EMPLOYEE

INSTRUCTIONS FOR CLAIMS REPORTING

Please read the entire contents of the packet and follow directions below.

1. Call **1-800-445-6965** to report your work-related claim as soon as possible.

2. Advise your Workers’ Compensation Coordinator that you have reported your work-related claim.

3. You must seek medical treatment for your claimed injury with one of the providers listed on your **POSTED PANEL** for ninety (90) days from the date of your first visit.

4. Please use the enclosed Pharmacy Sheet and temporary pharmacy card. You may fill your prescription at your local Walgreen’s, CVS Pharmacy, Rite Aid, Wal-Mart, Giant, Acme. The Mitchell International, our pharmacy management company, will send you a personalized pharmacy card for future prescriptions. **Mitchell Script Advisor** can be reached at: 1-866-846-9279

5. Please provide your claim number and SDIC’s address to all medical providers.

6. Please complete the enclosed documents as promptly as possible.

7. Please notify your **Claims Representative at SDIC** and your **Workers’ Compensation Coordinator** immediately when you receive a **return to work date**.

Please call **1-800-445-6965** if you need any assistance or have questions regarding your work-related injury.

School Districts Insurance Consortium
P.O. Box 1249
North Wales, PA 19454

1-800-445-6965
PLEASE MAIL MEDICAL BILLS TO:

SDIC
PO BOX 1249
NORTH WALES, PA 19454
1-800-445-6965

PLEASE RETURN COMPLETED FORMS TO:

DOWNINGTOWN AREA SCHOOL DISTRICT
ALEX MEDLAR, HUMAN RESOURCES
540 TRESTLE PLACE
DOWNINGTOWN, PA 19335
610-269-8460 x11613
610-873-0964 (FAX)
AMEDLAR@DASD.ORG
Dear Medical Services Provider/Employer:

This will authorize you to disclose to SDIC (School Districts Insurance Consortium), or its representatives, any and all information that you may have regarding my condition while under your treatment at any time. This authorization specifically includes my medical history findings, consultations, prescriptions, treatments, x-rays, special consultation reports, diagnosis, prognosis and copies of all hospital records and/or medical records from whatever source. This release also includes employment records, records from the Bureau of Workers’ Compensation and prior accident records.

A photostatic copy of this Medical Release shall be considered as effective and valid as the original.

Written authorization shall remain valid for the duration of this claim unless consent is withdrawn in writing.

Employee’s Signature: __________________________ Date: __________________

Home Address: ____________________________________________

__________________________________________________________

__________________________________________________________

Employee’s Home Telephone Number: (     ) ______________________

School Districts Insurance Consortium
P.O. Box 1249
North Wales, PA 19454
1-800-445-6965
WORKERS' COMPENSATION/ACCIDENT REPORT

Please complete all areas of the report. This includes insuring that the witness and supervisor sections are completed. Otherwise, it may be returned to you, which will delay the processing of your claim.

If you are unable to return to work because of your injury, you must contact the Benefits Office by the following business day. Failure to do so may jeopardize your claim.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Soc. Sec. #:</th>
<th>Date of Hire:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone Number (include area code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position or Title:</td>
<td>Building Location:</td>
<td></td>
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<tr>
<td>School District: Downingtown Area School District</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Building Location:</td>
<td></td>
<td></td>
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<tr>
<td>Contact: Alex Medlar - 610-269-8460 x11613</td>
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</table>

**Date/Time of Accident:**

**Location of Accident:**

**Nature of Injury:**

**Describe Accident/Injury (what were you doing? how did the injury occur? what was the cause?):**

**Did you stop work or lose time due to accident/injury?**

**YES**  **NO**  **If YES, when did you return to work:**

**Did you receive medical treatment?**

**YES**  **NO**  **Are you still under treatment?**

**YES**  **NO**  **If YES, Date of first treatment:**

**Name and Address of physician and/or hospital who treated the injury:**

**List any recommendations to prevent recurrence:**

**Employee Signature:**

**Date:**

**WITNESS' REPORT**

**Witness' Name:** (Please Print)

To the best of my knowledge, this accident occurred as reported by the claimant.  **YES**  **NO**

