

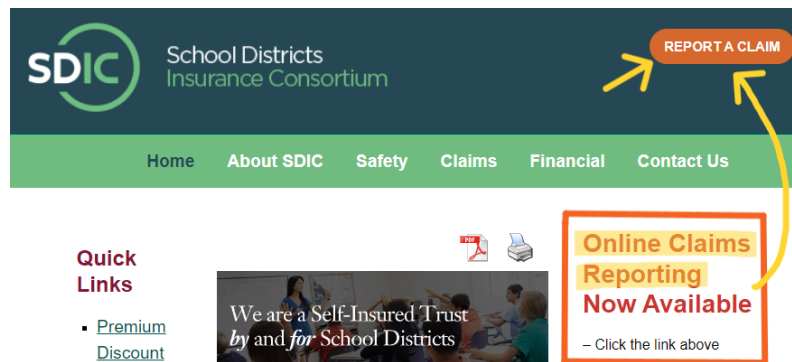


## **INSTRUCTIONS FOR EMPLOYEE**

### **WORKERS' COMPENSATION CLAIMS REPORTING**

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

1. Report your work-related claim ***as soon as possible*** by phone at **1-800-445-6965** or online at **sdicwc.org** (click the "Report a Claim" button).



2. Advise your School District 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 provide your claim number and SDIC's address below to all medical providers. ***Do NOT use your District medical benefits for WC claims.***
5. Please use the enclosed temporary Pharmacy Card and Pharmacy Sheet. Prescriptions may be filled at your local Walgreen's, CVS Pharmacy, Rite Aid, Walmart, Safeway, or Target. Mitchell International, our pharmacy benefit manager, will send you a personalized pharmacy benefit card for future prescriptions. **Mitchell Script Advisor** can be reached at: 1-866-846-9279. ***Do NOT use your District prescription benefit card for WC claims.***
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**

**EMPLOYEE'S RIGHTS AND DUTIES**  
**UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT SECTION 306(F.1)**

If you are injured while at work and need medical treatment, you are required to visit one of the health care providers on the list designated by your employer. This duty continues for 90 days from the date of your first visit with a provider on that list, or from the date of any emergency treatment, whichever is earlier.

All reasonable and necessary medical treatment and supplies (such as medicines and prosthetics) that you need as a result of the injury will be paid for by the employer if the treatment is prescribed by a designated health care provider during the 90-day period. Charges for treatment and supplies are specified by the Workers' Compensation Act. You are not responsible for paying any charges that exceed those specified by the Act.

During the 90-day period, you may change from one designated health care provider to another provider **on the list**, and the treatment will be paid for by the employer.

If the designated health care provider refers you to a non-designated provider, the employer will pay for the treatment by the non-designated provider.

You have the right to obtain emergency medical treatment from a non-designated physician or health care provider. However, any subsequent non-emergency treatment must be provided by a designated health care provider for the remainder of the 90-day period.

If a designated health care provider recommends invasive surgery, you may obtain a second opinion from a health care provider of your choice. Your employer will pay for the cost of this opinion. If this opinion differs from the opinion of the designated health care provider and sets out a specific and detailed course of treatment, you may elect to undergo this treatment. The treatment, however, must be provided by a designated health care provider for 90 days from the date of the visit to the non-designated health care provider.

After the 90-day period has ended, you have the right to seek treatment from any physician or health care provider. Your employer will pay for this treatment if it is reasonable, necessary, and related to your work injury. However, you must notify your employer of treatment by a non-designated health care provider within 5 days of your first visit to this provider. Your employer is not required to pay for treatment by a non-designated health care provider before you give this notice. Once you have given this notice, your employer shall pay for this treatment unless the treatment is found to be unreasonable or unnecessary, or unrelated to your work injury.

By signing this form, you acknowledge your rights and duties. You may not refuse to sign this form in order to avoid your duties.

If you have any questions, please feel free to contact the Bureau of Workers' Compensation at 1-800-482-2383 or (717) 783-5421.

I acknowledge that I have been informed of and understand the above rights and duties.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Representative Signature

\_\_\_\_\_  
Date

# WORKERS' COMPENSATION REPORT

## EMPLOYEE/SUPERVISOR/WITNESS

**Note to Employee:** All areas of this report must be completed. Otherwise, it will be returned to you and delay the processing of your claim.

**If you are unable to return to work because of your injury, you MUST contact the Business Office by the following business day. Failure to do so could jeopardize your claim.**

Name	Soc. Sec. #	Date of Accident	Date of Hire	Date of Birth
<b>Address:</b>				
Number	Street	Apt.#	City	State      Zip Code
Phone Number (Include area code)		Accident Reported to: Title:		
Building where Injured:		Other Employer(s):		
School District:		Address:		
Contact: _____		Position:		
Describe Accident/Injury:				
Have you returned to work? (circle one)      YES      NO      If YES, when?				
Date of first treatment: _____		List prior injuries or conditions:		
Are you still under treatment? (circle one)      YES      NO				
Medical treatment was received from: _____				
Employee Signature:			Date:	
<b>WITNESS' REPORT</b>				
Witness Name: (Please Print) _____				
To the best of my knowledge, this accident occurred as reported by the claimant. (Circle one)			YES	NO
If you are unable to confirm the claimant's version of the accident, please explain why:				
Witness' Signature:			Date:	
<b>SUPERVISOR'S REPORT</b>				
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. (Circle one)			YES	NO
If you are unable to confirm the claimant's version of the accident, please explain why:				
List recommendations to prevent recurrence:				
Supervisor's Signature:			Date:	



## **SDIC Workers' Compensation Medical Information Release and Employment Record Release**

EMPLOYER #: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME OF SCHOOL DISTRICT: \_\_\_\_\_

**Dear Medical Services Provider/Employer:**

By signing below, I hereby 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**

# Mitchell ScriptAdvisor

## Workers' Compensation *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 **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. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

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 at 866.846.9279 or visit our website at [www.mitchellscriptadvisor.com](http://www.mitchellscriptadvisor.com) to access the pharmacy locator.



### Employee

- You may contact Mitchell Customer Service at (866) 846-9279 or you may 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.
- **Create the ID number** based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

## Mitchell ScriptAdvisor

### Temporary Prescription Benefit Card



SCRIPT CARE, LTD.

Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name:

Member ID #:

Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)

Rx BIN: 023377

PCN: MPS

Group: 001051TC

Walmart\*



Longs Drugs

CVS  
pharmacy



SAFeway

## Questions?

Contact us at 866.846.9279

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation 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.



mitchell

Mitchell International  
866.221.6588

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*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](http://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.

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**  
717.772.3702

**Claims Information Services**  
toll-free inside PA: 800.482.2383  
local & outside PA: 717.772.4447

**Hearing Impaired**  
PA Relay 7-1-1

**Email**  
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](http://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.



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](http://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](http://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](http://www.dli.pa.gov) or contact the Bureau of Workers' Compensation Helpline and describe the accommodation:

Email: [ra-li-bwc-helpline@pa.gov](mailto: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](http://www.dli.pa.gov).