

**NOTICE TO EMPLOYEES  
WYALUSING AREA SCHOOL DISTRICT**

**CM Regent Insurance Company**, Workers' Compensation Division, the claims administrator for the school district's workers' compensation carrier, has required that we post the following list of health care providers in accordance with Section 306 of the Workers' Compensation Act. Please read the following notice carefully as it explains important rights and responsibilities.

**IN CASE OF WORK-RELATED INJURY**

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use, as and when needed.
2. In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below.

**DESIGNATED PHYSICIANS**

<b>GROUP NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	<b>SPECIALTY</b>
Guthrie Clinic	41883 Route 6 Wyalusing, PA 18853	570-746-3500	Urgent Care
Guthrie Clinic	512 Town Plaza, Ste. 124 Tunkhannock, PA 18657	570-836-4294	Urgent Care
Physician Care	1425 Golden Mile Road Wysox, PA 18854	570-265-9158	Family Practice
Orthopedic Consultants of Wyoming Valley	390 Pierce Street Kingston, PA 18704	570-288-3535	Orthopedics
Coordinated Health (Multiple Locations: Dickson City, Pittston)	1120 Oak Street Pittston, PA 18640	877-247-8080	Orthopedics
Northeastern Eye Institute	304 West Tioga Street Tunkhannock, PA 18657	570-836-2224	Ophthalmology
Eye Care Specialists	40 Dallas Shopping Center Dallas, PA 18612	570-674-9001	Ophthalmology
Guthrie Clinic	37 Prall Avenue Towanda, PA 18848	570-268-4713	General Surgery
Guthrie Clinic	1 Guthrie Square Sayre, PA 18840	570-888-5858	Neurology
S1 Medical	For locations and appointments, please call	888-945-5055	PT/OT, Diagnostic Studies, Home Health, DME
Corvel	For prescriptions, please call	800-563-8438	Pharmacy

3. You must continue to visit one of the persons listed, if you need treatment, for ninety (90) days from the date of your first visit. If you do not comply with this requirement, your employer will be relieved from liability for payment of services rendered during this period.
4. After this ninety day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You must notify your employer of this action within five (5) days of your visit to the person of your choice. Failure to notify your employer will relieve the employer from liability for payment for services rendered prior to appropriate notice if the services are determined to have been unreasonable or unnecessary.
5. The physician or practitioner of the healing arts who treats you must file a report on a form provided by the Bureau of Workers' Compensation (Form LIBC-9) within ten (10) days of the commencement of treatment and at least once a month as long as treatment continues. A copy of the report must be furnished to you and to your employer. The employer is not liable for payment of any treatment until a report has been filed.
6. If no list is provided above (No. 2), you may go to a licensed physician or practitioner of the healing arts of your choice.
7. If one of the persons listed above refers you to another licensed specialist, your employer or his insurer will pay the bill for these services.
8. If you are faced with a medical emergency, you may secure assistance from a hospital or physician or practitioner of the healing arts of your choice.
9. If the designated provider recommends invasive surgery, you are entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, you are entitled to select which course of treatment to follow. However, if you choose to follow the recommendation of your health care provider (the additional opinion), the procedure shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to your health care provider (date of examination of the additional opinion).

**REMEMBER - IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY**

**Sep-21**