If you are unable to confirm the claimant’s version of the accident, please explain why:

**Witness' Signature:**

**Date:**

**SUPERVISOR'S REPORT**

**Supervisor's Name:** (Please print)

This employee reported the above incident to me on:

To the best of my knowledge, this accident occurred as reported by the claimant.  **YES**  **NO**

If you are unable to confirm the claimant’s version of the accident, please explain why:

**Supervisor's Signature:**

**Date:**

Prepared by (if not by the employee)  
**Date**  

Original to Benefits Office  

Copy to Nurses Office
If you suffer a work-related injury, your health and wellbeing are our first concern. If the injury is of a serious nature and requires the assistance of an ambulance or rescue personnel, they should be contacted immediately. If the injury is of a less serious nature, the following procedures must be followed:

1. If you suffer a work-related injury, the first thing you MUST do is report the injury to your supervisor. S/he or a designated person in your building will provide you with an SDIC packet, and your first step is to call SDIC @ (800) 445-6965 or go online at sdicwc.org (click the “Report a Claim” button). You must also call Kimberelee Gardner, Benefits Coordinator.
2. If you require a prescription for your work-related injury or disease, do not use your personal health plan prescription card. Please use the Mitchell International First Fill Sheet which you will receive in the claim package. When you call in your report of injury to SDIC, they will assign you a claim number. Please use this claim number when seeing a panel physician.
3. If you suffer a work-related injury, DOWNINGTOWN AREA SCHOOL DISTRICT or our insurer will pay reasonable surgical and medical services and supplies, orthopedic appliances and prosthetics, including training in their use when needed. In order to insure that your medical treatment will be paid for by Downingtown Area School District or our insurer, you must select from one of the health-care providers listed below for your initial care:

