posting of an up-to-date workers' compensation panel is a requirement under the Pennsylvania Workers' Compensation Act. You are also required to have your employees sign the Employee Rights and Duties Form, which confirms they are aware of your designated Workers' Compensation Provider Panel. This signature is required at time of hire/establishment of new panel and after an injury is reported. For your convenience, we have attached a copy of the Employees Rights and Duties and Employee Acknowledgement forms.

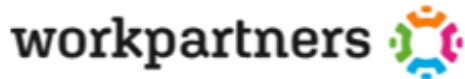
Please confirm your receipt and agreement to post the attached workers' compensation panels at your designated workplace location(s). In order that a panel is available for your employees as quickly as possible, we look forward to hearing your feedback within five (5) calendar days. After that time period we will accept the panel as approved by you, in the absence of a response.

If you have any questions or requests regarding your panel creation, please contact WCPanels@upmc.edu. **We now offer telehealth services through Concentra Medical Center for non-emergent injury assessment. These services are available 24/7, year-round including weekends and holidays. We have found this service to be convenient for injured workers, expedite care, and provide a costs savings for the overall claim. Please contact the team at WCPanels@workpartners.com if you are interested in learning more.**

We appreciate the opportunity to partner with you.

Sincerely,

Workpartners Panel Management Team



Shippensburg Area School District - Shippensburg (17257)
 YOUR WORKERS COMPENSATION CLAIMS ARE MANAGED BY WORKPARTNERS
 Send Bills To: PO Box 2971, Pittsburgh, PA 15230
 Fax: (412) 454-8717
 To Report a Claim Call: 1-800-633-1197
 WC Policy:WC100-2025166
 Policy Effective Date:07/01/2024

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

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

Please contact your Claims Adjuster for any specialty need not listed on this panel.

<u>Name</u>	<u>Address</u>	<u>Scheduling</u>	<u>Area of Specialty</u>
Concentra Telemed <i>Patient Access: www.concentratelemed.com Employer Information: www.concentra.com/telemedicine</i>	Available 24/7. Download the Concentra Telemed app via the Apple App/ Google Play Store or visit website to left.	855-835-6337	Occupational Medicine <i>via Telemed App</i>
WellSpan Occupational Health - Chambersburg	1610 Orchard Dr Chambersburg, PA 17201	717-261-0929	Occupational Medicine
Concentra Medical Center - Carlisle (All Locations - Concentra.com)	1124 Harrisburg Pike Carlisle, PA 17013	717-245-2411	Occupational Medicine
MedExpress Urgent Care - Chambersburg (All Locations - MedExpress.com)	1048 Lincoln Way East, Ste 101 Chambersburg, PA 17201	717-267-2273	Urgent Care
WellSpan Urgent Care - Shippensburg	46 Walnut Bottom Rd, Ste 100 WellSpan Walnut Bottom Road Health Center Shippensburg, PA 17257	717-477-2764	Urgent Care
WellSpan Urgent Care - Chambersburg	1000 Norland Ave Chambersburg, PA 17201	717-267-6363	Urgent Care
WellSpan Urgent Care - Waynesboro	601 E Main St, Level 1 Waynesboro, PA 17268	717-765-5088	Urgent Care
WellSpan Surgical Specialists - Chambersburg	120 N Seventh St, MOB, Ste 200 WellSpan Chambersburg Hospital Chambersburg, PA 17201	717-217-6800	General Surgery
Penn State Neurosurgery - Hershey	30 Hope Dr, Ste 1200, Ent B Hershey, PA 17033	717-531-3828	Neurosurgery
WellSpan Orthopedics - Shippensburg	97 Progress Blvd, Ste 1 Shippensburg, PA 17257	717-300-7910	Orthopedics
Orthopedic Institute of Pennsylvania - Carlisle	250 Alexander Spring Rd Carlisle, PA 17015	717-761-5530	Orthopedics
*Richards Orthopaedic Center & Sports Medicine LLC	144 S Eighth St Ste 107 Chambersburg, PA 17201	717-414-7798	Orthopedics
Ludwick Eye Center - Chambersburg	825 Fifth Ave, Ste 102 Chambersburg, PA 17201	717-262-9700	Ophthalmology
One Call Physical Therapy	Call Toll-Free for Closest Location	1-844-284-2525	Physical Therapy
One Call Chiropractic	Call Toll-Free for Closest Location	1-844-284-2525	Chiropractic

*In accordance with Section 306(f.1)(1)(i) of the Worker's Compensation Act AND 34 Pa. Code Section 127.753 Disclosure Requirements, this health care provider is employed, owned or controlled by UPMC



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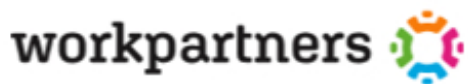
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Concentra Telemed <i>Patient Access: www.concentratelemed.com Employer Information: www.concentra.com/telemedicine</i>	Available 24/7. Download the Concentra Telemed app via the Apple App/ Google Play Store or visit website to left.	855-835-6337	Occupational Medicine <i>via Telemed App</i>
One Call Imaging Services	Call Toll-Free for Closest Location	1-844-284-2525	Diagnostic Imaging
One Call Durable Medical Equipment	Call Toll-Free for Supplier	1-844-284-2525	DME
myMatrixx (an Express Scripts company)	Call Toll-Free for Closest Location BIN# 003858, Group# KYHA	1-800-945-5951	Pharmacy

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WORKERS' COMPENSATION INFORMATION

To All Employees:

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

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

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

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

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

Department of Labor & Industry
Bureau of Workers' Compensation
651 Boas Street 8th Fl
Harrisburg, Pennsylvania 17121-0750
Telephone No. within Pennsylvania: 1-800-482-2383
Telephone No. outside of this Commonwealth: 717-772-4447
TTY: 1-800-362-4228 (for hearing and speech impaired only)
www.state.pa.us, PA keyword: workers' comp

For a complete list of panel physicians, please contact your employer. Please call 1-800-633-1197 with any additional questions.

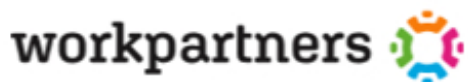
I, _____, employee of _____,
(employer)

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

Date: _____

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.

Workpartners Claims Management Services PO Box 2971 Pittsburgh PA 15230



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

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

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

Employee' s Signature Date

Employee' s Name (Print) Employee Number

Employer Department

Witness' Signature Date

Fax this form to Workpartners (412-454-8717) if it is being completed as a result of a work injury; then place the original in the employee file. If this form is being completed for any reason other than in conjunction with an injury please do not fax to Workpartners, only place in the employee file.