



Please have the employee complete this Workers' Compensation Signature Packet as soon as an injury report is completed using our on-line first report of injury system.

- 1. Workers' Compensation Employee Notification Form**
- 2. Employee Description of Injury Form**
- 3. Workers' Compensation Information Sheet**
- 4. Workability Form (Form to be used when seeking medical treatment)**
- 5. Medical Records Release Authorization**
- 6. TMESYS Pharmacy Program**
- 7. Steps to WC Brochure at Penn State**

Please return signed documents to:

Office of Human Resources
Workers' Compensation Department
410 James M. Elliott Building
University Park, PA 16802

Phone: (814) 865-0424
Fax: (814) 865-6820



WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work related injuries and illnesses during the first 90 days of treatment. This list is also posted on the on the Workers' Compensation website for your viewing/copying if desired.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the right to choose which course of treatment to follow. 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.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90 day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given notice.

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Your signature on this form indicates that you have been informed of and understand these rights and duties. **If you have questions, be sure you have your rights and duties explained to you before signing this form.**

I HAVE BEEN INFORMED AND UNDERSTAND MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one)

TIME OF HIRE

WHEN I WAS INJURED

OTHER

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NAME PRINTED \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

<http://www.ohr.psu.edu/WorkersComp/home.cfm>

**REQUIREMENTS FOR EMPLOYER'S LIST OF  
HEALTH CARE PROVIDERS**

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs).
4. The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
6. Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

**NOTE;** Your employer's list of health care providers must meet all of the above requirements. **If** the list does not meet all of the above requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

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**BUREAU OF WORKERS' COMPENSATION  
HELPLINE INFORMATION CENTER  
1-800-482-2383 (long-distance calls inside PA)  
(717) 772-4447 (local and calls outside PA)**

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PENNSTATE



EMPLOYEE DESCRIPTION OF INJURY FORM

Date of injury: \_\_\_\_\_

Time: \_\_\_\_\_ AM/PM

Date injury was reported: \_\_\_\_\_

Reported to \_\_\_\_\_

PSU ID # \_\_\_\_\_

Name of Injured Person (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Body Part(s) affected \_\_\_\_\_

Details of injury

1. Please describe in your own words how the injury occurred. Include specific details such as equipment used, tools, etc. (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe where the injury occurred and what activity you were performing when the injury occurred. (Please Print)

\_\_\_\_\_  
\_\_\_\_\_

(Continue on the back of this form to add additional details.)

Witness to the injury: \_\_\_\_\_  
Name

\_\_\_\_\_ Contact Number

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

MAIL COMPLETED FORM PROMPTLY TO PENN STATE WORKERS' COMPENSATION, 410 JAMES M. ELLIOTT BUILDING, UNIVERSITY PARK, PA 16802.

**WORKERS' COMPENSATION INFORMATION**

To All Employees:

The Workers' Compensation law provides some replacement wages and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Employers are required to post the name of the company responsible for paying workers' compensation benefits in a prominent and easily accessible place; including areas used for the treatment of injured employees or for the administration of first aid. Penn State's Workers' Compensation coverage is provided through the Pennsylvania Manufacturers' Association (PMA).

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

If your claim is denied by PMA, then 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 No. within Pennsylvania: 800-482-2383**  
**Telephone No. outside of this Commonwealth: 717-772-4447**  
**TTY – 800-362-4228 (for hearing and speech impaired only)**  
**[www.state.pa.us](http://www.state.pa.us), pa keyword: workers' comp.**

In addition you can contact your human resources representative or the University's Workers' Compensation Office (814-865-0424) if you have any questions about Penn State's policies.

Also attached to this sheet is a complete list of panel physicians and medical providers for your reference.