<table>
<thead>
<tr>
<th>Area of Specialty: Occupational Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ingleside Medical Associates (Multiple Locations)</td>
</tr>
<tr>
<td>200 Municipal Drive</td>
</tr>
<tr>
<td>Thorndale, PA 19372</td>
</tr>
<tr>
<td>(610) 383-6300</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Area of Specialty: Family Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premier Orthopaedic &amp; Sports Medicine</td>
</tr>
<tr>
<td>491 John Young Way, Suite 210</td>
</tr>
<tr>
<td>Exton, PA 19341</td>
</tr>
<tr>
<td>(610) 644-6900</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Area of Specialty: Orthopedics</th>
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</thead>
<tbody>
<tr>
<td>Rothman Institute (Multiple Locations)</td>
</tr>
<tr>
<td>600 Evergreen Drive, Suite 201</td>
</tr>
<tr>
<td>Glen Mills, PA 19342</td>
</tr>
<tr>
<td>(800) 321-9999</td>
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<table>
<thead>
<tr>
<th>Area of Specialty: Occupational Medicine</th>
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</thead>
<tbody>
<tr>
<td>Main Line Health Occupational and Travel Health</td>
</tr>
<tr>
<td>154 Exton Square Parkway</td>
</tr>
<tr>
<td>Exton, PA 19341</td>
</tr>
<tr>
<td>(484) 565-1293</td>
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<table>
<thead>
<tr>
<th>Area of Specialty: Orthopedics</th>
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</thead>
<tbody>
<tr>
<td>Premier Orthopaedic &amp; Sports Medicine</td>
</tr>
<tr>
<td>390 Waterloo Boulevard, Suite 200</td>
</tr>
<tr>
<td>Exton, PA 19341</td>
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<tr>
<td>(610) 594-2009</td>
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<tr>
<th>Area of Specialty: Orthopedics</th>
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<tbody>
<tr>
<td>Lancaster Orthopedic Group</td>
</tr>
<tr>
<td>231 Granite Run Drive</td>
</tr>
<tr>
<td>Lancaster, PA 17601</td>
</tr>
<tr>
<td>(717) 560-4200</td>
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<tr>
<th>Dental</th>
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<tbody>
<tr>
<td>One Call Care Management</td>
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<tr>
<td>(888) 539-0577</td>
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<tr>
<th>For Prescriptions</th>
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<tbody>
<tr>
<td>Please use your Mitchell International card at your local pharmacy.</td>
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<table>
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<tr>
<th>Area of Specialty: Ophthalmology</th>
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<tbody>
<tr>
<td>The Occupational Health Center</td>
</tr>
<tr>
<td>915 Old Fern Hill Rd., Building A, Suite 3</td>
</tr>
<tr>
<td>West Chester, PA 19380</td>
</tr>
<tr>
<td>(610) 738-2450</td>
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<table>
<thead>
<tr>
<th>Area of Specialty: Occupational Medicine</th>
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<tbody>
<tr>
<td>Premier Orthopaedic &amp; Sports Medicine</td>
</tr>
<tr>
<td>915 Old Fern Hill Rd., Building A, Suite 1</td>
</tr>
<tr>
<td>West Chester, PA 19380</td>
</tr>
<tr>
<td>(610) 692-6280</td>
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<table>
<thead>
<tr>
<th>Area of Specialty: Orthopedics</th>
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</thead>
<tbody>
<tr>
<td>Philadelphia Hand Center (Multiple Locations)</td>
</tr>
<tr>
<td>950 Pulaski Drive Suite 100</td>
</tr>
<tr>
<td>King of Prussia, PA 19406</td>
</tr>
<tr>
<td>(800) 971-4263</td>
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<tr>
<th>Area of Specialty: Orthopedics</th>
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<tbody>
<tr>
<td>For MRI/EMG/CT Scan</td>
</tr>
<tr>
<td>One Call Care Management</td>
</tr>
<tr>
<td>(800) 453-0574</td>
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<tr>
<th>For Physical Therapy</th>
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<tbody>
<tr>
<td>NovaCare Rehabilitation</td>
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<tr>
<td>(866) 723-NOVA</td>
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<tr>
<th>For Durable Medical Equipment</th>
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<tbody>
<tr>
<td>One Call Care Management</td>
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<tr>
<td>(800) 848-1989</td>
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<table>
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<tr>
<th>For Functional Sleep Apnea Devices</th>
</tr>
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<tbody>
<tr>
<td>One Call Care Management</td>
</tr>
<tr>
<td>(866) 932-5779</td>
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<tr>
<th>Walkers TENS Unit Orthotics Etc.</th>
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(For Durable Medical Equipment - (866) 932-5779)
4. Please call in advance for an appointment if you need treatment. You must continue to treat with one of these providers for ninety
(90 days) from the date of your first visit.
5. If, after this ninety (90) day period, you still need treatment and the Downingtown Area School District has provided this list as
set forth above, you may choose to continue with this health care provider, or you may choose another provider. You must notify
Kimberlee Gardner, Benefits Coordinator of this action within five (5) days of your first visit to the health care provider of
your choice. Your bills will be paid if you have provided proper notice and if your provider files reports as required. (These
reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
6. If one of the health care providers listed above refers you to a specialist, the Downingtown Area School District or our insurer
will pay for these services as provided by law. All workers’ compensation claims will be processed on behalf of the School District by:

SCHOOL DISTRICTS
INSURANCE CONSORTIUM
P.O. BOX 1249
NORTH WALES, PA 19454
Phone: (800) 445-6965

ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.
Signature: __________________________________________ Date: _______________________

Please Print Name: __________________________________________

*At the time of distribution, this information is accurate to the best of our knowledge. This panel is subject to change based on
information received from the medical provider.
NOTICE OF RIGHTS AND DUTIES OF EMPLOYEES  
ACKNOWLEDGMENT UNDER SECTION 306 (F.1)(1)(1)

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

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. Attached is a copy of the list which is also posted in your workplace.

