

## NOTICE TO EMPLOYEE AND EMPLOYEE ACKNOWLEDGEMENT OF RIGHTS AND RESPONSIBILITIES FOR WORK RELATED INJURIES

If you suffer a work related injury or illness, your employer or its workers' compensation insurance company must pay for medical and surgical services, services rendered by physicians or other health care providers, medicines and supplies, which are reasonable, necessary and related to the work related injury.

Your employer has posted in the work place at least six designated health care providers. In order to ensure that your reasonable and necessary medical treatment and supplies will be paid for by your employer or its workers' compensation insurance company during the first 90 days of treatment, you must select and visit one of the listed health care providers, and continue to visit that health care provider or another of the listed health care providers for a period of ninety (90) days from the date of the first visit. As required by law, this list will include no more than four (4) coordinated care organization (as approved by the state), and no fewer than three (3) physicians. You are permitted to switch from one health provider on the list to another health care provider on the list during the ninety (90) day period.

The employer is not permitted to include on this list a physician or health care provider who is employed, owned or controlled by your employer or its workers' compensation carrier unless that employment, ownership or control is disclosed on the list.

You have the right to seek treatment from a provider not appearing on the list (referral provider) if you are referred to such provider by one of the designated providers appearing on the list: Your employer shall pay for the reasonable and necessary treatment rendered by the referral provider for the work related injury.

You have the right to seek emergency medical treatment from any provider, but subsequent nonemergency treatment shall be rendered by a designated provider for the remainder of the ninety (90) day period.

If one of the designated providers prescribes or recommends invasive surgery, you may seek and receive an additional opinion from any health care provider of your own choice. The charge for this consultation will be paid by your employer or its workers' compensation insurance carrier. If the additional opinion differs from the opinion provided by the designated provider, you may choose which course of treatment to follow: provided; however, that the second opinion includes a specific and detailed course of treatment. If you choose to follow the providers designated in the additional or second opinion, such procedures shall be performed by one of the designated providers for a period of ninety (90) days from the date of your visit to the physician rendering the second additional opinion.

With regard to, all other treatment (i.e. that not involving invasive surgery) you have the right to seek treatment or medical consultation from a non-designated provider during the ninety (90) day period, but such services shall be at your own expense during the applicable period of ninety (90) days.

Following the first ninety (90) days of treatment with the designated physician or other health care provider, subsequent treatment may be provided by any health care practitioner of your own choice. You must notify your employer that your care has been transferred to a non-designated provider within five (5) days of your first visit to the non-designated provider of your choice. Your 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.

1,	hereby acknowledge that I have received this notice, and
that I understand my rights and responsibilities as $ \\$	set forth by Drexel University College of Medicine.
Signature of Employee:	Date: