

State College Area School District - State College (16801)
(4/11/2023)
NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

Eastern Alliance Insurance Group
PO Box 83777
Lancaster, PA 17608-3777
(717) 396-7095
(855) 533-3444

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 prosthesis, including training in their use.
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 following health care providers:
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

**PLEASE CALL EASTERN ALLIANCE'S SCHEDULING SERVICES TOLL FREE AT
1-855-572-3926 FOR ASSISTANCE IN SCHEDULING PHYSICAL/OCCUPATIONAL
THERAPY OR CHIROPRACTIC REHABILITATION OR SEND THE REFERRAL FORM TO
easternreferrals@medrisknet.com**

| <u>Name</u> | <u>Address</u> | <u>Scheduling</u> | <u>Area of Specialty</u> |
|--|--|-------------------|--|
| Juniata Valley Occupational Health | 110 Electric Avenue Ste 250 Lewistown, PA 17044 | 717-248-5900 | Occupational Medicine |
| MedExpress Urgent Care | 1613 N Atherton St State College, PA 16803 | 814-238-1066 | Urgent Care |
| Penn State Orthopedic and Sport Medicine | 1850 E Park Ave State College, PA 16803 | 814-865-3566 | Orthopedics |
| University Orthopedics Center | 101 Regent Court State College, PA 16801 | 814-231-2101 | Orthopedics |
| Clearview Eye Consultants | 132 Abigail Ln Port Matilda, PA 16870 | 814-372-2389 | Ophthalmology |
| Allegheny Brain and Spine Surgeons | 501 Howard Ave Ste E1 Altoona, PA 16601 | 814-946-9150 | Neurosurgery |
| KeyScripts | Call Toll Free for Closest Location | 1-866-446-2848 | Pharmacy |
| KeyScripts | Call Toll Free for Closest Location | 1-866-446-2848 | Durable Medical Equipment |
| MedRisk | Call Toll Free for Scheduling | 1-855-572-3926 | Physical and Occupational Therapy Chiropractic Care |
| One Call Care Management | Call Toll Free for Closest Location | 1-800-872-2875 | MRI |
| Carlisle Medical, Inc. | Call Toll Free for Closest Location | 1-800-553-1783 | Durable Medical Equipment |
| Homelink | Call Toll Free for Closest Location | 1-800-571-2943 | Durable Medical Equipment |

State College Area School District - State College (16801)
 (4/11/2023)
 NOTA A EMPLEADOS EN CASO DE LESIONES DE TRABAJO

Eastern Alliance Insurance Group
 PO Box 83777
 Lancaster, PA 17608-3777
 (717)396-7095
 (855)533-3444

1. Si sufre una lesión en el trabajo o su empleador o su compañía de seguros le deben pagar por servicios y suministros razonables quirúrgicos y médicos, aparatos y prótesis ortopédicos, inclusive la instrucción en su uso.
2. Para asegurar que su tratamiento médicos sea pagado por su empleador o la compañía de seguros, usted debe seleccionar uno de los proveedores de la lista abajo de esta página.
3. Debe de seguir consultando a uno de los médicos de la lista que se encuentra abajo de este página si necesita tratamiento, por noventa (90) días de la fecha de su primera visita.
4. Si una de las personas de este lista le se refiere a otro especialista licenciado, su empleador o su asegurador pagarán las facturas para estos servicios.
5. Despues de los primeros noventa (90) días, si usted todavia necesita tratamiento y su empleador le ha proporcionado una lista como la que se encuentra abajo, usted puede escoger ir a otro proveedor de la asistencia medica para el tratamiento. Debe notificar a su empleador de este acción dentro de cinco días de su visita inicial.
6. Si su médico de la lista le receta cirugía invasiva, usted puede pedir una segunda opinión de cualquier otro médico. Si la opinión del otro médico difiere de la del médico de la lista usted puede decidir que tipo de tratamiento desea recibir. Sin embargo, la segunda opinion deberá contener un plan de tratamiento especifico y detailedo. Si usted elige la segunda opinión, los procedimientos de la segunda opinión deberan ser realizados por uno de los médicos de la lista por los primeros noventa (90) días. Por lo tanto, en este situación, el trabajador puede estar obligado a tratar con un proveedor designado por el empleador durante un máximo de 180 días
7. Si usted se enfrenta a una emergencia médica, puede asegurar ayuda de un hospital, médicos, o de un proveedor de asistencia médica de su preferencia para su lesión de trabajo. Sin embargo, cuando la emergencia sea resuelta, usted debe buscar tratamiento de un proveedor de la lista que se encuentra on este página.

**POR FAVOR LLAMADA EASTERN ALLIANCE'S QUE PLANIFICA SERVICIOS TOCA LIBERTA EN
 1-855-572-3926 PARA LA AYUDA A PLANIFICAR CON FISICO/REHABILITACION
 DE TERAPIA OCUPACIONAL O QUIROPRACTICA O ENVIAR LA REFERENCIA DE A
easternreferrals@medrisknet.com**

| <u>Nombre de Clínica</u> | <u>Dirección</u> | <u>Consultas</u> | <u>Area De Especialidad</u> |
|--|--|------------------|--|
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