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306 (F.1)(1)(1) 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 least six providers, are included on your Preferred Medical Provider panel distributed by Bunch & Associates. If the provider list does not meet these requirements, it is not a valid list, and you have the right to see 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 this notice.

Your signature on this form indicates that you have been informed of and you 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 OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES.

EMPLOYEE: _______________________________ DATE: _______________________________

EMPLOYER REPRESENTATIVE: _______________________________ DATE: _______________________________
Workers' Compensation Information

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

(2) Your employer is required to pay benefits 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 any injury or work-related illness as soon as possible to your employer and to your Workers' Compensation service provider as directed. Your benefits could be delayed or denied if you do not notify your employer immediately.

(4) You have the right to request a hearing before a workers' compensation judge if your employer denies your claim.

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

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501

Telephone number within Pennsylvania (800) 482-2383
Telephone number outside of this Commonwealth (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)

www.state.pa.us    PA Keyword: workers comp

ACKNOWLEDGEMENT

I hereby acknowledge below receipt of the "Workers' Compensation Information" form by my employer DOWNINGTOWN AREA SCHOOL DISTRICT on __/__/____(date).

__________________________  __________________________
Employee Signature            Date
First Fill – Temporary Prescription Card

Mitchell ScriptAdvisor has been selected by School District Insurance Consortium to assist you in obtaining prescription drugs related to your workers’ compensation claim. This form enables you to fill prescriptions written by your authorized workers’ compensation physician for medications related to your injury. Simply fill in the form below and present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number or visit our website at www.ipsusa.com use the pharmacy locator.

Employee
- Please contact Customer Service at 866.846.9279 to request activation of your Temporary Prescription ID.
- Fill in the ID number supplied by Mitchell Customer Service along with your name on the ID card below.
- Present this sheet to the pharmacist along with your prescription.

Pharmacy
- This sheet is a Temporary Prescription ID Card for a 5 Days' Supply Fill until this individual's permanent card can be provided.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Questions Contact us at 866.846.9279
This card is to be used for prescriptions related to your workers' compensation injury-related injuries covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.
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.state.pa.us) or call the Bureau of Workers’ Compensation, toll free, at 800-482-2383 or locally and outside Pennsylvania at 717-772-4447.

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.

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.
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 50 percent impaired based upon his/her work injury according to American Medical Association standards. If the 50 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 50 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 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.

**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.state.pa.us or through the Claims Information Helpline at 800-482-2383. The Office of Adjudication is responsible for resolving disputes by assigning petitions to WC judges who decide each case after holding hearings on the issues.

**Time Limits**

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

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

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

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

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

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

**Alternative Dispute Resolution**

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

If either you or your employer files a petition with the Office of Adjudication, the WC judge will schedule mediation unless a judge determines it would be futile. If the case does not settle at this mediation, the parties may resume mediation or a settlement conference later in the proceedings. The parties may also request mediation or a settlement conference later in the proceedings if the judge had previously found mediation to be futile.
You may also request an informal conference to try to resolve your issues. If you are not represented by an attorney at an informal conference, your employer is not entitled to be represented either. Informal conference forms are available online at www.dli.state.pa.us 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.state.pa.us or contact the Bureau of Workers’ Compensation Helpline and describe the accommodation:

Helpline voice telephone numbers:
ra-li-bwc-helpline@state.pa.us
toll free in Pennsylvania: 800-482-2383
local and outside Pennsylvania: 717-772-4447

Only people with hearing loss:
toll free in Pennsylvania TTY: 800-362-4228
local and outside Pennsylvania TTY: 717-772-4991

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.state.pa.us.

Auxiliary aids and services are available upon request to individuals with disabilities.

*Equal Opportunity Employer/Program*