I, \_\_\_\_\_, employee of The Pennsylvania State University, 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.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE NAME (PRINTED): \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_



### WORKABILITY

**Clinic:** \_\_\_\_\_ **Provider Phone No.** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **PSU ID #:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**Type of Visit:**     **Initial**     **Follow-Up**                      **Date of 1<sup>st</sup> Treatment:** \_\_\_\_\_

**Work/Visit Instructions:** The following written instructions have been discussed and given to the patient.

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- Work Status:**
- Released on \_\_\_\_\_.
  - May return to work without restrictions on \_\_\_\_\_.
  - Unable to work.
  - May return to work with the following restrictions on \_\_\_\_\_
    - No use of left/right \_\_\_\_\_
    - Limited use of left/right \_\_\_\_\_
    - Limited standing/walking
    - Limited bending/twisting
    - Limited squatting/kneeling
    - No lifting
    - Weight limit \_\_\_\_\_ lbs.
    - Sitting work only
    - No driving
    - Limited Rigorous Grasping
  - Other \_\_\_\_\_
- 

**Referrals:** \_\_\_\_\_

**Follow-up:** \_\_\_\_\_

**PLEASE FAX A COPY OF THIS FORM TO PENN STATE OCCUPATIONAL MEDICINE AT (814) 865-5337.**

A Penn State University Workability Form has been provided to me. I have read and understand the visit instructions. I have been instructed to contact my Supervisor today and provide him/her with a copy of this form. I authorize Penn State Occupational Medicine to receive complete medical information from the above Provider.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Print Name of Health Care Provider**

## MEDICAL RECORDS RELEASE AUTHORIZATION

In order for your claim to be fully evaluated for purposes of determining your eligibility for the receipt of benefits, you must sign the following authorization. Please note that the amount and type of medical information sought pursuant to this authorization will depend upon the nature of the claim, but that it will be used solely to facilitate determinations regarding the validity of the claim, the payment of benefits or the administration of the insurance program under which the claim has been made. Your acceptance of benefits shall be considered an acceptance of the terms in this medical authorization, unless you indicate to the contrary in writing. Your decision not to authorize the release of any of the information described in this document does not eliminate any right that PMA or any other entity may have, under state and federal law, to obtain or disclose the information without an authorization. The authorization is subject to your revocation at any time except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to The PMA Insurance Group, P.O. Box 25250, Lehigh Valley, Pennsylvania, 18002, otherwise this authorization will continue to be valid.

### **Authorization to Release Medical Information**

I hereby authorize any employer, insurance company, government agency, medical prepayment plan, or service organization, and any physician, surgeon, therapist, pharmacist, or other duly licensed practitioner of the healing arts, and any hospital, including the Veteran's Administration, or medical transportation company, to release to any of the PMA Insurance Group of Companies (including the PMA Insurance Company and PMA Management Corporation), and their subsidiaries, affiliates, representatives and agents (collectively, PMA), any and all applicable medical records, medical information and benefit payment information with respect to any illness, injury, medical history, consultations, prescriptions, treatment or benefits, and copies of all applicable records thereof, which may be appropriate or necessary to establish the validity of this claim. This authorization shall specifically include but shall not be limited to medical records, medical information and benefit payment information pertaining or relating to the treatment of AIDS, HIV, mental illness, and drug or alcohol related medical problems.

I authorize PMA, my Employer, and their representatives and agents to communicate directly both orally and in writing with all treating physicians or medical providers of any kind regarding all facts and opinions relevant to my workers' compensation claim. I authorize any treating physician or other medical provider to communicate directly both orally and in writing with PMA, my Employer, and their representatives and agents, concerning all aspects of my treatment for the illness or injury for which I am receiving or seeking benefits.

I also authorize the Social Security Administration to release to PMA information concerning entitlement dates and benefit amounts for myself.

I further authorize PMA to release any such medical information to its reinsurers, attorneys or to medical peer review panels, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, or my employer and its excess insurer, to the extent that PMA considers doing so to be reasonably appropriate or necessary for purposes of its administration of the claim or the insurance program under which the claim has been made. I understand the information released to PMA as a result of this authorization may no longer be subject to certain protections provided under the Health Insurance Portability and Accountability Act of 1996.

Unless revoked earlier by me in writing this authorization shall be valid for twenty-four (24) months from the date listed below. A copy of this authorization is to be considered as valid as the original.

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Employee Name** \_\_\_\_\_



## Workers' Compensation Prescription Information

### TMESYS Retail Pharmacy Program

Penn State University through its partnership with PMA Insurance (Penn State's Third Party Administrator) provides the TMESYS Retail Pharmacy Program to injured workers. With more than 50,000 local pharmacies in the TMESYS network, injured workers conveniently receive medications with no out-of-pocket expense. **In order to participate in this program, a First Report of Injury must be completed by the injured worker by his/her supervisor.**

The TMESYS Retail Pharmacy Program is designed to capture the first prescription. If the injured worker has prescriptions for a workers' compensation injury the pharmacist will dispense an initial 10-day supply of medication.

- 1). The injured worker can receive prescriptions RELATED to the First Report of Injury from **participating** pharmacies at no cost.
- 2). Major participating pharmacies are CVS, Giant, and Rite Aid. To identify other participating pharmacies, the injured worker can call 1-800-964-2531.
- 3). The injured worker **does not need to pay** for prescriptions out of pocket. Simply inform the participating pharmacy that PMA is Penn State's Third Party Administrator and all prescriptions should be run through TMESYS.
- 4). This is a **temporary** benefit and may be discontinued if PMA determines the program has been improperly used or is no longer necessary.
- 5). If the injured worker believes it is necessary to continue the prescription benefit after it has been deactivated by PMA, the injured worker must contact the claim representative during normal business hours (888-476-2669). PMA recommends the injured worker to **not wait** until a weekend to fill any work-injury-related prescriptions.

**If you do not use a participating pharmacy you may be required to pay out of pocket.**

#### **Out-of-Pocket Prescription Expenses**

If the injured worker does not use the TMESYS Retail Pharmacy Program, there is the possibility that initial prescriptions must be paid for by the injured worker. Reimbursement may be appropriate in this situation. All injured worker receipts and requests for reimbursement should be sent to **James M. Elliott Building 410, University Park, PA 16802**. In order to be considered for reimbursement, all receipts must be accompanied by the pharmacy identification slip that is always attached to the bag. Reimbursement will not be made to an injured worker without the pharmacy identification slip. Cash register or credit card receipts alone will not identify what the medication is or how it is related to our workers' compensation injury.

**-It is preferred that you use the TMESYS Pharmacy Retail program.**

# 6 steps to WORKERS' COMPENSATION at Penn State

## REPORT THE INJURY

Penn State wants to help you with every step of your recovery. In order for us to do so, your first step should be to notify your supervisor of any work-related injury. Even if you don't think you need treatment. Your claim will be sent electronically to Penn State's Workers' Compensation office.

Once reported, an insurance adjuster will review and evaluate your claim to determine whether or not you are eligible for Workers' Compensation coverage.

Your supervisor will provide you with a copy of the following:

- Your injury report
- Employee notification form
- Healthcare Provider Panel list for your area
- Retail pharmacy program
- Workers' Compensation information sheet
- Workability form
- Employee Description of Injury Form

## MEDICAL TREATMENT

Penn State Workers' Compensation insurance pays related medical and surgical expenses for treatment you receive for injuries sustained on the job.

If your injury results in an immediate medical emergency, you should seek urgent care at an emergency facility.

If your injury results in the need for ongoing medical care, during the first 90 days of treatment you must use a doctor from Penn State's Healthcare Provider Panel. Failure to treat with a Healthcare Provider Panel during that period may result in unpaid medical expenses.



## COMMUNICATE

Effective communication is essential for all parties involved in the Workers' Compensation process. You should remain in contact with your Human Resources Representative, supervisor, and insurance adjuster. You can also call Penn State's Workers' Compensation office.

## PRESCRIPTION COVERAGE

Penn State provides a convenient system for you to obtain prescription drug coverage for your work-related injury with no out of pocket expense. The retail pharmacy program is available at many major pharmacies such as CVS, Giant, and Rite Aid.

## RECOVERY

Recovery from some injuries may require you to be placed on restricted job duty. A doctor's note placing you on restricted job duty or taking you off of work is required. If your department is unable to accommodate your restrictions or you are medically restricted from performing your job responsibilities, you may be entitled to lost-time wage replacement payments.

## RETURN TO WORK

In order to return to work safely, you must provide a doctor's note to your supervisor and Human Resources Representative confirming your release to work.

Penn State Office of Human Resources  
Employee Benefits | Workers' Compensation  
410 James M. Elliott Building  
University Park, PA 16802  
814-865-0424 FAX 814-865-6820  
[www.ohr.psu.edu/workerscomp](http://www.ohr.psu.edu/workerscomp)

This publication is available in alternative media on request. Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce. This is a summary of your Workers' Compensation benefits. Official policy guidelines supercede this document. BSO06-4057

Limitless Opportunities  
Office of Human Resources

